

Form **990**

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

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

| | | | |
|--|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization Rose Community Foundation | | D Employer identification number 84-0920862 |
| | Doing business as | | E Telephone number 303-398-7400 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 600 South Cherry Street | | G Gross receipts \$ 11,966,651. |
| City or town, state or province, country, and ZIP or foreign postal code Denver, CO 80246 | | H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| F Name and address of principal officer: Anne Garcia same as C above | | H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | |
| J Website: ▶ www.rcfdenver.org | | L Year of formation: 1995 | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | M State of legal domicile: CO | |

Part I Summary

| | | | |
|-----------------------------|---|--|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>To enhance the quality of life of the Greater Denver community using its leadership and resources.</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 16 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 16 |
| | 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 42 |
| | 6 | Total number of volunteers (estimate if necessary) | 100 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0. |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year: 25,144,078. Current Year: 10,847,731. |
| | 9 | Program service revenue (Part VIII, line 2g) | 345,858. 386,097. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 487,561. 253,628. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 166,105. 172,493. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 26,143,602. 11,659,949. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 11,799,932. 12,085,833. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,461,532. 1,693,704. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. 0. |
| | | 16b Total fundraising expenses (Part IX, column (D), line 25) | 529,967. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,244,433. 3,424,203. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 16,505,897. 17,203,740. |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | 9,637,705. -5,543,791. |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year: 90,022,388. End of Year: 87,843,333. |
| | 21 | Total liabilities (Part X, line 26) | 50,510,533. 49,325,924. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 39,511,855. 38,517,409. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-----------|--|---------------------------|
| Sign Here | ▶ <u>Anne M. Garcia</u> Signature of officer | ▶ <u>11/14/17</u> Date |
| | ▶ Anne Garcia, CFO AND COO Type or print name and title | |

| | | | | | |
|------------------------|--|--|--------------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name Dori J. Eggett | Preparer's signature <u>Dori J. Eggett</u> | Date 11/14/2017 | Check <input type="checkbox"/> if self-employed | PTIN P00645252 |
| | Firm's name EKS&H LLLP | Firm's address 8181 E. Tufts Avenue, Suite 600 Denver, CO 80237-2579 | Firm's EIN 46-1497033 | Phone no. 303-740-9400 | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 15,409,681. including grants of \$ 12,085,833.) (Revenue \$ 386,097.) DONOR DEVELOPMENT: Donors and aligned funders contributed \$6,797,000 to the Foundation, six new advised funds were established and 12 new planned gifts were made. FUND DISTRIBUTIONS: Donor's recommended grants totaled \$2,734,000 to a broad range of community interests. ENDOWMENT SERVICES: The Foundation received \$2,696,000 in contributions for new and existing permanent endowment and designated funds for local nonprofit organizations. The Foundation paid out \$5,532,000 to local nonprofit organizations who have established permanent endowments and designated funds at the Foundation.

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. See Schedule O.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 15,409,681.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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 exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Anne Garcia - 303-398-7400 600 S Cherry Street #1200, Denver, CO 80246

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Jerrold L. Glick Chair | 1.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) Rob Klugman Secretary | 1.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) Brad Kornfeld Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) Brian Wilkinson Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) Steven A. Cohen Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) Jennifer Adler Fischer Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) Judy Altenberg Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) Katherine Gold Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) Kathy Neustadt Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) Lisa Reckler Cohn Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) Michael Touff Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) Milroy A. Alexander Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) Monte Moses, Ph.D. Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) William N. Lindsay, III Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) Jeannie Ritter Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) Lisa Robinson Trustee | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) Sheila Bugdanowitz President & CEO | 16.00 24.00 | | | X | | | | 94,179. | 224,101. | 25,469. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) Anne Garcia Treasurer, CFO & COO | 16.00 24.00 | | | X | | | | 49,575. | 117,965. | 19,551. |
| (19) Elsa Holguin Program Officer | 1.00 39.00 | | | | | X | | 0. | 150,913. | 17,772. |
| (20) Lisa Farber Miller Program Officer | 1.00 39.00 | | | | | X | | 0. | 141,062. | 18,082. |
| (21) Mark Hockenber Controller | 39.00 1.00 | | | | | X | | 120,159. | 0. | 15,040. |
| (22) Therese Ellery Program Officer | 1.00 39.00 | | | | | X | | 0. | 108,532. | 15,596. |
| (23) Carlos Martinez Exec Dir Latino Cmty Fdn of CO | 39.00 1.00 | | | | | X | | 105,094. | 0. | 14,882. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 369,007. | 742,573. | 126,392. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 369,007. | 742,573. | 126,392. |

