	000	
Form	MMI	
1 01111		

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or th	e 2018 calendar year, or tax year beginning and	ending	8		
Ba	Check if pplicab	le: C Name of organization		D Employer ider	ntific	cation number
	Addre	Rose Community Foundation				
	Name	pe Doing business as	- 0 9	20862		
	Initial	nber	ſ			
	Final	600 South Cherry Street	1200	303	-39	8-7400
	termi ated			G Gross receipts \$		229,019,906.
	Amer			H(a) Is this a grou	ip re	eturn
	Appli	F Name and address of phillipal officer. Stevenent Hendmond		for subordina	ates	? Yes 🗴 No
	pend	same as C above		H(b) Are all subordina	tes in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 📃 527	If "No," attac	ch a	list. (see instructions)
		te: > www.rcfdenver.org		H(c) Group exem	ptio	n number 🕨
		f organization: 🕱 Corporation 📄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1995	N	State of legal domicile: CO
Pa	art I	Summary				
ø	1	Briefly describe the organization's mission or most significant activities: To enh		quality of lif	e	
Activities & Governance		of the Greater Denver community using its leadership and res	ources.			
srne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos		Contraction of the second s	1	
No.	3	Number of voting members of the governing body (Part VI, line 1a)			3	16
ه 0	4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a)			4	16
es	5	5	43			
iviti	6	Total number of volunteers (estimate if necessary)			6	108
Act		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 38			7b	0.
				Prior Year	-1	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		24,347,66	-	227,575,206.
Revenue	9	Program service revenue (Part VIII, line 2g)		422,54	-	471,428.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		835,06	-	682,873.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,00		134,199.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,609,27		228,863,706.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,275,50	0.	27,173,592.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,379,44		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,579,44	0.	1,445,920.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 723,			0.	<u>.</u>
Å	17			3,063,13	19	3,911,690.
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,717,95	-	32,531,202.
	19	Revenue less expenses. Subtract line 18 from line 12		1,891,31	_	196,332,504.
or					-	
ets o	20	Total assets (Part X, line 16)		eginning of Current Ye 96,007,07		End of Year 293,466,672.
Assets	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	the second se	53,084,68	-	46,297,465.
Net /	22	Net assets or fund balances. Subtract line 21 from line 20		42,922,39	-	247,169,207.
		Signature Block		,,		,,
1000000000		alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of	f mv	knowledge and belief, it is
		ct, and complete. Deelaration of preparer-(other than officer) is based on all information of wh				

Sign Here			officer Lenamond, CFO iname-and-tifle			Date	11/12	4/19		
Paid	Think type preparer singlification in the president signature						-employed	PTIN 100645252		
Preparer	Firm	's name 🕨	PLANTE & MORAN, PLLC			Firm's Ell		38-1357951		
Use Only	ly Firm's address 🕨 8181 E Tufts Ave, Suite 600									
	Denver, CO 80237 Phone no. 303-740-9400									
May the IF	May the IBS discuss this return with the preparer shown above? (see instructions)									

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Ра	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ŭ	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
ти	Donor Development: Donors and aligned funders contributed \$12,071,403
	to the Foundation, ten new advised funds were established and 2 new
	planned gifts were made. Fund Distributions: Donors' recommended grants
	totaled \$5,681,626 to a broad range of community interests. The
	Foundation's philanthropy advisors help donors articulate values,
	narrow their philanthropic focus and identify goals and the impact they
	want to make through giving, as well as facilitate giving circles.
	Endowment Services: The Foundation received \$8,212,930 in contributions
	for new and existing permanent endowment and designated funds for local
	nonprofit organizations. The Foundation paid out \$15,100,810 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.
	Effective 12/31/2018 and under Colorado Statement of Merger, Rose
	Foundation was merged into Rose Community Foundation.
	See Schedule O.
4.0	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
<u>4</u> <u></u>	(Expenses \$ including grants of \$) (Revenue \$)
4d	
	Total program service expenses 3 0,137,790.
4d 4e	Total program service expenses ► 30,137,790.

