Form 991

Return of Organization Exempt From Income Tax

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

201**2** Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements,

For the 2012 calendar year, or tax year beginning 2012, and ending 20 C Name of organization Rose Community Foundation Check if applicable: D Employer identification number Doing Business As Address change 84-0920862 Number and street (or P.O. box if mail is not delivered to street address) Name change Room/suite E Telephane number Initial return 600 South Cherry Street 1200 303-398-7400 City, town or post office, state, and ZIP code Terminated Amended return Denver, CO 80246 G Gross receipts \$ Application pending F Name and address of principal officer: Anne Garcia H(a) Is this a group return for affiliates? Yes Vo same as C above H(b) Are all affiliates included? Yes No. 501(c)(3) 501(c) (Tax-exempt status:) ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list, (see instructions) Website: 🕨 www.rcfdenver.org H(c) Group exemption number ▶ Form of organization; Corporation Trust Association Other L Year of formation: 1995 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Rose Community Foundation and its principal supporting organization, Rose Foundation, operate with complementary purposes; to sustain the health and well-being of the Activities & Governance seven-county Greater Denver community through grantmaking programs, and to expand private philanthropy by offering services to charitable donors Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . , , , 3 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 33 Total number of volunteers (estimate If necessary) 6 105 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T. line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . . . 4,576,934 Revenue 10,786,559 9 Program service revenue (Part VIII, line 2g) 275,016 289,097 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 850,572 897,553 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 11 149,340 126,538 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,851,862 12,099,747 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 6,708,339 7,054,256 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,169,590 1,190,761 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,101,343 1,104,519 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 8,979,272 9,349.536 19 Revenue less expenses. Subtract line 18 from line 12 <3,127,410> 2,750,211 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 59,107,481 66,132,005 21 Total liabilities (Part X, line 26) . 33,802,826 34,811,416 Net assets or fund balances. Subtract line 21 from line 20 22 25,304,655 31,320,589 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here CFO and COO Type or print name and title Print/Type preparer's name Preparer's signature Paid Check [] If self-employed Preparer P01375409 Firm's name Kundinger, Corder & Engle P. Use Only Firm's EIN ▶ Firm's address ► 475 Lincoln Street, Suite 200, Denver, CO 80203 Phone no. (303) 534-5953 May the IRS discuss this return with the preparer shown above? (see Instructions) ✓ Yes
☐ No.

201335 187403

Department of the Treasury

Internal Revenue Service

Ogden UT 84201

80246

IRS USE ONLY

27404-227-30843-3 840920862 A0121597 TE

97 211A TE 3

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

Notice Number: CP211A Date: September 16, 2013

Taxpayer Identification Number:

84-0920862 **Tax Form:** 990

Tax Period: December 31, 2012

032098.222501.0119.003 1 AT 0.384 373



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

32098

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

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

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

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

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

Form **8868**

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

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ______ • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print Rose Community Foundation 84-0920862 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for Social security number (SSN) filing your 600 South Cherry Street, No. 1200 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Denver, CO 80246 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 Anne Garcia Telephone No. ► 303-398-7400 FAX No. ► 303-398-7430 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► x calendar year 2012 or , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and b estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 8868 (Rev. 1-2013)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check thi	s box	b			
Note. Only complete Part II if you have already been granted an a							
• If you are filing for an Automatic 3-Month Extension, comple							
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no co	opies needed).			
				ng number, see in	structions		
Type or Name of exempt organization or other filer, see instru	ctions		,	r identification num			
print					(,		
File by the Rose Community Foundation 84-0920862							
due date for filing your Number, street, and room or suite no. If a P.O. box, s	Social se	curity number (SSI	N)				
return See C/O Kundinger, Corder & Engle, P.C 475							
City, town or post office, state, and ZIP code. For a formula control	oreign add	dress, see instructions.					
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Application	Return	Application			Return		
is For	Code	Is For			Code		
Form 990 or Form 990-EZ	01				Oode		
Form 990-BL	02	Form 1041-A			08		
Form 4720 (individual)	03	Form 4720			09		
Form 990-PF	04	Form 5227	*		10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	06 Form 8870					
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a prev	iously file	d Form 8868.	12		
Anne Garcia							
• The books are in the care of > 600 South Cherry Stree	t, No.	1200 - Denver, CO 80246					
Telephone No. ► 303-398-7400		FAX No. ▶ 303-398-7430					
If the organization does not have an office or place of business	in the Ur	nited States, check this box					
• If this is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) I	f this is for	the whole group,	check this		
box ▶ . If it is for part of the group, check this box ▶		ch a list with the names and EINs o	f all memb	ers the extension is	s for.		
4 I request an additional 3-month extension of time until No.	ovember	15, 2013					
5 For calendar year <u>2012</u> , or other tax year beginning		, and endin	g		,		
6 If the tax year entered in line 5 is for less than 12 months, cl	heck reas	on: L Initial return	Final re	eturn			
Change in accounting period							
7 State in detail why you need the extension	 			· · · · · · · · · · · · · · · · · · ·			
Additional time is needed to gather the infor	rmation	necessary to file a					
complete and accurate return.				-			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, ei	nter the tentative tax, less any		****			
nonrefundable credits. See instructions.		,	8a	\$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, e	enter any	refundable credits and estimated		71777			
tax payments made. Include any prior year overpayment allo	owed as a	credit and any amount paid					
previously with Form 8868.			8b	\$	0.		
c Balance due. Subtract line 8b from line 8a. Include your pay	yment witl	h this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0,		
		at be completed for Part II o					
Under penalties of perjury, I declare that I have examined this form, including it is true correct, and complete, and that I amount point to proper this form	ng accomp	anying schedules and statements, and to	the best of	my knowledge and b	elief,		
it is true, correct, and complete, and that I am authorized to prepare this for	A .A			alal.	9		
Signature Lingle Title .	CP	7	Date		5		
0				Form 8868 (R	ev. 1-2013)		

	Page Z
Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Rose Community Foundation works to enhance the quality of life of the Greater Denver community through its leadership, resources, traditions, and values. We value our Jewish heritage and our roots in Jewish traditions including charity, philanthropy, and
	nondiscrimination. We value excellence and uphold the highest standards in the pursuit of our mission. We value the trust and
	respect of the community and continually strive to earn and sustain that trust by consistent & disciplined adherence to our mission.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and leveled in any, for each program convice reported.
4a	(Code:) (Expenses \$ 8,023,689 including grants of \$ 7,054,256) (Revenue \$ 289,097)
,	Rose Community Foundation's key program achievements in 2012 were in three gross
	DONOR DEVELOPMENT: Donors and aligned funders contributed \$9,133,000 to the Foundation, nine new advised funds were
	established and eight new planned gifts were made.
	FUND DISTRIBUTIONS: Donor's recommended grants totaled \$3,293,000 to a broad range of community interests.
	ENDOWMENT SERVICES: The Foundation paid out \$2,100,000 to local nonprofit organizations who have established permanent
	endowments and designated funds at the Foundation.

	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Rose Foundation (EIN #84-0418124), a supporting organization of Rose Community Foundation, makes grants in five primary issue
	areas within the seven-county Denver community. A total of \$8,986,000 in unrestricted funds was awarded in 2012 as follows:
	AGING- \$1,589,000 to support services for older adults, including transportation, direct services, and end-of-life care; CHILD &
	FAMILY DEVELOPMENT: \$1,590,000 to support early childhood development and education, family self-sufficiency and related public
	policy efforts; EDUCATION- \$1,286,000 to improve K-12 teacher quality and support systemic change aimed at closing education achievement gaps; HEALTH- \$1,893,000 to support access to care, cost-effectiveness in health care, health policy initiatives and
	primary prevention; JEWISH LIFE- \$2,628,000 to help strengthen connections between individuals and the Jewish community,
	promote Jewish growth and Jearning, strengthen organizations and develop leaders.
	(For informational purposes only- activity is not included in the Rose Community Foundation Form 990.)
	NAPPER - ARRIGATION - ARRIGATIO
	53455445554555455545554555545555555555
4c	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)
	######################################

	MUNICHANAMATERANA

4d	Other program services (Describe in Schedule O.)
-14	(Expenses \$ Including grants of \$) (Revenue \$)
4e	Total program service expenses ► 8,023,689

Form 990 (2012) Rose Community Foundation Part IV Checklist of Required Schedules