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

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| Colorado Technology 1245 Champa Street, Denver, CO 80204 | Program Management | 245,201. |
| Impact Finance Group, 290 South Humbolt St, Suite 9, Denver, CO 80209 | Program Management | 199,988. |
| Quickfox Strategies 4450 Meade Street, Denver, CO 80211 | Program Management | 138,700. |
| Reilly Pharo Carter 3459 Garfield Street, Denver, CO 80205 | Program Management | 110,475. |

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | |
|--|---|---|--------------------------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | 862,346. | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 9,985,385. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | | 10,847,731. | | | |
| | Program Service Revenue | 2 a Administrative Fees | Business Code 561000 | 386,097. | 386,097. | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | | 386,097. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 410,740. | | | 410,740. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | 2,868. | | | 2,868. | |
| | 6 a Gross rents | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | 157,112. | | | | |
| | | c Gain or (loss) | -157,112. | | | | |
| | d Net gain or (loss) | | -157,112. | | | -157,112. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | 275,483. | | | | | |
| | b Less: cost of goods sold | 149,590. | | | | | |
| | c Net income or (loss) from sales of inventory | | 125,893. | | | 125,893. | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a Miscellaneous Revenue | a | 900099 | 43,732. | | | 43,732. | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 43,732. | | | |
| 12 Total revenue. See instructions. | | | 11,659,949. | 386,097. | 0. | 426,121. | |

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 12,085,833. | 12,085,833. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 157,076. | 11,953. | 64,700. | 80,423. |
| 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 | 1,298,345. | 837,869. | 204,924. | 255,552. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 50,560. | 21,264. | 13,061. | 16,235. |
| 9 Other employee benefits | 111,629. | 54,946. | 25,271. | 31,412. |
| 10 Payroll taxes | 76,094. | 37,757. | 17,092. | 21,245. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 6,743. | | 6,743. | |
| c Accounting | 44,243. | | 44,243. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 42,503. | | 42,503. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 1,477,372. | 1,443,117. | 15,272. | 18,983. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 555,122. | 2,077. | 533,635. | 19,410. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 110,884. | 36,520. | 35,575. | 38,789. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 34,652. | 2,637. | 14,273. | 17,742. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 12,070. | | 12,070. | |
| 23 Insurance | | | | |
| 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) amount, list line 24e expenses on Schedule O.) | | | | |
| a Other Pgm. Initiatives | 545,963. | 545,963. | | |
| b Communications | 418,548. | 329,745. | 58,627. | 30,176. |
| c Administrative Fees | 176,103. | | 176,103. | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 17,203,740. | 15,409,681. | 1,264,092. | 529,967. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 7,841,030. | 1 | 11,542,435. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 4,577,914. | 3 | 3,422,599. |
| | 4 Accounts receivable, net | 238,835. | 4 | 231,867. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 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 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 23,540. | 8 | 26,536. |
| | 9 Prepaid expenses and deferred charges | 91,267. | 9 | 122,746. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 518,172. | | |
| | b Less: accumulated depreciation | 10b 444,130. | 101,216. | 10c 74,042. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 75,858,988. | 12 | 71,084,969. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,289,598. | 15 | 1,338,139. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 90,022,388. | 16 | 87,843,333. | |
| Liabilities | 17 Accounts payable and accrued expenses | 246,762. | 17 | 434,386. |
| | 18 Grants payable | 2,018,400. | 18 | 2,223,085. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 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 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 48,245,371. | 25 | 46,668,453. |
| | 26 Total liabilities. Add lines 17 through 25 | 50,510,533. | 26 | 49,325,924. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 33,307,741. | 27 | 32,034,033. |
| | 28 Temporarily restricted net assets | 5,913,894. | 28 | 6,193,156. |
| | 29 Permanently restricted net assets | 290,220. | 29 | 290,220. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 39,511,855. | 33 | 38,517,409. |
| 34 Total liabilities and net assets/fund balances | 90,022,388. | 34 | 87,843,333. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,659,949. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 17,203,740. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -5,543,791. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 39,511,855. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,812,880. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 2,736,465. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 38,517,409. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2016)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 10,786,559. | 10,827,972. | 20,707,866. | 25,144,078. | 10,847,731. | 78,314,206. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 10,786,559. | 10,827,972. | 20,707,866. | 25,144,078. | 10,847,731. | 78,314,206. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 17,023,393. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 61,290,813. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 10,786,559. | 10,827,972. | 20,707,866. | 25,144,078. | 10,847,731. | 78,314,206. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 381,108. | 329,038. | 440,340. | 406,444. | 413,608. | 1,970,538. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 642,983. | 615,390. | 984,550. | 249,284. | 12,513. | 2,504,720. |
| 11 Total support. Add lines 7 through 10 | | | | | | 82,789,464. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,783,285. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 74.03 % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 73.91 % |
| 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | Yes | No |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2016 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions | | | |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