	000	1004	^
Form	990	(201	8)

Part IV Checklist of Required Schedules

Rose Community Foundation

84-0920862 Pag

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120	Δ	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
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	4.4%		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,		17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	
832003				(2018)

12341113 147228 5040-00

3 2018.05000 ROSE COMMUNITY FOUNDATION 5040-001

Form	990	(201)	8
	330	(201	0

Rose Community Foundation

Pa	TIV Checklist of Required Schedules (continued)			
	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
ام	any tax-exempt bonds?	240 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
05 -	Part V, line 1	34		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51	x	
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 111		162	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c c				
C	(gambling) winnings to prize winners?	1c	х	
83200	(ganbing) withings to prize withers:		990	(2018
002004	Α			,_010

2018.05000 ROSE COMMUNITY FOUNDATION 5040-001

84-0920862

	990 (2018) Rose Community Foundation 84-092086	52	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	4		
с	Enter the amount of reserves on hand 13c		<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		-		10010

Form **990** (2018)

832005 12-31-18

Form	990 (2018) Rose Community Foundation		84-09208		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other			
-	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
-	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4	х	
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		x
6	Did the organization have members or stockholders?			6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
74	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			10		
2	persons other than the governing body?		,	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
a			•	8a	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?			8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			00		
9	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev		0	9		
	tion BTT onotoo (This Section B requests information about policies not required by the internal Rev	<u>enue</u>	<u>Code.)</u>		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?			10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
D		•		10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body		o filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Deioi		Па		
				12a	х	
			fliato2	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i>			120		
C		,		120	x	
10	in Schedule O how this was done Did the organization have a written whistleblower policy?			12c 13	x	
13				14	x	
14 15	Did the organization have a written document retention and destruction policy?			14		
15		by in	dependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	x	
	The organization's CEO, Executive Director, or top management official			15a		x
D	Other officers or key employees of the organization			15b		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		:+h			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			10-		x
L	taxable entity during the year?			<u>16a</u>		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			101		
800	exempt status with respect to such arrangements?			16b		
17			- (0 0 . () (0)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	3 990-	1 (Section 501(c)(3)	s only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	interest policy, and	i financ	al	
a -	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 boo	ks and	a records 🕨			
	Gretchen Lenamond - 303-398-7400					
	600 S Cherry Street #1200, Denver, CO 80246			-	000	(00.10)
832006	د ۲ 12-31-18			Form	1990	(2018)
111	13 147228 E040 00 2018 0E000 POCE COM	<i>.</i>	יגייניע מער איי	ייסדת		10
4 T T	13 147228 5040-00 2018.05000 ROSE COMM	чUN.	LII FOUNDA'	TOT	50	4 U -

001

Form 990 (20	118) Rose Community Foundation	84-0920862	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
I	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)	(B)			(0	C)		June	(D)	(E)	(F)	
Name and Title	Average hours per week	Average hours per week		rs per box, u		more rson i	than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Jerrold L. Glick	1.00										
Trustee	1.00	Х						0.	0.	0.	
(2) Judy Altenberg	1.00										
Trustee	1.00	Х						0.	0.	0.	
(3) Lisa Reckler Cohn	1.00										
Secretary	1.00	Х		X				0.	0.	0.	
(4) Steven A. Cohen	1.00										
Trustee	1.00	Х						0.	0.	0.	
(5) Josh Dinar	1.00										
Trustee	1.00	Х						0.	0.	0.	
(6) Katherine Gold	1.00										
Chair	1.00	х		X				0.	0.	0.	
(7) Brad Kornfeld	1.00										
Trustee	1.00	Х						0.	0.	0.	
(8) William N. Lindsay, III	1.00										
Trustee	1.00	Х						0.	0.	0.	
(9) Monte Moses, Ph.D.	1.00										
Trustee	1.00	Х						0.	0.	0.	
(10) Kathy Neustadt	1.00										
Trustee	1.00	Х						0.	0.	0.	
(11) Jeannie Ritter	1.00										
Trustee	1.00	Х						0.	0.	0.	
(12) Trinidad Rodriguez	1.00										
Trustee	1.00	Х						0.	0.	0.	
(13) Lisa Robinson	1.00										
Trustee	1.00	Х						0.	0.	0.	
(14) Michael Touff	1.00										
Trustee	1.00	Х						0.	0.	0.	
(15) Roxane White	1.00	-								-	
Trustee	1.00	х			-			0.	0.	0.	
(16) Brian Wilkinson	1.00	-								-	
Trustee	1.00	х						0.	0.	0.	
(17) Lindy Eichenbaum Lent	28.00	-							.		
President & CEO	12.00			Х				150,668.	64,572.	18,384.	