1 Is the organization described in section 501(x)(x) or 4947(x)(1) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contributors Did the organization engage in elicitar charged problems on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Pert I Section 501(ki) organizations. Did the organization engage in lobbying activities, or have a section 501(ki) election in effect during the tax year? If "Yes," complete Schedule C, Part I. Is the organization as defined in Revenue Procedure 8-919 If "Yes," complete Schedule C, Part II. Is the organization as defined in Revenue Procedure 8-919 If "Yes," complete Schedule C, Part II. Is the organization as defined in Revenue Procedure 8-919 If "Yes," complete Schedule C, Part II. Is the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other almilar assets? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other almilar assets? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other almilar assets? If "Yes," complete Schedule D, Part II. Did the organization report an amount in Part X, line 21, for escrew or outstodial account liability, serve as a custodian for amounts not listed in Part X; or provide a credit counseling, debt management, credit repair, or doth regoliation service? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 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 VIII. Did the organization report an amount for other assets in Part X, line 150 x lis to significant report as a secure of the	1		1	x	
3 Did the organization report an amount in Part X, line 21, for escriv or outstorfal account liability: serve as a custodian for amounts not listed in Part X, line 19 th organization report an amount for land, buildings, and equipment in Part X, line 10 that organization report an amount for land, buildings, and equipment in Part X, line 10 that organization report an amount for land, buildings, and equipment in Part X, line 107 lif Yes, "complete Schedule D, Part V I I I Was assessment to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part I I Did the organization maintain and collections of works of art, historical researce, including assements to breaver open passe, the environment, historic land areas, or historic structures? If Yes, "complete Schedule D, Part II I I I I I I I I I I I I I I I I I	2				
public office? If "Yes," complete Schedule C, Part I 4 Section 501(k) a regarization. But the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(d), 5					
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the text year? If "iso," complete Schedule C, Part II 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 96197 If "iso," complete Schedule C, Part II is 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 for Whise," complete Schedule D, Part II is Did the organization revenue for hold a conservation essement, including assements to be preserve open space, the environment, historic land areas, or historic structures II "iso," complete Schedule D, Part II is Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not isted in Part X or provide credit consoling, debt management, credit length, or debt report and amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not isted in Part X or provide credit consoling, debt management, credit length, or debt report and amount or investments of the management, credit length, or debt devices, or devices, or account in a server to any or development in Part X, line 107 If "Yes," complete Schedule D, Part V if If the organization in export an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part X in 110			3		х
5 is the organization a section 501(c)(s), 501(c)(s), or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-199 if "Yes," complete Schedule C, Part III 7 Did the organization membership and the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or any organization members to preserve open space. 7 7 x x 8 Did the organization members of historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization and part X, line 21, for escore 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 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 11 If the organization assert proper an amount for linvestments other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for linvestments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for linvestments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VI 14 Did the organization report an amount for linvestments 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 X in 11 to X 15 Did the organization report an amount for other assets in Part X,	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such 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 III 7, X X 10 the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic lead areas, or historic structures If "Yes," complete Schedule D, Part III 7, X 2 X 10	_		4	Х	
6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 8 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical tressures, or other similar assetts? If "Yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of art, historical tressures, or other similar assetts? If "Yes," complete Schedule D, Part III 10 Did the organization maintain collections of works of art, historical tressures, or other similar assetts? If "Yes," complete Schedule D, Part IV 10 Did the organization and the Part X, ine 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 doth negotiation services? 11 If "Yes," complete Schedule D, Part V Yes," complete Schedule D, Part V Yes," complete Schedule D, Part V Yes, "complete Schedule D, Part V Yes," complete Schedule D, Part X, line 13 that is 5% or more of its total assests reported in Part X, line 167 if "Yes," complete Schedule D, Part X, line 158 or more of its total assests reported in Part X, line 167 if "Yes," complete Schedule D, Part X Yes, Ves, Vest Yes, Vest Yes, Vest Yes, Vest Yes, Vest Yes, Vest Yes, Ves, Vest Yes, Vest Yes, Vest Yes, Vest Yes, Vest Yes, Vest Yes, Ve	5		5		x
7 Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II! 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II! 9 Did the organization proprt 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent and downents, or quasi-endowments; If "Yes," complete Schedule D, Part V 11 if the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V 12 if the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 if the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 is x 11	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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 cerdid counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 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. 11 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V, VIII, VIII, IX, or X as applicable. 12 Did the organization report an amount for link, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 15 Did the organization report an amount for other laselilles in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 16 Did the organization report an amount for other laselilles in Part X, line 20? If "Yes," complete Schedule D, Part X. 17 Did the organization obtain separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X X. 18 Did the organization have aggregate revenues or expenses of more than \$15,000 for grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule D, Part X III A X. 19 D		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or oustodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or dobt negotiation services? If "Yes," complete Schedule D, Part V III of 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 III if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI IIII X	7				
Schedule D, Part III 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 Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IVI, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other lashilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization in sport an amount for other lashilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
9 Did the organization report an amount for 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments, or quasi-endowmen	8		g.		x
amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for meatments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 13 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 15 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 16 Did the organization obtain separate or consolidated financial statements for that axy ear include a fortonice that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional 18 Is the organization asserted "Will to line 12a, then completing Schedule D, Part X and XII is optional 19 Is the organization and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule D, Part S I and IV 19 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organiz	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
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		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
endowments, or quasiendowments? If ""es," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other ilabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 116 Z Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 111 Z Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 111 Z Did the organization aschool described in section 170(b)(1)(A)(B)? If "Yes," complete Schedule D, Part X III IX Did the organization aschool described in section 170(b)(1)(A)(B)? If "Yes," complete Schedule E 13	10	, and the second	9		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII Did the organization and solor of Schedule D, Part X IIII Did the organization and solor of Schedule D, IIII Did the organization and solor of Schedule Schedule D, IIII IIII Did the organization and solor of Schedule Schedule D, IIII Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or or only to located outside the United States? If "Yes," complete Schedule B, Part II III Did the organization report a total of more than \$15,000 of expenses for prof	10		10	х	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and If the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and If the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13	11				
Part VI 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° // "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° // "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° // "Yes," complete Schedule D, Part VII e Did the organization report an amount for other assets in Part X, line 25° // "Yes," complete Schedule D, Part X f Did the organization report an amount for other liabilities in Part X, line 25° // "Yes," complete Schedule D, Part X f Did the organization is a part X in a positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional list the organization aschool described in section 170(b)(1)(A)(i))? If "Yes," complete Schedule E list the organization maintain an office, employees, or agents outside of the United States? list bother 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 II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization re		as applicable.			
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11d X 11d X 11d X 12a Did the organization anount in a positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12b Uses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 14d X 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 12b X 12d 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? 14a X X 12d Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 14b X 15d Did the organization report on Part IX, solumn (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 110 bid the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional 12a bid the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 bid the organization maintain an office, employees, or agents outside of the United States? 14a 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 II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located			11a	Х	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11d X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII soptional 12b X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization 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, fundralsing, business, investment, and programs service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garness or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeage grants or assistance to individuals located outside	b				
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11th X 12a Did the organization asperate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 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? b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3 more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization re			11b	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11c Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report at otal of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report at otal 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 II 18 Did the	С				
Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year of complete Schedule D, Part X 11e X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XI is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV 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 II 19 Did th	ä		11c		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 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 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part VIII, lines and Ba? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lin	u		444		"
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 15 X X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X X 17 X X 18 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 1 and 82 If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gamin	A	Did the organization report an amount for other liabilities in Part Y. line 252 If "Yes " complete Schedule D. Part Y.		· v	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report on Part IX, column (A), Iine 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), Iine 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 X 17 X 18 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), Iines 6 and 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contr	_		116		
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV 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 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a IX b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	·		11f	x	
Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3 and 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report 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 II 19 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines are and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	12a				
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization add the organization attach a copy of its audited financial statements to this return? 20b United States or a substance of the United States or and Schedule H 20c Did the organization add the organization attach a copy of its audited financial statements to this return?			12a		x
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 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 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
14a Did the organization maintain an office, employees, or agents outside of the United States? 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			12b	х	
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. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV. 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. 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. 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. 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization attach a copy of its audited financial statements to this return?	13		13		х
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. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV. 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. 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II. 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. 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization attach a copy of its audited financial statements to this return? 20 Did the organization attach a copy of its audited financial statements to this return?			14a		Х
or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization attach a copy of its audited financial statements to this return? 20b	b				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					
or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	15				,
located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	16		15		<u>*</u>
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 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 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 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 Did the organization attach a copy of its audited financial statements to this return?	10		10		x
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	17		10		
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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			17		x
1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	18				
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 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			18		x
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		· · · · · · · · · · · · · · · · · · ·	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		complete Schedule G, Part III	19		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		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?			

Note. All Form 990 filers are required to complete Schedule O

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III х 22 Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disgualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Х 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 x 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer. director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV x 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х 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 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Х Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable _____ 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 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 3.3 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5а b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?_____ Х 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a 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? Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? х 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Х 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? Х b Did the organization make a distribution to a donor, donor advisor, or related person? X 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities _______ 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13h c Enter the amount of reserves on hand _____

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Х

Form 990 (2012) Rose Community Foundation 84-0920862 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			25
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	55000000000000000000000000000000000000
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Service Service		
_	The governing body?	8a	X	iosess.
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 0		
	Tell Ell eller (Title election Ellequede in a manifest about personal by the internal foreign election)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	*		100000
	Did the construction have a written a reflect of interest action 0 if MAO II as to line 10	12a	X	<i>Elim</i>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		-
U	in Schedule O how this was done	12c	x	
13		13	X	
14	Did the organization have a written whistieblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		1000000
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	450	X	
		15a		х
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	V-04.5	A 38/634
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva		40-		X
h	taxable entity during the year?	16a	475.400E	A
D	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	L	1000	
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b	<u> </u>	
17	Electric states with which a copy of this form cools required to be filed?		.1-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.	availal	не	
4.0	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	nd tina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ition:		
		 -		
************	600 South Cherry Street, No. 1200, Denver, CO 80246			