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

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

Sale of Securities

2012 Amount: \$ 516,445.

2013 Amount: \$ 513,610.

2014 Amount: \$ 799,790.

2015 Amount: \$ 84,019.

2016 Amount: \$ -157,112.

Sale of Inventory

2012 Amount: \$ 126,538.

2013 Amount: \$ 98,030.

2014 Amount: \$ 139,140.

2015 Amount: \$ 138,519.

2016 Amount: \$ 125,893.

Miscellaneous Revenue

2012 Amount: \$ 0.

2013 Amount: \$ 3,750.

2014 Amount: \$ 45,620.

2015 Amount: \$ 26,746.

2016 Amount: \$ 43,732.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Rose Community Foundation

Employer identification number

84-0920862

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

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

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

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | _____ _____ _____ | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ _____ _____ | \$ 801,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ _____ _____ | \$ 661,032. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | _____ _____ _____ | \$ 600,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | _____ _____ _____ | \$ 450,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | _____ _____ _____ | \$ 862,345. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> <hr/> | \$ 249,588. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 18,499,871. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 18,499,871. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

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

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

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| <i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i> | | | |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 Total number at end of year | 84 | |
| 2 Aggregate value of contributions to (during year) | 2,898,377. | |
| 3 Aggregate value of grants from (during year) | 2,734,373. | |
| 4 Aggregate value at end of year | 31,084,743. | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 465,384. | 476,043. | 482,515. | 457,105. | 431,045. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 51,728. | -10,659. | 18,051. | 47,665. | 32,951. |
| d Grants or scholarships | 3,000. | | 24,523. | 22,255. | 6,891. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 514,112. | 465,384. | 476,043. | 482,515. | 457,105. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 56.00 %
- c Temporarily restricted endowment 44.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | x |
| 3a(ii) | | x |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 38,942. | 32,992. | 5,950. |
| d Equipment | | 12,032. | | 12,032. |
| e Other | | 467,198. | 411,138. | 56,060. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 74,042. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The Foundation holds endowment and other funds on behalf of others.

Distributions from these funds provide operating support for the

activities of the endowed nonprofit organizations. As such, these funds

provide long term financial support to supplement the organizations'

annual fundraising efforts.

Part X, Line 2:

The Foundation, including its non-profit supporting organizations, applies

a more-likely-than-not measurement methodology to reflect the combined

financial statement impact of uncertain tax positions taken or expected to

be taken in a tax return. After evaluating the tax positions taken, none

Part XIII Supplemental Information (continued)

are considered to be uncertain; therefore, no amounts have been recognized
as of December 31, 2016 and 2015. If incurred, interest and penalties
associated with tax positions are recorded in the period assessed as other
operating expense. No interest or penalties have been assessed as of
December 31, 2016 and 2015.

Part X Line 2:

The Foundation and its nonprofit supporting organization have been
determined to be exempt from federal income taxes under Section 501 (c)
(3) of the internal revenue code. The supporting organizations were
established under the provisions of Section 509 (a)(3) of the Internal
Revenue Code. The Foundation is responsible for expenditures of the
supporting organizations for specific charitable purposes.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization Rose Community Foundation Employer identification number 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 criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

| 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 noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| ALS Association, Rocky Mountain Chapter - 10855 Dover Street, Suite 500 - Westminster, CO 80021 | 84-1337868 | 501(C)(3) | 5,000. | 0. | | | General Operating Support |
| Alumni of the Rabbinical College Kneseth Israel of Slabodka Kowno - 169 Parkville Avenue - Brooklyn, NY 11230 | 13-5600406 | 501(C)(3) | 5,000. | 0. | | | General Operating Support |
| American Friends of Darche Noam 226 Smith Street Woodmere, NY 11598 | 11-2694906 | 501(C)(3) | 6,200. | 0. | | | General Operating Support |
| American Friends of Yeshiva High School Kiryat Arba - 1342 East 4th Street - Brooklyn, NY 11230 | 13-4015013 | 501(C)(3) | 7,200. | 0. | | | General Operating Support |
| American Jewish World Service 45 West 36th Street, 10th Floor New York, NY 10018 | 22-2584370 | 501(C)(3) | 24,500. | 0. | | | General Operating Support |
| Anderson Ranch Arts Foundation PO Box 5598 Snowmass Village, CO 81615 | 23-7267983 | 501(C)(3) | 8,000. | 0. | | | 50th Anniversary Campaign and General Operating Support |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 194.