832007 12-31-18

Form 990 (2018)

12341113 147228 5040-00

2018.05000 ROSE COMMUNITY FOUNDATION 5040-001

Form 990 (2018) Rose Communit	y Foundati	on							84-092	0862	1	Pa	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (C				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r		than o	ne	Reportable	Reportable		Esti	mate	d
	hours per	box	, unle	ss per	son is	s both r/trust	an	compensation	compensation		amo	ount	of
	week				recto	i/irusi	ee)	from	from related			ther	
	(list any hours for	recto						the	organizations		comp		
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS0	ן (י		m the	
	organizations	ruste	l trus		99	npen		(00-2/1099-00130)			orga	relate	
	below	In dividual trustee or director	In stitutional trustee	_	nploy	st coi oyee	ы				organ		
	line)	Indivi	Institu	Officer	ƙey employee	Highest compensated employee	Former				5		
(18) Anne Garcia	28.00												
CFO & COO	12.00			x				140,730.	60,3	13.		30,	785.
(19) Therese Ellery	1.00												
Senior Program Officer	39.00					X		0.	113,0	75.		26,	197.
(20) Lisa Farber Miller	1.00												
Senior Program Officer	39.00					Х		0.	147,8	18.		36,	674.
(21) Elsa Holguin	1.00												
Senior Program Officer	39.00					Х		0.	153,2	45.		27,	691.
(22) Carlos Martinez	39.00							116.061					
Exec Director, LCFC (23) Gretchen Lenamond	1.00					х		116,961.		0.		26,	234.
CFO	1.00					x		94,299.	40,4	14		39	851.
	55.00							54,255.	40,4	<u></u>		<u> </u>	<u>.</u>
		1											
		1											
								E00 (E0	E70 4	27			016
1b Sub-total								502,658.	579,4		4	205,	816.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								0.	579,4	0. 37.	2	205,	0. 816.
2 Total number of individuals (including but no							o re	,	•			,	
compensation from the organization						,		. ,	•				8
										_	`	Yes	No
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	y en	nplo	yee,	or ł	highest compensated en	nployee on				
line 1a? If "Yes," complete Schedule J for su	uch individual									L	3		X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from the	he organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual		L	4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or si	<u>ich p</u>	berse	on .					5		Х
Section B. Independent Contractors													
 Complete this table for your five highest cor the organization. Report compensation for t 	-	•							•	ensati	on fron	n	
(A)	ne calendar ye	sar e	nuii	iy wi			T	(B)			(C)		
Name and business	address							Description of s	ervices	Co	ompens		n
Colorado Technology													
1245 Champa Street, Denver, CO 80204								Program Management			4	152,	762.
Impact Finance Group, 290 South Humbo	oldt												
St, Suite 9, Denver, CO 80209	St, Suite 9, Denver, CO 80209 Program Management 202,69						690.						
Reilly Pharo Carter													
3459 Garfield Street, Denver, CO 8020							_	Program Management			1	14,	664.
Third Plateau Social Impact Strategie													
209 Kearny St, 3rd Fl, San Francisco,	CA 94						-	Program Management			1	106,	200.
Mid City Research LLC 6533 Olympic Place, Los Angeles, CA 9	0035							Research			1	L05.	982.
2 Total number of independent contractors (ir		ot lin	nited	d to t	thos	e list			ore than			,	
\$100,000 of compensation from the organiz	ation 🕨				6	5							