Form 990 (2012)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizat (A)	(B)	3,			C)			(D)		/ - -\
Name and Title	Average	١	Position (do not check more than				Reportable	(E)	(F)	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	Reportable compensation	Estimated amount of
	week		cer ar	dad	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director	l					the	organizations	compensation
	hours for related	eord	tee			sated		organization	(W-2/1099-MISC)	from the
	organizations	truste	Institutional trustee		8	Highest compensated employee		(W-2/1099-MISC)		organization
	below	idual	ution	₽.	eg m	est co oyee	庙			and related organizations
	line)	Ind i	Instit	Officer	Key employee	Highe	Former			organizations
(1) Jennifer Atler Fischer	1.00								- · · · · · · · · · · · · · · · · · · ·	
Chair	1.00	х		Х				0.	0.	0
(2) Rob Klugman	1.00									
Secretary	1.00	х		х				0.	0.	0
(3) Milroy A. Alexander	1.00									
Trustee	1.00	х						0.	0.	0
(4) Judy Altenberg	1.00								THE	
Trustee	1.00	х						0.	0.	0
(5) Lisa Reckler Cohn	1.00									
Trustee	1.00	х						0.	0.	0
(6) Stephanie Foote	1.00								···	
Trustee	2,00	Х						0.	0.	0
(7) Jerrold L. Glick	1.00									
Trustee	1,00	х						0.	0.	0
(8) Katherine Gold	1.00									
Trustee	1.00	X						0.	0.	0
(9) Douglas L. Jones	1.00									
Trustee	1.00	x						0.	٥.	0
(10) Helayne B. Jones, Ed. D.	1.00								·	
Trustee	1.00	x						0.	0.	0
(11) William N. Lindsay, III	1.00									
Trustee	1.00	х						0.	0.	0
(12) Evan Makovsky	1.00									<u> </u>
Trustee	1.00	х						0.	0.	0
(13) Ronald E. Montoya	1.00									
Trustee	1.00	х						0.	0.	0
(14) Monte Moses	1.00									
Trustee	1.00	х						0.	0.	0
(15) Neil Oberfeld	1.00									
Trustee	1.00	х		_				0.	0.	0
(16) Dean Prina, M.D.	1.00									· · · · · · · · · · · · · · · · · · ·
Trustee	1.00	x						0.	0.	0
(17) Irit Waldbaum	1.00								<u> </u>	<u>-</u>
Trustee	1,00	х						0.	0.	0
232007 12-10-12										Form 990 (2012

Part VII Section A. Officers, Directors, Trus	tees, Key Emj	oloy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)		
(A)								T	(F)		
Name and title	Average	(da			ition		000	Reportable	Reportable		Estimated
	hours per	box	, unle:	ss pe	rson	than is bot	h an	compensation	compensation		amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related		other
	(iist any	ector						the	organizations	CO	mpensation
	hours for	or dir	يوا			ated		organization	(W-2/1099-MISC)		from the
	related organizations	ıstee	truste	١.		bens		(W-2/1099-MISC)		ı	rganization
	below	ual tru	ional		ploye	tcom		'		- 1	nd related
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			01	ganizations
(18) Sheila Bugdanowitz	16.00		=	-	×-	Ξ 0	-				
President & CEO	24.00			х			ŀ	111,301.	171,33	3.	25,880.
(19) Anne Garcia	16.00					 			<u> </u>	-	
Treasurer, CFO & COO	24.00			х				56,482.	86,94	5.	17,926.
(20) Marjorie Gart	16.00					<u> </u>	Ī				
Dir. of Philanthropic Svcs	24.00			х	1			29,622.	45,59	€.	0.
(21) Elsa Holguin	0.00										
Program Officer	40,00	L				х		0.	140,43	٥.	16,982.
(22) Lisa Farber-Miller	0.00				l						
Program Officer	40.00					х	_	0.	118,77	3.	15,491.
			<u> </u>		<u> </u>	ļ	<u> </u>				
						1	ŀ				
		 			├	╁	-			-	·
					ŀ						
		-	\vdash		┢	╁	┢				
		1									
1b Sub-total 197,405. 563,086.						6.	76,279.				
c Total from continuation sheets to Part VII, Section A						\rightarrow	0.				
d Total (add lines 1b and 1c)								197,405.	563,08	6.	76,279.
2 Total number of individuals (including but n							ho r			!	
compensation from the organization						-,		· ·	,,eee or reportable		1
											Yes No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for s	uch individual								***************************************	. 3	х
4 For any individual listed on line 1a, is the su								•	the organization		
and related organizations greater than \$15										. 4	
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	plete Schedul	e J	for s	uch	per.	son				. 5	Х
Section B. Independent Contractors			1 .						A-100.000 f		
 Complete this table for your five highest co the organization. Report compensation for 										nsatio	n from
(A)	ine calendar y	eai	enu	iiig v	WILII	OI W	714111	(B)	year.		(C)
ام) Name and business	address	NO	NE					Description of s	services		(C) pensation
										<u></u>	
					··						· · · · · · · · · · · · · · · · · · ·
2 Total number of independent contractors (i	ncluding but r	ot I	imite	d to	tho	ose li	iste	d above) who received r	nore than		
\$100,000 of compensation from the organi	zation 🕨					0					

Form 990 (2012) Rose Commun
Part VIII Statement of Revenue

	Check if Schedule O contains a response to any question in this Part VIII								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
nts nts	1 a	Federated campaigns	1a						
ira		Membership dues							
Ğ,		Fundraising events		9,347.					
誰と		Related organizations		1,487,350.					
S, G		Government grants (contribution		<u> </u>	100				
<u> </u>		All other contributions, gifts, grant			4.00				
토토	•	similar amounts not included abov	1 1	9,289,862.					
풀히	~	Noncash contributions included in lines							
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			10,786,559.				
-		Total Add lines 1a-11		Business Code			Value of the second		
as l	2 a	Administrative fees		561000	289,097.	289,097.			
Vic.				301000	203,037,	205,057.			
Ser	b								
m Ver	C								
gra Re	d								
Program Service Revenue	e	All all							
_		All other program service rever			200 007		7.16.7 (A. 18.7) (A. 18.7)		
		Total. Add lines 2a-2f			289,097.				
	3	Investment income (including			201 100			204 400	
		other similar amounts)		381,108.			381,108.		
	4	Income from investment of tax	•						
	5	Royalties				Terris Englishmen op her fille andre en 1945.	Made of Charles are the Charles of the Control of t	national facility of the national and the contract of the cont	
			(i) Real	(ii) Personal					
		Gross rents							
		Less: rental expenses							
		Rental income or (loss)	L., .,						
	d	Net rental income or (loss)		<u>.,</u>					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other					
		assets other than inventory	516,445	•					
	b	Less: cost or other basis							
		and sales expenses	0	- 1					
	С	Gain or (loss)	516,445						
	d	Net gain or (loss)		<u></u>	516,445.	,		516,445.	
ē	8 a	Gross income from fundraising	g events (not						
enne		including \$9	,347. of						
Şe,		contributions reported on line	1c). See						
Other Rev		Part IV, line 18	a	4,628.					
Æ	b	Less: direct expenses	t	4,628.					
_	c	Net income or (loss) from fund	raising events		0.				
	9 a	Gross income from gaming ac							
		Part IV, line 19							
	b	Less: direct expenses	b						
	С	Net income or (loss) from gam	ing activities .	<u></u>					
	10 a	Gross sales of inventory, less	returns						
		and allowances	a	299,537.					
	b	Less: cost of goods sold							
	c	Net income or (loss) from sales	Net income or (loss) from sales of inventory				- market supply of the supply	126,538.	
		Miscellaneous Revenu	е	Business Code					
	11 a					70000		and a minimum region of the Golden Trapped (1986)	
	b	'							
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d				1000			
	12	Total revenue. See instructions.			12,099,747	. 289,097.	0.	1,024,091.	
23200	19					·····		**************************************	

Form 990 (2012) Rose Community Found Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respor	nse to any question in th	is Part IX		
	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 governments and				
	organizations in the United States. See Part IV, line 21	7,029,713.	7,029,713.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	24,543.	. 24,543.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	!			
	trustees, and key employees	214,656.	12,343.	64,976.	137,337.
6	Compensation not included above, to disqualified	·			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		:		
7	Other salaries and wages	793,441.	311,906.	154,653.	326,882.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	36,151.	11,320.	7,975.	16,856.
9	Other employee benefits	84,875.	26,534.	18,737.	39,604.
10	Payroll taxes	61,638.	18,367.	13,897.	29,374.
11	Fees for services (non-employees):			· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Management				
	Legal	10,047.		10,047.	
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
		42,855.		42,855.	
	Investment management fees	42,033.		42,033.	
g	•	90 016	20 016	45.045	24 005
	column (A) amount, list line 11g expenses on Sch O.)	89,946.	20,816.	45,045.	24,085.
	Advertising and promotion	E0 965	2 940	25 221	21 605
13	Office expenses	59,865.	2,849.	25,321.	31,695.
14	Information technology				
15	Royalties	104 510	6 001	24 505	
16	Occupancy	104,712.	6,021.	31,696.	66,995.
17	Travel	35,807.	2,130.	10,817.	22,860.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			<u></u>	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,245.		3,245.	
23	Insurance	14,058.	808.	4,256.	8,994.
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	44.5			
	amount, list line 24e expenses on Schedule 0.)				
а	Other Pgm. Initiatives	551,220.	551,220.		
b	Administrative Fees	127,313.		127,313.	
С	Communications	65,451.	5,119.	30,971.	29,361.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,349,536.	8,023,689.	591,804.	734,043.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
23201	0 12-10-12		**************************************		Form 990 (2012)

Part X | Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of vear 4,323,478 Cash - non-interest-bearing 4,813,219, 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 1,126,876 2,362,230. 3 419,627 4 Accounts receivable, net 386,416. 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net _____ 7 34,382 Inventories for sale or use _____ 30 290. 8 48,502 Prepaid expenses and deferred charges 52,029. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 446,536 10a b Less: accumulated depreciation _____ 10b 394,988, 52,219, 51,548. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 52,406,166, 57,705,017. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 696,231. 731,256. 15 66,132,005. Total assets. Add lines 1 through 15 (must equal line 34) 59,107,481. 16 16 Accounts payable and accrued expenses 1,166,239. 17 1,062,828, 17 18 841,961, 837,892. Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability, Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 31,794,626. 32,910,696. 33,802,826, Total liabilities. Add lines 17 through 25 26 34,811,416. Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances Unrestricted net assets _____ 20,279,112, 24,979,129. 27 4,735,323. Temporarily restricted net assets 6,051,240. 28 Permanently restricted net assets 290,220, 290,220, 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 25,304,655, 33 33 31,320,589, 59,107,481. Total liabilities and net assets/fund balances 66,132,005. 34