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

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

Schedule I (Form 990) (2016)

See Part IV for Column (h) descriptions

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

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

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| Cedars-Sinai Medical Center 8700 Beverly Blvd., #2416 Los Angeles, CA 90048 | 95-1644600 | 501(C)(3) | 14,500. | 0. | | | General Operating Support |
| Children's Hospital Colorado Foundation - 13123 East 16th Avenue, Box 045 - Aurora, CO 80045 | 84-0813462 | 501(C)(3) | 8,250. | 0. | | | General Operating Support, Ponzio Creative Arts Therapy program |
| Clinica Family Health Services 1345 Plaza Court North #1A Lafayette, CO 80026 | 84-0743432 | 501(C)(3) | 9,000. | 0. | | | Fetal Nonstress test machine and EKG machine |
| Colorado "I Have A Dream" Foundation - 1836 Grant Street - Denver, CO 80203 | 74-2497109 | 501(C)(3) | 10,500. | 0. | | | 2016 Annual Gala |
| Colorado Academy 3800 South Pierce Street Denver, CO 80235 | 84-0421874 | 501(C)(3) | 62,250. | 0. | | | Capital Campaign, Horizons at Colorado Academy |
| Colorado Access 11100 East Bethany Drive Aurora, CO 80014 | 84-1297547 | 501(C)(3) | 305,316. | 0. | | | Telemental health services |
| Colorado African Organization 6795 East Tennessee Avenue, Suite Denver, CO 80224 | 30-0262458 | 501(C)(3) | 11,545. | 0. | | | Self sufficiency and Integration for refugees |
| Colorado Agency for Jewish Education (CAJE) - 300 South Dahlia Street, Suite 101 - Denver, CO 80246 | 84-0735278 | 501(C)(3) | 481,315. | 0. | | | Jewish Student Connection (JSC) Denver |
| Colorado Association of Black Professional Engineers and Scientists - P.O. Box 200508 - Denver, CO 80220 | 74-2208861 | 501(C)(3) | 5,000. | 0. | | | General Operating Support |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| Colorado Coalition for the Homeless - 2111 Champa Street - Denver, CO 80205 | 84-0951575 | 501(C)(3) | 25,300. | 0. | | | General Operating Support |
| Colorado Department of Higher Education - 1560 Broadway, Suite 1600 - Denver, CO 80202 | 84-0644739 | | 115,999. | 0. | | | Colorado GEAR UP |
| Colorado Health Institute 303 East 17th Avenue, Suite 930 Denver, CO 80203 | 74-3082235 | 501(C)(3) | 33,571. | 0. | | | Grant payment for ECMH evaluation, Data Tracking - Children's Mental Health |
| Colorado Immigrant Rights Coalition - 2525 West Alameda Avenue - Denver, CO 80219 | 73-1675486 | 501(C)(3) | 59,375. | 0. | | | DACA and DAPA related work |
| Colorado Nonprofit Association 789 Sherman Street, Suite 240 Denver, CO 80203 | 84-0942908 | 501(C)(3) | 35,000. | 0. | | | General Operating Support |
| Colorado Nonprofit Development Center - 789 Sherman Street, Suite 250 - Denver, CO 80203 | 84-1493585 | 501(C)(3) | 73,726. | 0. | | | Harm and Reduction Action Center, A+ Colorado, Women's Regional Network |
| Colorado People's Alliance 700 Kalamath Street Denver, CO 80204 | 84-1599036 | 501(C)(3) | 25,000. | 0. | | | DACA and DAPA related work |
| Colorado Public Radio 7409 South Alton Court Centennial, CO 80112 | 74-2324052 | 501(C)(3) | 5,068. | 0. | | | General Operating Support |
| Colorado Youth Matter 2590 Walnut Street, Suite 52 Denver, CO 80205 | 74-2511487 | 501(C)(3) | 6,000. | 0. | | | General Operating Support |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| Community Involved in Sustaining Agriculture - One Sugarloaf Street - South Deerfield, MA 01373 | 04-3416862 | 501(C)(3) | 12,500. | 0. | | | General Operating Support |
| Community Resource Center 789 Sherman Street, Suite 210 Denver, CO 80203 | 84-0838406 | 501(C)(3) | 15,000. | 0. | | | General Operating Support |
| Community Shares of Colorado 789 Sherman St. Suite 230 Denver, CO 80203 | 74-2401941 | 501(C)(3) | 10,000. | 0. | | | General Operating Support |
| Companeros: Four Corners Immigrant Resource Center - 701 Camino Del Rio Suite 309 - Durango, CO 81301 | 37-1640345 | 501(C)(3) | 10,000. | 0. | | | DACA and DAPA related work |
| Congregation Beth Menachem of Glogev - 154 W. 70th Street, #8P - New York, NY 10023 | 11-2938700 | 501(C)(3) | 11,400. | 0. | | | General Operating Support |
| Connecticut College 270 Mohegan Avenue New London, CT 06320 | 06-0646587 | 501(C)(3) | 10,000. | 0. | | | General Operating Support |
| Conservation Colorado Education Fund - 1536 Wynkoop Street, Suite 510 - Denver, CO 80202 | 84-0614285 | 501(C)(3) | 15,000. | 0. | | | General Operating Support |
| Craig Hospital Foundation 3425 South Clarkson Street Englewood, CO 80113 | 23-7352287 | 501(C)(3) | 8,000. | 0. | | | Craig Hospital Foundation PUSH annual event, General Operating Support |
| Creative Strategies for Change 3359 High Street, Apartment A Denver, CO 80205 | 46-2083929 | 501(C)(3) | 30,000. | 0. | | | Innovate for Good 2016 - Community Cypher |