832008 12-31-18

orm 99		<u>= 0</u> 10,	mmunity Foun	dation			84-092086	2 Page S
Part \	VIII	Statement of Reven	lue					
		Check if Schedule O cont	ains a response	or note to any line	(A)	(B) Related or	(C) Unrelated	(D) Revenue excluded
					Total revenue	exempt function revenue	business revenue	from tax under sections 512 - 514
ដ្ រ	la	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts L	b	Membership dues	1b					
°. Angeler Bangeler	с	Fundraising events	1c					
Ц I	d	Related organizations	1d	206,254,778.				
s, c mil	е	Government grants (contributi	ions) 1e					
u sig	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included abo	ve 1f	21,320,428.				
	g	Noncash contributions included in lines	1a-1f: \$					
<u>a C</u>	h	Total. Add lines 1a-1f		>	227,575,206.			
				Business Code				
ღ 2	2 a	Administrative Fees		561000	471,428.	471,428.		
Program Service Revenue N	b							
s n	с							
eve	d							
ЪG	е							
ž	f	All other program service reve	nue					
		Total. Add lines 2a-2f			471,428.			
3	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		►	98,822.			98,822
4	ł	Income from investment of tax						
5	5	Royalties		►				
			(i) Real	(ii) Personal				
6	бa	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		>				
7		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	584,051.					
	b	Less: cost or other basis						
		and sales expenses	0.					
	с	Gain or (loss)	584,051.					
		Net gain or (loss)		>	584,051.			584,051
Other Revenue 8		Gross income from fundraising including \$	g events (not					
19 Vel		contributions reported on line						
Å		Part IV, line 18	-					
her	b	Less: direct expenses						
ō		Net income or (loss) from func						
g		Gross income from gaming ac						
		Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
10		Gross sales of inventory, less						
.0		and allowances		285,399.				
	h	Less: cost of goods sold						
		Net income or (loss) from sale			129,199.			129,199
	-	Miscellaneous Revenu		Business Code	,			,
11	l a	Miscellaneous Revenue		900099	5,000.			5,000
	b				, -			, ,
	c							
		All other revenue						
		Total. Add lines 11a-11d			5,000.			
		Total revenue. See instructions			228,863,706.	471,428.	0.	817,072.
12					, ,	, •		Form 990 (2018

Rose Community Foundation

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

Page **10** 84-0920862

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	27,173,592.	27,173,592.		
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	123,428.		56,777.	66,651
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	1,152,929.	484,230.	403,525.	265,174
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	36,717.	15,421.	12,851.	8,445
9	Other employee benefits	82,608.	34,695.	28,913.	19,000
10	Payroll taxes	50,238.	21,100.	17,583.	11,555
11	Fees for services (non-employees):				
а	Management				
b	Legal	184,614.		184,614.	
с	Accounting	49,500.		49,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	40,759.		40,759.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,165,182.	1,141,878.	10,487.	12,817
12	Advertising and promotion				
13	Office expenses	158,181.		150,272.	7,909
14	Information technology	31,359.		29,791.	1,568
15	Royalties				
16	Occupancy	93,150.		42,849.	50,301
17	Travel	163,584.	68,705.	57,255.	37,624
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	41,248.	17,324.	14,437.	9,487
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,070.		12,070.	
23	Insurance	21,161.		9,734.	11,427
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 0.)				
а	Communications	964,332.	405,021.	337,515.	221,796
b	Other Pgm. Initiatives	775,824.	775,824.		· · · · ·
c	Administrative Fees	210,726.	·	210,726.	
d		· · · ·			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	32,531,202.	30,137,790.	1,669,658.	723,754
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 Fight following SOP 98-2 (ASC 958-720)				

832010 12-31-18

10 2018.05000 ROSE COMMUNITY FOUNDATION 5040-001

Form 990 (2018)