·Orm	990 (2012) Rose community roundation	04 0520002		Pag	eız		
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI		· 		X		
1	Total revenue (must equal Part VIII, column (A), line 12)		12,	099,	747.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,	349,	536.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,	304,	655.		
5	Net unrealized gains (losses) on investments	5	1,	320,	513.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	_8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,	945,	210.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	31,	320,	589.		
Pa	TXII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				Х		
	;	1		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	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	***************************************	2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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	Х	and the second		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis						
·C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	_					
	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 required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form !	990 ((2012)		

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Rose Community Foundation 84-0920862 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). x An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d Type III - Non-functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (vi) Is the (iv) is the organization (v) Did you notify the (iii) Type of organization (i) Name of supported (ii) EIN (vii) Amount of monetary organization in col. (i) organized in the in col. (i) listed in your organization in col. (described on lines 1-9 organization support governing document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes Νo

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Rose Community Foundation Part II Support Schedule for Organizations Described Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14,676,087.	4,869,385.	3,837,627.	4,576,934.	10,786,559.	38,746,592.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			1			
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge						
4	Total. Add lines 1 through 3	14,676,087.	4,869,385.	3,837,627.	4,576,934.	10,786,559.	38,746,592.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8,529,834.
6	Public support. Subtract line 5 from line 4.						30,216,758.
	ction B. Total Support				A debate of the property of the second	Control of the Contro	
-	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	14,676,087.	4,869,385.	3,837,627.	4,576,934.	10,786,559.	38,746,592.
	Gross income from interest,		· · · · · · · · · · · · · · · · · · ·			, , , , ,	
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	159,585.	223,437.	399,593.	563,067.	381,108.	1,726,790.
9	Net income from unrelated business	· · · · · ·					.,,
•	activities, whether or not the						
	business is regularly carried on	5					
10	Other income. Do not include gain						
.0	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						40,473,382.
12	Gross receipts from related activities	etc (see instructi	ons)			12	3,136,215.
13	First five years. If the Form 990 is fo	•	,	d fourth or fifth ta	x vear as a sectio		0,200,220.
	organization, check this box and sto	_		•	•		
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
-	Public support percentage for 2012 (column (f))	······	14	74.66 %
	Public support percentage from 201					15	86.23 %
	33 1/3% support test - 2012. If the						
	stop here. The organization qualifies	_				•	
b	33 1/3% support test - 2011. If the						
	and stop here. The organization qua						
1 7a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						•
	meets the "facts-and-circumstances"						
ŀ	10% -facts-and-circumstances tes						
•	more, and if the organization meets t	_				•	
	organization meets the "facts-and-cir						
18	Private foundation. If the organization						
		did not officer a	SON OIL III TO TO, TO	a, 100, 170, 01 17k	o, or took trito box t	and occinionations	.,,,,,,

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

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

Section A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")					:	
2 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						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						***************************************
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						····
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	r the organization'	s first, second, thir	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	*******					>
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2012					15	%
16 Public support percentage from 201	1 Schedule A, Part	i III, line 15	<u></u>		16	%
Section D. Computation of Inve						
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2012. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶□

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047
2012

Open to Public Inspection

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

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

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

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

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

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

	ion 501(c)(4), (5), or (6) organizat	ions: Complete Part III.								
Name of	organization			Emp	loyer identification number					
		ity Foundation			84-0920862					
Part I	-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 527	organization.					
2 Pol	vide a description of the organiz itical expenditures unteer hours	·		>						
Part I	B Complete if the org	anization is exempt und	der section 501(c)	(3).						
1 Ent	er the amount of any excise tax	incurred by the organization un	der section 4955		\$					
2 Ent	er the amount of any excise tax	incurred by organization manag	ers under section 4955	>	\$					
3 If th	ne organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?	***************************************	Yes No					
4a Wa	s a correction made?		***************************************		Yes No					
	Yes," describe in Part IV.									
Astronomy and the second	C Complete if the org				· / · /					
1 Ent	er the amount directly expended	by the filing organization for se	ection 527 exempt func	tion activities	\$					
	er the amount of the filing organ									
	exempt function activities									
	3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,									
line	line 17b State 1									
ma cor	er the names, addresses and en de payments. For each organiza ntributions received that were pro- tical action committee (PAC). If	tion listed, enter the amount pa omptly and directly delivered to	id from the filing organi: a separate political org	zation's funds. Also enter anization, such as a separ	the amount of political					
					(a) Annual of a 197 at					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter 0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0					
	·									
				_						

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

Schedule C (Form 990 or 990-EZ) 2012

Schodula C (Ec	rm 990 or 990-FZ)	2012 Rose	Community	Foundati	OΠ
Scheaue G IFa	11111 990 Or 990-671	SOLS VOSE	COMMUNITACY	roundati	α_{11}

84-0920862

Page 2

Part II-A Complete if the orga (election under sect		npt under section	n 501(c)(3) and fil	ed Form 5768	1 age 2
A Check Filing organizati expenses, and share	on belongs to an affile of excess lobbying	iated group (and list in expenditures). d "limited control" pro		group member's nam	e, address, EIN,
Limits	s on Lobbying Exper			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion (grass roots lobbying)		33,570.	
b Total lobbying expenditures to influe	ence a legislative boo	y (direct lobbying)			
c Total lobbying expenditures (add lin	es 1a and 1b)			33,570.	
d Other exempt purpose expenditures		*******************************		8,581,923.	
e Total exempt purpose expenditures				8,615,493.	
f Lobbying nontaxable amount. Enter	r the amount from the	following table in both	columns.	580,775.	
If the amount on line 1e, column (a) or	(b) is: The lob!	oying nontaxable amo	ount is:		
Not over \$500,000	20% of	he amount on line 1e.			
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.	9	
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0				
g Grassroots nontaxable amount (ent	er 25% of line 1f)			145,194.	
h Subtract line 1g from line 1a. If zero	or less, enter ·0·			0,	
i Subtract line 1f from line 1c. If zero	or less, enter -0	***************************************		0.	
j If there is an amount other than zero					
reporting section 4911 tax for this y	ear?				Yes No
	4-Year Ave	raging Period Under	Section 501(h)		
		ection 501(h) electior			
col	umns below. See the	instructions for line	s 2a through 2f on pa	ige 4.)	
	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total

(or fiscal year beginning in) 467,896 463,066 564,753. 580,775 2a Lobbying nontaxable amount 2,076,490. **b** Lobbying ceiling amount (150% of line 2a, column(e)) 3,114,735. c Total lobbying expenditures 1,884 33,570 35,454. 116,974. 115,767. d Grassroots nontaxable amount 141,188 145,194 519,123. e Grassroots celling amount (150% of line 2d, column (e)) 778,685. f Grassroots lobbying expenditures 1,884. 33,570. 35,454.

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 Rose Community Foundation 84-0920862 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	"Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)		
of the	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	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?					
	Other activities?					
j	Total, Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
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?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), secti	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 expenditures from the prior year? TILE Complete if the organization is exempt under section 501(c)(4), section 50		3			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	I "No," O	R (b) Pai		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 political expenditures)	cal				
	expenses for which the section 527(f) tax was paid).					
	Current year			ļ		
	Carryover from last year					
C	***************************************			<u> </u>		
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		3	9		
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?		1			
5	Taxable amount of lobbying and political expenditures (see instructions)		4 5	<u> </u>		
	TIV Supplemental Information	***************************************	····· <u> </u>			
- K(4, justific	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affil	liated group	list): Part I	I-A line 2:	
	Part II-B, line 1. Also, complete this part for any additional information.	, , , , , , , , , , , , , , , , , , ,		,	. , , 2,	
				· · · · · · · · · · · · · · · · · · ·		
			· · · · ·			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Inspection

Name of the organization

Rose Community Foundation

Employer identification number 84-0920862

Par	till Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	64	
2	Aggregate contributions to (during year)	6,676,123.	
3	Aggregate grants from (during year)	3,293,268.	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990. P	Part IV. line 7.
	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cert	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali-	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired		
	listed in the National Register		a l
3	Number of conservation easements modified, transferred, re		
	year ▶		•
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	tilli Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

		ity Foundation					84-09208	362	Pa	ge 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, d	or Oth	er Simil	ar Asse	ts (contin		-
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	it are a s	ignificant	use of its	collection	item:	3
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations		•							
4	Provide a description of the organization's co	llections and explair	n how they further t	he organizati	on's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or oth	er simila	r assets		_		
	to be sold to raise funds rather than to be ma							Yes		No_
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered	"Yes" to	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.				· <u> </u>				
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	is or other as	sets no	t inciuded		_		
	on Form 990, Part X?						<u>L</u>	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			<u>,</u>				
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f	İ			
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				∟	Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	431,045.	455,477.	4.6	8,540.		452,220.		556,	220.
b	Contributions									
C	Net investment earnings, gains, and losses	32,951.	486.	3	7,823.		89,829.			000.>
d	Grants or scholarships	6,891.	24,918.	5	0,886.		73,509.		5,	000.
е	Other expenditures for facilities							•		
	and programs									
f	Administrative expenses		·							
g	End of year balance	457,105.	431,045.	45	5,477.	<u> </u>	468,540.		452,	220.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	a)) held as:						
	Board designated or quasi-endowment	.00	_%							
	Permanent endowment 63.49	%								
С	Temporarily restricted endowment	36.51 %								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administ	ered for	the organ	ization			
	by:								Yes	No
	(i) unrelated organizations							. 3a(i)		X
	(ii) related organizations				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	•••••	. 3a(ii)		<u>X</u>
b	If "Yes" to 3a(ii), are the related organizations					•••••		3b		
4	Describe in Part XIII the intended uses of the						·			
Рa	t VI Land, Buildings, and Equipm		···				——————————————————————————————————————			
	Description of property	(a) Cost or o		t or other		\ccumulat		(d) Boo	k valu	3
		basis (investr	nent) basis	(other)	de	epreciation	1			
	Land			45,200.					45,	200.
b	Buildings		-	<u> </u>	ļ					
C	Leasehold improvements			27,307.	<u> </u>	23	,864.		3,	443.
d	Equipment			274 000	<u> </u>	2.71				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	Charitable remainder annuity trust	17,396.	
(3)	Agency and other funds held on behalf of others	32,893,300.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	32,910,696.	