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| Jewish National Fund, Mountain States Region - 6000 East Evans Avenue, Suite 1-200 - Denver, CO 80222 | 13-1659627 | 501(C)(3) | 7,000. | 0. | | | General Operating Support |
| Jewish Resource Center Chabad of Aspen - 435 West Main Street - Aspen, CO 81611 | 22-3787221 | 501(C)(3) | 16,000. | 0. | | | General Operating Support |
| Jewish Women's Archive One Harvard Street, Suite 200 Brookline, MA 02445 | 04-3293188 | 501(C)(3) | 5,000. | 0. | | | General Operating Support |
| JEWISHcolorado 300 South Dahlia Street, Suite 300 Denver, CO 80246 | 01-0831698 | 501(C)(3) | 78,050. | 0. | | | Wildfires Relief Fund, Baton Rouge Flood Relief, UJA Aspen Valley, General Operating Support |
| JQ International 2138 Baxter Street Los Angeles, CA 90039 | 68-0601176 | 501(C)(3) | 10,000. | 0. | | | General Operating Support |
| Judaism Your Way 600 Grant Street, Suite 308 Denver, CO 80203 | 46-0517841 | 501(C)(3) | 43,750. | 0. | | | General Operating Support |
| Just Vision 1616 P Street NW, #340 Washington, DC 20036 | 20-4898729 | 501(C)(3) | 5,000. | 0. | | | General Operating Support |
| Kent Denver School 4000 East Quincy Avenue Englewood, CO 80110 | 84-0242810 | 501(C)(3) | 5,250. | 0. | | | General Operating Support |
| Kestrel Land Trust P.O. Box 1016 Amherst, MA 01004 | 04-6243236 | 501(C)(3) | 5,000. | 0. | | | General Operating Support |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| Kids First Healthcare 4675 East 69th Avenue Commerce City, CO 80022 | 84-0799374 | 501(C)(3) | 15,000. | 0. | | | Dental Hygienist to provide dental care at Adams City High School |
| Melanoma Research Foundation 1411 K. Street, NW Suite 500 Washington, DC 20005 | 76-0514428 | 501(C)(3) | 79,125. | 0. | | | Dr. Lori Crane's Colorado Skin Cancer Prevention Project, Denver Wings of Hope Gala |
| Mental Health Center of Denver 4141 E. Dickenson Place Denver, CO 80222 | 74-2499946 | 501(C)(3) | 5,000. | 0. | | | General Operating Support |
| Mental Health Colorado 1120 Lincoln Street, Suite 1606 Denver, CO 80203 | 84-0446365 | 501(C)(3) | 12,500. | 0. | | | General Operating Support |
| Mercy Housing 1999 Broadway, Suite 1000 Denver, CO 80202 | 47-0646706 | 501(C)(3) | 8,000. | 0. | | | Resident support services at Grace Apartments |
| Metro Caring PO Box 300459 Denver, CO 80203 | 84-6116951 | 501(C)(3) | 19,490. | 0. | | | General Operating Support |
| Metro Volunteers 789 Sherman Street, Suite 220 Denver, CO 80203 | 84-0782124 | 501(C)(3) | 10,000. | 0. | | | General Operating Support |
| Metropolitan State University of Denver Foundation - Campus Box 14, PO Box 173362 - Denver, CO 80217 | 84-0576459 | 501(C)(3) | 5,000. | 0. | | | College of Human Performance |
| Mile High Early Learning 1780 Marion Street Denver, CO 80218 | 84-0617972 | 501(C)(3) | 5,000. | 0. | | | Stone Soup Breakfast |