832011 12-31-18

12341113 147228 5040-00

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			12,824,775.	1	1,185,343.
	2	Savings and temporary cash investments	, ,	2	, ,		
	3	Pledges and grants receivable, net	1,432,059.	3	2,870,710.		
	4	Accounts receivable, net		229,488.	4	159,488.	
	5	Loans and other receivables from current and fo			,		,
		trustees, key employees, and highest compensa					
		Part II of Schedule L		· · · [5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
~		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			0.	7	1,605,526
Ass	8	Inventories for sale or use			26,536.	8	26,536
	9				34,743.	9	67,378
		Land, buildings, and equipment: cost or other	I	·····	-,	, , , , , , , , , , , , , , , , , , ,	
		basis. Complete Part VI of Schedule D	10a	10,230,274.			
	h	Less: accumulated depreciation	10a	468,750.	63,594.	10c	9,761,524
	11	Investments - publicly traded securities		,	0.	11	207,826,358
	12	Investments - other securities. See Part IV, line 1			80,014,812.	12	68,064,589
	13	Investments - program-related. See Part IV, line -			0.	13	500,000
	14				••	14	
	15	Intangible assets	1,381,072.	15	1,399,220		
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equa			96,007,079.	16	293,466,672
	17	Accounts payable and accrued expenses	286,770.	17	179,029		
	18			1,505,922.	18	5,705,877	
	19	Grants payable	_,,	19			
	20	Deferred revenue				20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				20	
	21	Loans and other payables to current and former				21	
ies	~~~	key employees, highest compensated employee					
oilit					22		
Liabilities	00	Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrela	· · · · · · · · · · · · · · · · · · ·				
	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines Schedule D	,	· .	51,291,993.	25	40,412,559
	26	Schedule D Total liabilities. Add lines 17 through 25			53,084,685.	25 26	46,297,465
	20	Organizations that follow SFAS 117 (ASC 958)				20	10,257,105
		complete lines 27 through 29, and lines 33 an					
ces	07				36,010,908.	27	238,482,698
ano	27	Unrestricted net assets Temporarily restricted net assets			6,621,266.	27	8,396,289
Ba	28 29		290,220.	20 29	290,220		
pd	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (AS			29		
Ľ.		and complete lines 30 through 34.					
s ol	20					20	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			42,922,394.	32	217 160 207
-	33	Total net assets or fund balances				33	247,169,207
	34	Total liabilities and net assets/fund balances			96,007,079.	34	293,466,672. Form 990 (2018

Rose Community Foundation

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

84-0920862 Page **11**

Form 990 (2018)
Part X Balance Sheet

Form	1990 (2018) Rose Community Foundation	84-09208	62	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	228,	863,	706.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,	531,	202.
3	Revenue less expenses. Subtract line 2 from line 1	3	196,	332,	504.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,	922,	394.
5	Net unrealized gains (losses) on investments	5	-2,	807,	453.
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	10,	721,	762.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	247,	169,	207.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	(2019)
				MMI I	(0010)

Form **990** (2018)

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047	
0040	

Open to Public Inspection

Name of the organization

Nam	ame of the organization Employer identification numbers of the organization						identification number		
			ommunity Founda						84-0920862
Par	tl	Reason for Public C	Charity Status	All organizations must co	omplete th	is part.) Se	e instructions	3.	
The c	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4 [A medical research organization	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
,		university:							
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	oort from o	contributio	ns, membersl	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	ts support f	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acquii	red by the org	anization a	after June 30, 1975.
r		See section 509(a)(2). (Cor							
11		An organization organized a	•						
12 [An organization organized a	-	•	-			•	
		more publicly supported or	-						Check the box in
		lines 12a through 12d that	• ·					-	
а		Type I. A supporting orga	-		• • •	-			
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting
	_	organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that coi	ntrol or mana	ge the supp	ported
		organization(s). You mus	-				un al fu un attinum al		
С		J Type III functionally inte						ly integrate	ea with,
لم		its supported organization						tad areani-	ration(a)
d		J Type III non-functionally	• •					•	
		that is not functionally int			•		-	i an allenin	/eness
•		requirement (see instructi		-					
е		Check this box if the orga functionally integrated, or					турет, туре	п, туре п	
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	ng organiz	ation.			
		vide the following information	•	d organization(s)					
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed	(v) Amount of	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
				above (see instructions)					
<u>Total</u>									
LHA I	For F	Paperwork Reduction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	832021 10-	11-18 Sche	dule A (For	m 990 or 990-EZ) 2018

13

12341113 147228 5040-00

2018.05000 ROSE COMMUNITY FOUNDATION 5040-001

Schedule A (Form 990 or 990-EZ) 2018 Rose Community Foundation

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	20,707,866.	25,144,078.	10,847,731.	24,347,661.	26,816,028.	107,863,364.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	20,707,866.	25,144,078.	10,847,731.	24,347,661.	26,816,028.	107,863,364.
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)						17,695,167.
6	Public support. Subtract line 5 from line 4.						90,168,197.
	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	20,707,866.	25,144,078.	10,847,731.	24,347,661.	26,816,028.	107,863,364.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	440,340.	406,444.	413,608.	267,180.	98,822.	1,626,394.
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.)	184,760.	165,265.	169,625.	4,003.	134,199.	657,852.
11	Total support. Add lines 7 through 10						110,147,610.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	2,047,458.
	First five years. If the Form 990 is for					1 501(c)(3)	
	organization, check this box and stop				-		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (li	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	81.86 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	77.36 %
1 6a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization quali	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	is box and stop h	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >
					Sche	dule A (Form 990	or 990-EZ) 2018