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

Sche	edule D (Form 990) 2012 Rose Community Foundation		84-0920862 F	age 4
Pai	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Rev	enue per Return	<u> </u>
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			**********
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Exp	penses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d				
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	rt III, lines 1a and 4;	Part IV, lines 1b and 2b; Part V, line 4:	Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
	V, line 4: The Foundation holds endowment and other funds or			
beha	alf of others. Distributions from these funds provide operat	ing		
sup	port for the activities of the endowed nonprofit organization	s. As		
sucl	n, these funds provide long term financial support to suppleme	ent the		
org	anizations' annual fundraising efforts.			
		····		
Par	t X, Line 2: The Foundation and its nonprofit supporting			
orga	anizations have been determined to be exempt from federal inc	ome taxes		

Schedule D (Form 990) 2012 Rose Community Foundation	84-0920862	Page 5
Part XIII Supplemental Information (continued)		
under Section 501(c)(3) of the Internal Revenue Code. The supporting		···
organizations were established under the provisions of Section 509(a)(3)		
of the Internal Revenue Code. The Foundation is responsible for		
expenditures of the supporting organizations for specific charitable		
purposes.		
		····
The Foundation, including its nonprofit supporting organizations, follow		
the Accounting for Uncertainty in Income Taxes accounting standard which		
requires the Foundation and its nonprofit supporting organizations to		
determine whether a tax position (and the related tax benefit) is more		
likely than not to be sustained upon examination by the applicable taxing		
authority, based solely on the technical merits of the position. All of		
the organizations believe they have appropriate support for any tax		
positions taken, and as such, do not have any uncertain tax positions that		<u></u>
are significant to the combined financial statements. The tax returns for		
the Foundation and its nonprofit supporting organizations for the previous		
three years, 2009 through 2011, are subject to examination by the IRS,		
generally for three years after initial filing.		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States OMB No. 1545-0047
2012

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Name of the organization Employer identification number Rose Community Foundation 84-0920862 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government if applicable cash grant non-cash non-cash assistance or assistance FMV, appraisal, assistance other) Alexander Dawson School 10455 Dawson Drive Donor advised fund distribution Lafayette, CO 80026 94-3382726 501(C)(3) 5,000. A/NN/A Allied Jewish Federation of Colorado - 300 S. Dahlia St. Donor advised fund Suite 300 - Denver, CO 80246 distribution 84-0402662 501(C)(3) 58,300, 0.N/A N/A Alumni of the Rabbinical College Knesseth Israel of Slabodka Kown 169 Parkville Ave. - Brooklyn, NY Donor advised fund 13-5600406 5,000 distribution 501(c)(3) 0.N/AN/A 11230 American Friends of Darche Noam 226 Smith Street Donor advised fund 11-2694906 0.N/A N/A distribution Woodmere, NY 11598 501(C)(3) 5,000 American Jewish World Service Donor advised fund 45 W. 36th Street 10th floor distribution New York, NY 10018-7904 22-2584370 501(C)(3) 11,000 0.N/A N/A Amherst Montessori School 27 Pomeroy Lane Donor advised fund Amherst, MA 01002 04-2660266 501(C)(3) 14,250 0.N/A N/A distribution 117. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

3.

Schedule I (Form 990) Rose Community							4-0920862 Page
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Anti-Defamation League, Mountain States Region - 1120 Lincoln							Donor advised fund
Street - Denver, CO 80203-2140	13-1818723	501(C)(3)	18,000.	0.	N/A	N/A	distribution
Arapahoe House 8801 Lipan Street Thornton, CO 80260-4912	84-0705495	501(C)(3)	10,000.	0.	N/A	N/A	Family counselors and summer day camp opportunities
Arts Street 715 Galapago Street Denver, CO 80204-4441	74-3086954	501(C)(3)	9,000.	0.	N/A	n/a	"Mosaic Garden in the City" project
Aspen Center for Environmental Studies - 100 Puppy Smith Street - Aspen, CO 81611	23-7042291	501(C)(3)	5,000.	0.	N/A	N/A	Donor advised fund distribution
Aspen Community Foundation 110 E. Hallam Street, Suite 126 Aspen, CO 81611	84-0829226	501(C)(3)	30,000.	0.	N/A	N/A	Donor advised fund distribution
Augenblick, Palaich and Associates 1120 Lincoln St, Ste.1101 Denver, CO 80203	84-0922858		100,000.	0.	N/A	N/A	Southwest chapter of the Teacher Union Reform Network (SW-TURN) over 18 months
Aurora Mental Health Center 11059 E. Bethany Dr., Ste. 200 Aurora, CO 80014	84-0683346	501(C)(3)	27,500.	0.	N/A	N/A	Donor advised fund distribution
Aurora Public Schools 1085 Peoria Street Aurora, CO 80011	84-6000870	501(C)(3)	26,500.	0.	N/A	N/A	DAF distribution for recovery and preventive processes associated with Aurora tragedy
Blonde Ambition, Inc 2917 Vine Street Denver, CO 80205	20-8658809		6,052.	0	N/A	N/A	JECEI materials

Schedule I (Form 990) Rose Community							4-0920862 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	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
BMH-BJ Congregation: The Denver							
Synagogue - 560 S. Monaco Pkwy -							
Denver, CO 80224	84-0412568	501(C)(3)	17,475.	0.	N/A	N/A	Live On III & MazelTot
Boulder Aish Kodesh							
1805 Balsam Ave.							
Boulder CO 80304	84-1345073	501(C)(3)	8,500.	0.	N/A	N/A	SoulFood Series
			,				100 Conversations,
Boulder Jewish Community Center							Connecting Families,
3800 Kalmia Ave.							Young Adult Ayeka,
Boulder, CO 80301	84-1322996	501(C)(3)	21,000.	0.	N/A	N/A	MazelTot, Mitzvah Project
Capital of Texas Public							
Telecommunications Council - P.O.	75 7100010	501 (3) (2)	F 000	0	7/3	7/3	Donor advised fund distribution
Box 7158 - Austin, TX 78713-7158	75-7126012	501(C)(3)	5,000.		N/A	N/A	distribution
Cedars-Sinai Medical Center							
8700 Beverly Blvd., #2416							Donor advised fund
Los Angeles, CA 90048	95-1644600	501(C)(3)	38,000.	0.	N/A	N/A	distribution
Chabad Jewish Center of South							
Metro Denver - 9950 Lone Tree Pkwy							
- Lone Tree, CO 80124	20-0285036	501(C)(3)	6,000.	0.	N/A	N/A	MazelTot discount funds
Children's Diabetes Foundation at							
Denver - 4380 South Syracuse]						
Street, Suite 430 - Denver, CO	<u></u>	L					Donor-Advised Fund
80237	84-0745008	501(C)(3)	5,000.	0.	N/A	N/A	distribution
Children's Hospital Colorado]]]				
Foundation - 13123 E. 16th Avenue							Donor-Advised Fund
- Aurora, CO 80045	84-0813462	501(C)(3)	21,250.	0 :	N/A	1	distribution
	31 0013102	(0)(0)	21,400.		<u></u>		
Colorado Academy							Donor-Advised Fund
3800 S. Pierce Street							distributions, Horizons
Denver, CO 80235	84-0421874	501(C)(3)	44,500.	0.	N/A	N/A	Program

Schedule I (Form 990) Rose Community	y Foundation					8	4-0920862 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado African Organization							
6795 E. Tennessee Avenue	20 0262459	F01(0)(2)	7 500	0	NT / 7	N/A	Education program
Denver, CO 80224	30-0262458	501(C)(3)	7,500.	υ,	N/A	N/A	Education program
Colorado Agency for Jewish							
Education - 300 S. Dahlia St., Ste							JECEI expenses, DAF
101 - Denver, CO 80246	84-0735278	501(C)(3)	25,538.	0.	N/A	N/A	distributions
Colorado Ballet							
1278 Lincoln Street				_			
Denver, CO 80203	84-6038137	501(C)(3)	10,000.	0.	N/A	N/A	Dance renaissance program
Colorado Black Health							
Collaborative - 17815 E. Powers					:		Donor advised fund
Drive - Centennial, CO 80015	27-0803976	501(C)(3)	24,000.	0.	N/A	N/A	distribution
			, ,				
Colorado Nonprofit Development							
Center - 789 Sherman Street, Suite					1		Donor advised fund
250 - Denver, CO 80203	84-1493585	501(C)(3)	8,250.	0.	N/A	N/A	distribution
							Donor advised fund
Colorado Public Radio							distribution Instrument
7409 S. Alton Ct.	74-2324052	501(C)(3)	16,200.	n	N/A	N/A	repair
Centennial, CO 80112-2301	74-2324032	501(0)(3)	10,200.		N/A	H/11	Copuli
Colorado Springs Conservatory							
415 S. Sahwatch							•
Colorado Springs, CO 80903	84-1502211	501(C)(3)	5,000.	0.	N/A	N/A	Scholarship fund
Congregation Beth Evergreen							
P. O. Box 415						1	
Evergreen, CO 80437-0415	84-1012915	501(C)(3)	13,500.	0.	N/A	N/A	MazelTot, Live On III
Congregation Beth Mechachem of							
Glogev - Attn: Eva Levy - New							Donor advised fund
York, NY 10023	11-2938700	501(c)(3)	9,000.	0.	N/A	N/A	distribution
, HI 100H0		(-)(-)	٠,٥٥٥.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	F.,	