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

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| No Barriers USA 225 Canyon Avenue, Suite 207 Fort Collins, CO 80521 | 06-1693441 | 501(C)(3) | 20,000. | 0. | | | Mobility and physical accessibility needs |
| Northeast Organic Farming Association, Massachusetts Chapter - 411 Sheldon Road - Barre, MA 01005 | 22-2987723 | 501(C)(3) | 7,000. | 0. | | | General Operating Support |
| Northfield Mount Hermon School One Lamplighter Way Mount Hermon, MA 01354 | 04-2109865 | 501(C)(3) | 10,000. | 0. | | | NMH BOATHOUSE |
| Padres & Jovenes Unidos 3025 West 37th Avenue, Suite 206 Denver, CO 80211 | 84-1426652 | 501(C)(3) | 110,374. | 0. | | | Transforming Innovation Schools through Parent Engagement in SW Denver |
| Parent Possible 800 Grant Street, Suite 200 Denver, CO 80203 | 84-1169805 | 501(C)(3) | 5,000. | 0. | | | Pilot of their Parents As Teachers and SafeCare at Home combined Program |
| Pathfinders P.O. Box 11799 Aspen, CO 81612 | 20-1710899 | 501(C)(3) | 15,000. | 0. | | | General Operating Support |
| Planned Parenthood of the Rocky Mountains - 7155 East 38th Avenue - Denver, CO 80207 | 84-0404253 | 501(C)(3) | 37,500. | 0. | | | Responsible Sex Education Institute, General Operating Support |
| Project Angel Heart 4950 Washington Street Denver, CO 80216 | 84-1199481 | 501(C)(3) | 5,000. | 0. | | | General Operating Support |
| Project Worthmore 1532 Galena Street, Suite 380 Aurora, CO 80010 | 45-0933835 | 501(C)(3) | 11,210. | 0. | | | Yu Meh Community Garden fellowship and food pantry renovation |

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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

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

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

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| The Adoption Exchange 14232 East Evans Avenue Aurora, CO 80014 | 84-0793576 | 501(C)(3) | 5,000. | 0. | | | General Operating Support |
| The American Transplant Foundation 410 17th Street, 22nd Floor Denver, CO 80202 | 02-0744032 | 501(C)(3) | 5,000. | 0. | | | American Transplant Association |
| The Art Base 99 Midland Spur Basalt, CO 81621 | 20-1188479 | 501(C)(3) | 10,000. | 0. | | | Get us back on our feet campaign, General Operating Support |
| The Aspen Institute 1000 North Third Street Aspen, CO 81611 | 84-0399006 | 501(C)(3) | 6,000. | 0. | | | Society of Fellows, General Operating Support |
| The Center Trauma & Resilience PO Box 18975 Denver, CO 80218 | 74-2458153 | 501(C)(3) | 15,000. | 0. | | | Climb Higher Alliance - YAASPA |
| The Children's Museum of Denver 2121 Children's Museum Drive Denver, CO 80211 | 84-0658142 | 501(C)(3) | 5,000. | 0. | | | General Operating Support |
| The Church of Jesus Christ of Latter-Day Saints - 4900 East Progress Court - Greenwood Village, CO 80121 | 23-7300405 | 501(C)(3) | 25,000. | 0. | | | General Operating Support |
| The Consortium 187 High Street, Suite 202 Holyoke, MA 01040 | 23-7450656 | 501(C)(3) | 5,000. | 0. | | | People's Medicine Project |
| The Denver Foundation 55 Madison Street, 8th Floor Denver, CO 80206 | 84-6048381 | 501(C)(3) | 15,600. | 0. | | | Mile High Connects |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| The Denver Hospice 501 South Cherry Street, Suite 700 Denver, CO 80246 | 84-0743121 | 501(C)(3) | 10,000. | 0. | | | General Operating Support |
| The Foxie G Foundation P.O. Box 39 Libertytown, MD 27162 | 46-0986465 | 501(C)(3) | 36,000. | 0. | | | Retired Thoroughbred Horse Rescue support |
| The GrowHaus 4751 York Street Denver, CO 80216 | 20-3533527 | 501(C)(3) | 25,000. | 0. | | | General Operating Support |
| The Jewish Federation of Greater Los Angeles - P.O. Box 54269 Terminal Annex - Los Angeles, CA 90054 | 95-1643388 | 501(C)(3) | 11,500. | 0. | | | Wexner Jewish Heritage program, General Operating Support |
| The Manaus Fund P.O. Box 2026 Carbondale, CO 81623 | 20-2710588 | 501(C)(3) | 15,000. | 0. | | | Valley Settlement Project |
| The Park People 1510 South Grant Street Denver, CO 80210 | 84-6045624 | 501(C)(3) | 10,000. | 0. | | | Save Our Sundial |
| The Preston Robert Tisch Brain Tumor Center at Duke University Medical Cent - Box 3624 - Durham, NC 27710 | 56-0532129 | 501(C)(3) | 15,000. | 0. | | | General Operating Support |
| The Trust for Public Land - Denver Office - 1410 Grant Street, #D-210 - Denver, CO 80203 | 23-7222333 | 501(C)(3) | 8,000. | 0. | | | General Operating Support |
| The UCLA Foundation PO Box 7145 Pasadena, CA 91109 | 95-2250801 | 501(C)(3) | 32,500. | 0. | | | Support for Dr. Joanna Jen's research |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| The University of Arizona Foundation - P.O. Box 210109 - Tucson, AZ 85721 | 86-6050388 | 501(C)(3) | 5,000. | 0. | | | Veterans Center |
| There With Care 2825 Wilderness Place, Suite 100 Boulder, CO 80301 | 68-0606330 | 501(C)(3) | 5,500. | 0. | | | General and holiday support for families in health crisis |
| Together Colorado 1980 Dahlia Street Denver, CO 80220 | 84-0753677 | 501(C)(3) | 149,000. | 0. | | | DACA and DAPA related work |
| TSNE MissionWorks 89 South Street, Suite 700 Boston, MA 02111 | 04-2261109 | 501(C)(3) | 30,000. | 0. | | | Gardening the Community, Colorado Early Childhood Philanthropists Group, Constellation |
| University of Colorado Foundation 1800 Grant Street, Suite 725 Denver, CO 80203 | 84-6049811 | 501(C)(3) | 25,500. | 0. | | | CU Leeds School of Business, The Cancer Center Endowed Fund, Center for Women's Health |
| University of Denver 2199 South University Boulevard Denver, CO 80208 | 84-0404231 | 501(C)(3) | 172,664. | 0. | | | LAUNCH Together Evaluation |
| University of Denver Sturm College of Law - 2255 East Evans Avenue, Suite 243 - Denver, CO 80208 | 84-0404231 | 501(C)(3) | 68,000. | 0. | | | General Operating Support |
| University of Puget Sound 1500 N. Warner St., #1022 Tacoma, WA 98416 | 91-0564961 | 501(C)(3) | 10,000. | 0. | | | Pacific Rim Asia Study Travel Program |
| University of Texas Rio Grande Valley Foundation - 1201 W. University Drive - Edinburg, TX 78541 | 74-2246970 | 501(C)(3) | 10,000. | 0. | | | Check It Out Program |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| Urban League of Metro Denver 700 East 24th Avenue, Suite 8 Denver, CO 80205 | 84-0404264 | 501(C)(3) | 5,000. | 0. | | | Climb Higher Alliance |
| Valley View Hospital Foundation P.O. Box 1970 Glenwood Springs, CO 81602 | 73-1664673 | 501(C)(3) | 15,000. | 0. | | | The Rally Fund (Cancer Patient assistance) |
| Volunteers of America Colorado Branch - 2660 Larimer Street - Denver, CO 80205 | 84-0430995 | 501(C)(3) | 5,000. | 0. | | | General Operating Support |
| Walking Mountains Science Center P.O. Box 9469 Avon, CO 81620 | 84-1436731 | 501(C)(3) | 21,000. | 0. | | | Educational efforts and stewardship partnerships |
| Warren Village 1323 Gilpin Street Denver, CO 80218 | 84-0644270 | 501(C)(3) | 31,000. | 0. | | | General Program and Operating Support |
| Westside Kollie 1453 South Robertson Boulevard Los Angeles, CA 90035 | 42-1548771 | 501(C)(3) | 5,000. | 0. | | | General Operating Support |
| Women Donors Network 565 Commercial Street, Suite 300 San Francisco, CA 94111 | 05-0542397 | 501(C)(3) | 7,000. | 0. | | | Reflective Democracy |
| Women's Health 2855 Valmont Road Boulder, CO 80301 | 84-0645786 | 501(C)(3) | 15,000. | 0. | | | SHAPE Program |
| YMCA of Boulder Valley 2800 Dagny Way Lafayette, CO 80027 | 84-0459944 | 501(C)(3) | 20,000. | 0. | | | DACA and DAPA related work |

Schedule I (Form 990)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

In order to monitor the use of grant funds, the Foundation may require interim and/or final reports to be submitted by the grantee, has frequent communications with the grantee organizations, and in some instances will do site visits if deemed necessary.