Schedule I (Form 990) Rose Community	y Foundation					8-	4-0920862 Pag
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Conservation Colorado Education							
Fund - 1536 Wynkoop 4C - Denver,							Donor advised fund
CO 80202	73-1651499	501(C)(3)	5,000.	0.	N/A	N/A	distribution
			, , ,				
Craig Hospital Foundation	j						
3425 S. Clarkson St.							Equipment purchase, Don-
Englewood, CO 80110	23-7352287	501(C)(3)	24,000.	0.	N/A	N/A	advised fund distribution
Dartmouth College							Donor advised fund
Box 6068 Hanover, NH 03755	04-3391555	501(C)(3)	10,000.		N/A	N/A	distribution
nanover, nn 03733	04-3331333	501(0/(3/	10,000.	•			
Denver Academy							
4400 E. Iliff Ave.							Girl's Empowerment
Denver, CO 80222-6019	84-0678605	501(C)(3)	6,600.	0.	N/A	N/A	Program
Denver Area Council, Boy Scouts of							
America - 10455 W. 6th Avenue,				_			Donor advised fund
Suite 100 - Lakewood, CO 80215	75-2396057	501(C)(3)	22,500.	0.	N/A	N/A	distribution
Denver Center for the Performing							
Arts - 1245 Champa Street -							Donor advised fund
Denver, CO 80204	84-0407760	501(C)(3)	6,028.	0.	N/A	N/A	distribution
201,01			, , ,				
Denver Jewish Day School							
2450 S. Wabash St.							Donor advised fund
Denver, CO 80231	84-1476467	501(C)(3)	17,750.	0.	N/A	N/A	distribution, Live On I
Denver Scholarship Foundation							Donor advised fund
303 E. 17th Avenue	20 5143175	F01/G)/3)	9 500	0	NT / 2	1	distribution
Denver, CO 80203	20-5143175	501(C)(3)	8,500.	0.	N/A	N/A	disclination
Denver Urban Gardens							
3377 Blake Street					:		
Denver, CO 80205	74-2374848	501(C)(3)	10,198.	0.	N/A	N/A	MazelTot, Ekar Farm
	L		1			1	Schedule I (Form 99

<u> </u>	y Foundation						4-0920862 Page
Part II Continuation of Grants and Othe	r Assistance to G	overnments and Orga	inizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DSST Public Schools							
2000 Valentia Street							Donor advised fund
Denver, CO 80238	84-1602733	501(C)(3)	5,000.	0.	N/A	N/A	distribution
Dumb Friends League							
2080 S. Quebec Street					ļ		Donor advised fund
Denver CO 80231	84-0405254	501(C)(3)	5,000.	0.	N/A	N/A	distribution
							East Angel Packs program
East Angel Friends & Alumni							and the A+ Angel
Foundation - P.O. Box 201404 -							Mentoring Program weekly
Denver, CO 80220	32-0069773	501(C)(3)	6,660.	0.	N/A	N/A	incentive breakfasts
Edith and Carl Marks Jewish							
Community House of Bensonhurst -							
7802 Bay Parkway - Brooklyn, NY						<u></u>	For Hurricane Sandy
11214	11-1633484	501(C)(3)	5,000.	0.	N/A	N/A	relief
Englewood Cultural Arts Center							
Association - 1000 Englewood							
Parkway - Englewood, CO 80110	84-1573130	501(C)(3)	10,000.	0.	N/A	N/A	Strings Attached program
Idikay ingiewood, co outio	04 23,3230	552(67(57	1 20,000.				
eTown							
1535 Spruce Street							Donor advised fund
Boulder, CO 80302-4215	84-1186181	501(C)(3)	10,000.	0.	N/A	N/A	distribution
Facing History and Ourselves							Donor advised fund
7150 Montview Boulevard	04-2761636	501(C)(3)	5,000.	0	N/A	N/A	distribution
Denver, CO 80220	04-2701030	1	3,000.		N/ A	N/A	
Florence Crittenton Services of							
Colorado - 55 South Zuni Street -							Donor advised fund
Denver, CO 80223-1208	84-0429686	501(C)(3)	10,150.	0.	N/A	N/A	distribution
							Donor advised fund
Food Bank of the Rockies							distribution, Fresh
10700 E. 45th Avenue]				Produce Purchasing
Denver, CO 80239	84-0772672	501(C)(3)	23,000.	0.	N/A	N/A	Program, Lunchbox

Schedule I (Form 990) Rose Community		overnments and O	mizations in the !!	nited States (Cab	odula I (Earm 200) Pr	····	4-0920862 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
Fred Hutchinson Cancer Research Center - P.O. Box 19024, J5-200 - Seattle, WA 98109-1022	23-7156071	501(C)(3)	10,000.	0.	N/A	N/A	Donor advised fund distribution
Generation Schools Network 455 Sherman Street, Suite 120 Denver, CO 80203	76-0783006	501(C)(3)	150,000.	0.	N/A	N/A	Affiliate School Grant
Girls Athletic Leadership Schools 200 S. University Blvd. Denver, CO 80209	26-0784148	501(C)(3)	5,000.	0.	N/A	N/A	Donor advised fund distribution
Growing Home 3489 West 72nd Avenue, Suite 110 Westminster, CO 80030	84-1461503	501(C)(3)	7,000.	0.	N/A	N/A	Feeding Families program
Harvard Divinity School 45 Francis Avenue Cambridge, MA 02138	04-2103580	501(C)(3)	5,000.	0.	n/a	N/A	DAF distribution-for Women's Studies in Religion program
Hazon 125 Maiden Lane, Suite 8B New York, NY 10038	1 <u>3</u> -4087102	501(C)(3)	297,058.	0.	N/A	N/A	Grant for research study
Hebrew Educational Alliance 3600 S. Ivanhoe St. Denver, CO 80237-1196	84-0447472	501(C)(3)	42,200.	0.	N/A		Donor-Advised Fund distribution, MazelTot, Jconnect
Hunger Free Colorado 7000 S. Yosemite St., Ste 170 Centennial, CO 80112	68-0551464	501(C)(3)	5,250.	0.	N/A	N/A	General operating support
JCRS Isaac Solomon Historic Synagogue Foundation - 1050 Cherokee Street, #403 - Denver, CO 80204	84-1564796	501(C)(3)	18,000.	0.	N/A	N/A	Renovation of synagogue

Schedule I (Form 990) Rose Community							4-0920862 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jeffco Public Schools							
1829 Denver West Drive							Evaluation of the
Golden, CO 80401-0001	84-6002817	501(C)(3)	20,000.	n	N/A	N/A	Expanded Learning Program
GOIDEN, CO 00401-0001	04-0002017	501(0)(3)	20,000.		N/A	N/A	Donor advised fund
Jewish Family Service of Colorado							distribution, KidSuccess
3201 S. Tamarac Dr., Ste 200							ESL classes, Weinberg
Denver, CO 80231	84-0402701	501(C)(3)	73,400.	0	N/A	N/A	Food Pantry
Jewish Federation Council of	04-0402701	501(0)(3)	73,400.		N/A	N/A	loca rantry
Greater Los Angeles - 6505							
Wilshire Blvd Los Angeles, CA	f I						Donor advised fund
90048	95-1643388	501(C)(3)	5,000.	n	N/A	N/A	distribution
50040	23-1043300	501(0)(3)	3,000.	0.	N/A	11/11	
Jewish Student Connection							
149 Westchester Ave., #32							USU Club in
Port Chester NY 10573	61-1420053	501(C)(3)	10,000.	ń	N/A	N/A	Denver/Boulder
Kenneth R. Gottesfeld, M.D.	01-1420033	501(0)(3)	10,000.			1721	
Memorial Lectureship Fund - 20501	1						
Ventura Blvd Woodland Hills, CA	1						Gottesfeld Memorial
91364	86-0594433	501(C)(3)	6,891.	0	N/A	N/A	Reception, Lectureship
91304	86-0394433	DOI(C)(3)	0,031.	0.	N/A	W/A	Reception, Eccureship
Kent Denver School							
4000 East Quincy Avenue							 Donor-Advised Fund
Englewood, CO 80110	84-0242810	501(C)(3)	20,750.	0	N/A	N/A	distribution
Angrewood, co ours	04-02-2010	501(0)(3)	20,730.		.,,,,,		
Keshet							
284 Amory Street							 Trans and Oueer Beit
Jamaica Plain, MA 02130	48-1278664	501 (C) (3)	6,000.	0	N/A	N/A	Midrash Salon Series
damaica Fiain, MA 02130	40 1270004	501(0)(3)	3,000.			1,72	
KidsTek							
PO Box 693							Donor advised fund
Englewood, CO 80151	31-1727591	501(C)(3)	25,000.	n	N/A	N/A	distribution
magicacou, co outsi	51 1/2/551	501(0)(0)	22,000.				
KIPP Colorado							
375 S. Tejon Street							Extended learning
Denver, CO 80223	80-0037534	501(C)(3)	20,000.	n	N/A	N/A	opportunities
2011.01, 00 00223		F(-)(-)	1	٠.	<u> </u>		Schodule I (Form 990