Part II, line 1, Column (h):

Name of Organization or Government: TSNE MissionWorks

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

Part IV Supplemental Information

Early Childhood Philanthropists Group, Constellation Philanthropy

Name of Organization or Government: University of Colorado Foundation

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Rose Community Foundation

Employer identification number

84-0920862

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2016

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) Sheila Bugdanowitz President & CEO | (i) | 94,179. | 0. | 0. | 5,097. | 2,439. | 101,715. | 0. |
| | (ii) | 224,101. | 0. | 0. | 12,128. | 5,805. | 242,034. | 0. |
| (2) Anne Garcia Treasurer, CFO & COO | (i) | 49,575. | 0. | 0. | 3,278. | 2,507. | 55,360. | 0. |
| | (ii) | 117,965. | 0. | 0. | 7,800. | 5,966. | 131,731. | 0. |
| (3) Elsa Holguin Program Officer | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 150,913. | 0. | 0. | 9,331. | 8,441. | 168,685. | 0. |
| (4) Lisa Farber Miller Program Officer | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 141,062. | 0. | 0. | 9,645. | 8,437. | 159,144. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

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

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

The purpose of the foundation is to enhance the quality of life in the seven-county greater Denver community by identifying and supporting programs in the areas of aging, child and family development, education, health and Jewish life. The foundation promotes strategic philanthropy by engaging donors to help them make thoughtful decisions to achieve their philanthropic goals.

Form 990, Part III, Line 4b, Program Service Accomplishments:

A total of \$7,555,000 in unrestricted funds was awarded in 2016 as follows: AGING- \$1,619,000 to support services for older adults, including transportation, direct services, and end-of-life care; CHILD & FAMILY DEVELOPMENT- \$1,490,000 to support early childhood development and education, family self-sufficiency and related public policy efforts; EDUCATION- \$1,493,000 to improve K-12 teacher quality and support systemic changes aimed at closing education achievement gaps; HEALTH- \$1,998,000 to support access to care, cost-effectiveness in health care, health policy initiatives and primary prevention; JEWISH LIFE- \$955,000 to help strengthen connections between individuals and the Jewish community, promote Jewish growth and learning, strengthen organizations and develop leaders. (For informational purposes only- activity is not included in the Rose Community Foundation Form 990).

Form 990, Part VI, Section B, line 11b:

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

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

Schedule O (Form 990 or 990-EZ) (2016)

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

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 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.

Form 990, Part VI, Section B, Line 15a:

On an annual basis, the Chief Financial & Operating Officer and Audit Committee meet to discuss the compensation and performance of the Foundations President and CEO. During this meeting, the Chair of the Board of Trustees presents his/her assessment of the President and CEO's performance as compared to the goals and objectives that were established at the beginning of the year. Based on the conclusions of this assessment, along with comparative salary information on both a local and national level from both formal and informal surveys, the Audit Committee recommends

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

a salary level to be taken to the Board of Trustees for approval.

Other Officers are Generally budgeted at 3% along with all other salaries
and then determined by the supervisor by evaluating performance as compared
to the goals and objectives that were established at the beginning of the
year.

Form 990, Part VI, Section C, Line 19:

The Foundation's Conflict of Interest Policy, 990 and financial statements
are available upon request as well as posted on the Foundation's website at
www.rcfdenver.org.

Form 990, Part XI, line 9, Changes in Net Assets:

| | |
|------------------------------------|-------------|
| Agency Contributions | -2,696,161. |
| Agency Distributions and Grants | 5,531,799. |
| Other Net Asset Change | -99,173. |
| Total to Form 990, Part XI, Line 9 | 2,736,465. |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| Rose Foundation - 84-0418124 600 S. Cherry Street, Suite 1200 Denver, CO 80246 | Grantmaking | Colorado | 501(c)(3) | Line 11a, Type II | Rose Community Foundation | X | |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign 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 | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) Rose Foundation | B | 248,978 | FMV |
| (2) Rose Foundation | C | 862,345 | FMV |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