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Family Adventure Dream
Limmud Colorado							<pre>Teams, Shabbat/holiday workshops, Individuals</pre>
P.O. Box 22204	26 0249705	E01/G1/31	14 452	0	N / 3	NT / 7	with disablilities
Denver, CO 80222	26-0248795	501(C)(3)	14,452.	····	N/A	N/A	with disabilities
Link Hands for Humanity							
P.O. Box 32536							Donor advised fund
Santa Fe, NM 87594	94-2373565	501(C)(3)	12,000.	0.	N/A	N/A	distribution
LiveWell Colorado							
1490 Lafayette St., #404							Donor advised fund
Denver, CO 80218	26-2464764	501(C)(3)	5,750.	0.	N/A	N/A	distribution
Local Theater Company			1				D
1630 30th Street						L.,_	Donor advised fund
Boulder, CO 80301	45-2208855	501(C)(3)	5,000.	0.	N/A	N/A	distribution
Lutheran Family Services Rocky							Pre-employment and Job
Mountains - 363 South Harlan			İ			1	Training for Refugee
	84-0775550	501(C)(3)	5,000.	0	N/A	N/A	Young Adults
Street - Denver, CO 80226-3552	84-0775550	B01(C)(3)	5,000.	0.	N/A	N/A	Todig Addits
MACC - Mizel Arts & Culture Center							Donor-Advised Fund
350 South Dahlia Street							distributions, Live On
Denver, CO 80246	31-1494423	501(C)(3)	10,000.	0.	N/A	N/A	III
Mapleton Expeditionary School of							
the Arts - 8990 York Street -							Post secondary
Thornton, CO 80229	84-6000817	501(C)(3)	11,000.	0.	N/A	N/A	transitions program
weil- with whited W-							
Mile High United Way							Donor-Advised Fund
2505 18th St.	04 040400=	501 (5) (3)	10.000	•		· ·	
Denver, CO 80211	84-0404235	501(C)(3)	10,000.	0.	N/A	N/A	distribution
Mizel Museum							
400 S. Kearney St.							
Denver, CO 80224	84-1158943	501(C)(3)	6 200.	0.	N/A	N/A	MazelTot grant

Schedule I (Form 990) Rose Communit							4-0920862 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	art (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
NARAL Pro-Choice Colorado							
Foundation - 1905 Sherman St., Ste							Donor advised fund
800 - Denver, CO 80203	84-6050191	501(C)(3)	20,000.	0.	N/A	N/A	distribution
							Skillbuild Colorado
National Skills Coalition							Payment for MOU with
1730 Rhode Island Ave. NW							Skillbuild and National
Washington, DC 20036	30-0075580	501(C)(3)	10,000.	0.	N/A	N/A	Skills Coaltion
Northfield Mount Hermon School							
Gift Recording Office							Donor advised fund
Mount Hermon, MA 01354	04-2109865	501(C)(3)	5,000.	0.	N/A	N/A	distribution
Northwest Family Assistance Center							
P.O. Box 11948					- /-		Diameter Park Bank
Denver, CO 80211-0948	74-2543251	501(C)(3)	7,000.	0.	N/A	N/A	Bienvenidos Food Bank
Office of the Covernor State of							Payment for services
Office of the Governor, State of Colorado - 136 State Capitol -							related to the GIH
Denver, CO 80203	84-0644739	Government	10,375.	0.	N/A	N/A	grant-January 2012
2011.02, 00 00200				-			Integration of Teacher
Padres & Jovenes Unidos							Effectiveness and
3025 W. 37th Ave., Ste 206							Academic Standards with
Denver CO 80211-2785	84-1426652	501(C)(3)	190,000.	0.	N/A	N/A	Closing the Achievement
				* *			
Planned Parenthood of the Rocky							
Mountains - 7155 E. 38th Ave							Donor advised fund
Denver, CO 80207	84-0404253	501(C)(3)	15,500.	0.	N/A	N/A	distribution
Platte Forum					1		
1610 Little Raven Street							İ
Denver, CO 80202	71-0891869	501(C)(3)	10,000.	0.	N/A	N/A	Program support
Raymond Wentz Foundation							
3455 Ringsby Court, #111							Donor advised fund
Denver, CO 80216	27-0029283	501(C)(3)	5,000.	n	N/A	N/A	distribution
Denver, CO 00210	21-0023203	Por(c)(3)	1 3,000.	· · · · · · · · · · · · · · · · · · ·	11 42	r., .,	Cabadula I (Farma 00)

Schedule I (Form 990) Rose Community							4-0920862 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) 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
Robert E. Loup Jewish Community Center - 350 S. Dahlia St Denver, CO 80246	84-0404245	501(C)(3)	66,350.	0.	N/A	N/A	MazelTot, Community Gardens, Connecting Jewish Families, Donor advised fund
SaddleUp! Foundation 11152 E. Daley Circle Parker, CO 80134	20-2751374	501(C)(3)	13,500.	0.	N/A	N/A	Equine Psychotherapy, Hippotherapy, Therapeutic Riding
Seven Arrows Elementary School 15240 La Cruz Dr. Pacific Palisades, CA 90272-3609	95-4746924	501(C)(3)	10,000.	0.	N/A	N/A	DAF Distribution
Shalom Cares 14800 E. Belleview Dr. Aurora, CO 80015	74-2376546	501(C)(3)	2,004,400.	0.	N/A	N/A	DAF distribution
Spring Institute for Intercultural Learning - 1610 Emerson Street - Denver, CO 80218-1412	84-0788093	501(C)(3)	15,000.	.0.	N/A	N/A	Boomers Leading Change in Health Engagement Grant
St. Mary's Academy 4545 South University Boulevard Englewood, CO 80113-6059	61-6019374	501(C)(3)	15,000.	0.	N/A	N/A	Tuition Assistance Fund-In memory of Michaelene O'Neal
Susan G. Komen for the Cure Orange County - 3191-A Airport Loop Drive - Costa Mesa, CA 92626	33-0487943	501(C)(3)	5,000.	0.	N/A	N/A	Donor advised fund distribution
Teach for America 1391 Speer Blvd., Suite 710 Denver, CO 80204	13-3541913	501(C)(3)	15,000.	0.	N/A	V/A	DAF distribution
Temple Emanuel 51 Grape Street Denver, CO 80220	84-0402688	501(C)(3)	5,355.	0.	N/A	N/A	Donor advised fund distributions, Hineini Project

Schedule (Form 990) Rose Community Part II Continuation of Grants and Other		overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa		4-0920862 Page
(a) Name and address of organization or government	of (b) EIN (c) IRC sec					(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple Micah							
2600 Leyden St.							Donor advised fund
Denver, CO 80207	84-0520999	501(C)(3)	5,000.	0.	N/A	N/A	distribution
Temple Sinai							
3509 S. Glencoe St.						~	Donor advised fund
Denver, CO 80237	84-0576985	501(C)(3)	8,500.	0.	N/A	N/A	distributions, MazelTot
The Bridge Project, University of							
Denver - 2148 South High Street -							Donor advised fund
Denver, CO 80208	84-0404231	501(C)(3)	5,000.	0.	N/A	N/A	distribution
The Challenge Foundation							
4545 S. University Blvd.							The Mentoring Program,
Englewood, CO 80113	84-1480014	501(C)(3)	14,019.	0.	N/A	N/A	laptops for 9th graders
The Jewish Experience							
350 South Dahlia Street							Donor advised fund
Denver, CO 80246	84-1530357	501(C)(3)	14,592.	0.	N/A	N/A	distribution, Live On III
The Manaus Fund							
P.O. Box 2026							Donor advised fund
Carbondale, CO 81623	20-2710588	501(C)(3)	5,000.	0.	N/A	N/A	distribution
The Nature Conservancy in Colorado							
2424 Spruce Street							Donor advised fund
Boulder, CO 80302	53-0242652	501(C)(3)	18,000.	0.	N/A	N/A	distribution
The University of Arizona							
Foundation - P.O. Box 210109 -							Donor-Advised Fund
Tucson, AZ 85721-0109	86-6050388	501(C)(3)	5,000.	0.	N/A	N/A	distribution
The Women's Foundation of Colorado							
The Chambers Center							Donor advised fund
Denver, CO 80208	84-1039305	501(C)(3)	8,000.	0.	N/A	N/A	distribution

Schedule I (Form 990) Rose Communit							4-0920862 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tides							Chicken & Egg Pictures,
P.O. Box 29198							Donor advisted fund
San Francisco, CA 94129-0198	94-3213100	501(C)(3)	15,500.	0.	N/A	N/A	distribution
Together Colorado							Alignment of CO academic stds & performance based
1980 Dahlia Street							educator eval/ Gates
Denver, CO 80220	84-0753677	501(C)(3)	145,000.	0.	N/A	N/A	subgrant award
University of California San Diego							
Foundation - 9500 Gilman Drive,							Donor advised fund
#502 - La Jolla, CA 92093-0502	95-2872494	501(C)(3)	5,000.	0.	N/A	N/A	distribution
					:		
University of Colorado Foundation							Early Childhood Mental
1800 Grant Street, Suite 725				_	L		Health Assessment,
Denver, CO 80203	84-6049811	501(C)(3)	20,160.	υ.	N/A	N/A	veterans benefits
University of Denver Sturm College							
of Law - 2255 East Evans Avenue -							Donor advised fund
Denver CO 80208	84-0404231	501(C)(3)	5,000.	0.	N/A	N/A	distribution
			,				•
University of Puget Sound					i	·	
Office of Annual Giving							Donor advised fund
Tacoma, WA 98416	91-0564961	501(C)(3)	5,000.	0.	N/A	N/A	distribution
Urban Peak							Food program, Donor advised fund
730 21st Street		504 (5) (2)	7 750		7/3	N/A	distributions
Denver, CO 80205	84-1212246	501(C)(3)	7,750.	· · · · · · · · · · · · · · · · · · ·	N/A	N/A	distributions
Volunteers of America Colorado]				
Branch - 2660 Larimer St - Denver]				Donor advised fund
CO 80205-2219	13-1692595	501(C)(3)	5,000.	0.	N/A	N/A	distribution
Walking Mountains							
P.O. Box 9469							Donor advised fund
Avon, CO 81620	84-1436731	501(C)(3)	5,500.	0.	N/A	N/A	distribution

(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	
Vannan IV: 11 ago								
Warren Village								
1323 Gilpin Street	04 0644070	E01/G)/3)	6 000	0	NT / 3	NT / 73		
Denver, CO 80218-2552	84-0644270	501(C)(3)	6,000.	υ.	N/A	N/A	Program support	
Westside Kollel								
1453 S. Robertson Blvd.							Donor advised fund	
Los Angeles, CA 90035	42-1548771	501(C)(3)	5,000.	0.	N/A	N/A	distribution	
Women Donors Network								
565 Commercial Street								
San Francisco, CA 94111	05-0542397	501(C)(3)	16,000.	n	N/A	N/A	Donor directed grant	
110111111111111111111111111111111111111			,					
YouthZone								
303 School Street			1				Donor advised fund	
Glenwood Springs, CO 81601	84-0712993	501(C)(3)	10,000.	0.	N/A	N/A	distribution	
				·*				
Zimmer Children's Museum	-							
5505 Wilshire Blvd., 1st floor							Donor advised fund	
Los Angeles, CA 90048	20-1470992	501(C)(3)	5,500.	0.	N/A	N/A	distribution	
							NBC Universal's Educati	
NBC Universal Media, LLC							Nation in Denver	
1001 Nebraska Ave NW							NBC Universal's Educati	
Washington, DC 20016	27-3526824		15,000.	0.	N/A	N/A	Nation in Denver	
		1	i			1		

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
lorado Jewish Early Childhood Education					
itiative.	2	24,543.	U.	N/A	N/A
	}				
		i			
		· · · · · · · · · · · · · · · · · · ·			
t IV Supplemental Information. Complete this part to provide	de the information	required in Part I, I	ine 2, Part III, colum	n (b), and any other additional in	formation.
edule I, Part I, Line 2: In order to monitor the	use of grant	funds, the		<u> </u>	
ndation may require interim and/or final reports	to be submit	ted by the			
		4			
ntee, has frequent communication with the grante	e organizatio	ons, and in			
e instances will do site visits if deemed necess	ary.				
: II, line 1, Column (h):					<u> </u>
e of Organization or Government: Boulder Jewish	Community Con	ter			
or organization or Government: bourder dewish	COMMUNITAL CEN	CET	·····		

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Rose Community Foundation

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

Employer identification number

Schedule J (Form 990) 2012

84-0920862

Pa	Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in 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 of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		х
	If "Yes" to line 6a or 6b, describe in Part III.		10 G (4 G)	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			and the second
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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

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

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Rose Community Foundation	84-0920862
Form 990, Part VI, Section A, line 2: Sheila Bugdanowitz, President &	
CEO, Anne Garcia, Treasurer, CFO & COO and Margie Gart, Director of	
Philanthropic Services are officers and employees of Rose Foundation, the	
supporting organization of Rose Community Foundation.	
Form 990, Part VI, Section B, line 11: The Form 990, including all	
required schedules, is provided to the Board of Trustees (all of which are	
voting members) prior to being filed with the IRS. The Foundation asks the	
members to submit any questions or comments regarding the Form 990 by the	
date the return is to be filed.	
The Foundation's Form 990 is prepared by an independent CPA firm and the	
Foundation conducts a thorough review of the return prior to being filed	
with the IRS. The CFO and staff perform a detail review of all amounts and	
disclosures in the return and then present an overview of the return to the	
President & CEO and the Audit Committee. The return will be amended if any	
changes are deemed necessary as a result of this process.	
Form 990, Part VI, Section B, Line 12c: A detailed, written description of	
each conflict of interest and the procedures followed to clear the conflict	
are provided semi-annually to the Audit Committee for review. On an annual	
basis, the Audit Committee makes a report to the Board of Trustees with	
respect to all the current and material actual or potential conflicts of	
interest known to them and of any actions that have been taken or that they	
recommend be taken to ensure compliance with this policy.	

Name of the organization Rose Community Foundation		Employer identification number 84-0920862
Form 990, Part VI, Section B, Line 15a: On an annual basis,	the Chief	
Financial & Operating Officer and Audit Committee meet to d	liscuss the	
compensation and performance of the Foundation's President	& CEO, During	
this meeting, the Chair of the Board of Trustees presents h	nis/her	
assessment of the President & CEO's performance as compared	l to the goals	
and objectives that were established at the beginning of the	ne year. Based	
on the conclusions of this assessment, along with comparati	ve salary	
information on both a local and national level from both for	ormal and	
informal surveys, the Audit Committee recommends a salary l	level to be taken	
to the Board of Trustees for approval.		
Form 990, Part VI, Section C, Line 19: The Foundation's Cor	nflict of	
Interest Policy, 990 and financial statements are available	e upon request as	
well as posted on the Foundation's website at www.rcfdenver	r.org.	
Form 990, Part XI, line 9, Changes in Net Assets:		
Agency distributions	2,100,661.	
Agency contributions	-155,451.	
Total to Form 990, Part XI, Line 9	1,945,210.	
Form 990, Part XII, line 2c:		
The Foundation's Audit Committee assumes the responsibility	y for	
oversight of the audit of its financial statements and the	selection of	
an independent accountant. This process has not changed from	rom prior	
years,		

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization Rose Community Foundation	Employer identification number 84-0920862
The Foundation's activities are guided by a large number of volunteer	
community leaders who serve as trustees and committee members. The	
trustees provide stewardship for the Foundation's resources and set	
policy to ensure consistency with the Foundation's mission. Every	
trustee also serves on one or more committees, where they are joined by	
other issue experts and community leaders whose responsibilities	
include decisions on funding requests, fiscal oversight and donor	
outreach,	
	and the state of t

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

➤ See separate instructions.

OMB No. 1545-0047

2012 Open to Public Inspection

Name of the organization Rose Community Fo	undation				Employer iden 84-092086		umber
Part I Identification of Disregarded Entities (Con	nplete if the organization answered "Yes	s" to Form 990, Part IV, line 3	33.)				
(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	1		ome End-of-year	ļ	et controllin	g
							_
Part'll Identification of Related Tax-Exempt Organizations during the tax year.)	anizations (Complete if the organization	answered "Yes" to Form 990	0, Part IV, line 34 b	ecause it had one	or more related tax-e	xempt	_
(a)	(b)	(c)	(d)	(e)	(f)	1 (g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	con	trolled tity?
D				301(0)(3))	<u></u>	Yes	No
Rose Foundation - 84-0418124 600 S. Cherry Street, Suite 1200				Line 11a,	Rose Community		ļ
Denver, CO 80246	Grantmaking	Colorado	501(c)(3)	1	Foundation	x	
Rose Biomedical Research - 84-0851957	Supports medical research	00101440	502(0)(0)	110 11	_		
600 S. Cherry Street, Suite 1200	& development (ceased			Line 11a,	Rose Community		
Denver, CO 80246	operations)	Colorado	501(c)(3)	,	Foundation	х	
		· · · · · · · · · · · · · · · · · · ·			<u> </u>		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	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 sections 512-514)	Share of total income	Share of end-of-year assets		portion- cations?	amount in hou	General of managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
					l						
		!									
					1						
-											
									1		
							1				
						: -					
											<u> </u>

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	en	(i) ction (b)(13) trolled tity?
Rose Biomedical Development Corporation - 84-1341936, 600 S. Cherry Street, Suite 1200, Denver, CO 80246	Medical technology research & development		Rose Biomedical Research	C CORP			.00%		x
200, 501102, 00 00210									
					<u></u>				

Page 3

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transaction				it.		
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	ļ	x
b	Gift, grant, or capital contribution to related organization(s)				1b	X	<u> </u>
C	Gift, grant, or capital contribution from related organization(s)				1c	X	ļ
d	Loans or loan guarantees to or for related organization(s)				1d	ļ	X
	Loans or loan guarantees by related organization(s)						X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				<u></u>	<u> </u>	Х
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	<u> </u>	X
I	Performance of services or membership or fundraising solicitations for related organizations	anization(s)			11	ļ	X
m	Performance of services or membership or fundraising solicitations by related organization	anization(s)			1m		X
'n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	tion(s)			1n	Х	
О	Sharing of paid employees with related organization(s)				10	Х	
					A.S. 361	75.75	120
р	Reimbursement paid to related organization(s) for expenses				1p		X
	Reimbursement paid by related organization(s) for expenses					100000-71	X
					375		
r	Other transfer of cash or property to related organization(s)				1r	ļ	X
s	Other transfer of cash or property from related organization(s)				1s	Х	<u>L</u>
2	If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	relationships and transaction thresholds.	_		
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction	Amount involved	Method of determining amoun	t involved		
		type (a-s)					
1) R	ose Foundation	В	204,368.	FMV			
2) R	ose Foundation	С	1,487,350.	FMV			
3)							
4)			., -				
5)							
3)		l					

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	Ű	j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are partner 501 (d org:	all	Share of	Share of	Dispi	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity	,	(state or foreign	(related, unrelated,	501(0	0)(3)	total	end-of-year	tion	ate	amount in box 20	mana	aging	ownership
•		country)	Lunder section 512-514)	V	3.1	income	assets	211002	No	(Form 1065)	Yes	10	•
			andor doditor o 12 o 1 tj	Yes	NO			Yes	No	(101111 1000)	Yes	NO	
													•
Market State Control of the Control													
											H		
								ļ					
								l					
				li									
				\vdash				_	\vdash		-		
								l					
		. = .		П									
				li								- 1	
												ŀ	
				\vdash				_					
												İ	
<u></u>												1	
						·							
						İ							
					-							-+	
										'			
									İ				
									İ				
	 												
					ļ		· · · · · · · · · · · · · · · · · · ·					L	

Schedule R (Form 990) 2012 Rose Community Foundation	84-0920862	Page 5
Schedule R (Form 990) 2012 Rose Community Foundation Part VII Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule R (see inst	ructions).	
	······································	
	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
		
	· · · · · · · · · · · · · · · · · · ·	·
		······································