832022 10-11-18

Page **2**

Schedule A (Form 990 or 990-EZ) 2	18 Rose	Community	Foundation
-----------------------------------	---------	-----------	------------

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

84-0920862 Page **3**

(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.)

Sectio	on A. Public Support						
Calendar	year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Giff	ts, grants, contributions, and						
	mbership fees received. (Do not						
inc	lude any "unusual grants.")						
me forr any	oss receipts from admissions, rchandise sold or services per- med, or facilities furnished in / activity that is related to the anization's tax-exempt purpose						
3 Gro	oss receipts from activities that						
	not an unrelated trade or bus- ss under section 513						
4 Tax	k revenues levied for the organ-						
	tion's benefit and either paid to expended on its behalf						
5 The	e value of services or facilities						
furr	nished by a governmental unit to						
the	organization without charge						
6 Tot	tal. Add lines 1 through 5						
	ounts included on lines 1, 2, and eceived from disqualified persons						
from	ounts included on lines 2 and 3 received n other than disqualified persons that eed the greater of \$5,000 or 1% of the punt on line 13 for the year						
	d lines 7a and 7b						
8 Pul Sectio	blic support. (Subtract line 7c from line 6.)						
	year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	nounts from line 6			(0) = 0 + 0	(4) = 0 11		(1) 1010
10a Gro divi sec	bas income from interest, idends, payments received on zurities loans, rents, royalties, d income from similar sources						
	elated business taxable income						
(les	s section 511 taxes) from businesses						
acq	uired after June 30, 1975						
c Add	d lines 10a and 10b						
act wh	t income from unrelated business ivities not included in line 10b, ether or not the business is ularly carried on						
or l	ner income. Do not include gain loss from the sale of capital sets (Explain in Part VI.)						
	al support. (Add lines 9, 10c, 11, and 12.)						
14 Firs	st five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) orga	nization,
	eck this box and stop here						
	on C. Computation of Publi					1 1	
	blic support percentage for 2018 (I		-	column (f))		15	%
	blic support percentage from 2017					16	%
	on D. Computation of Inves		•			1 1	
	estment income percentage for 20					17	%
	estment income percentage from					18	%
	1/3% support tests - 2018. If the						e 17 is not
	re than 33 1/3%, check this box ar						▶∟
	1/3% support tests - 2017. If the						
	e 18 is not more than 33 1/3%, che						on
	vate foundation. If the organization	n ala not check a	box on line 14, 19	a, or 19b, check th			
832023 10	- 1 - 18		15		Sch	iequie A (Form	990 or 990-EZ) 2018

2018.05000 ROSE COMMUNITY FOUNDATION 5040-001

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

16

832024 10-11-18

1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2018

10b

84-0920862 Page **5**

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctional		
2	Activities Test. Answer (a) and (b) below.	uctions	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	•		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	0-EZ)	2018

17

12341113 147228 5040-00

^{2018.05000} ROSE COMMUNITY FOUNDATION 5040-001

Schedule A (Form 990 or 990-EZ) 2018 Rose Community Foundation Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 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 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7

Schedule A (Form 990 or 990-EZ) 2018

84-0920862

832026 10-11-18

instructions)

Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	Page 7	
Section D - Distributions		(continuou)	Current Year	
1 Amounts paid to supported organizations to accomplish exe	mpt purposes			
organizations, in excess of income from activity				
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6		
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	ne organization is responsive			
(provide details in Part VI). See instructions.	-			
9 Distributable amount for 2018 from Section C, line 6				
10 Line 8 amount divided by line 9 amount				
	(i)	(ii)	(iii)	
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018	
1 Distributable amount for 2018 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2018 (reason-				
able cause required- explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2018				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2018 distributable amount				
i Carryover from 2013 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4 Distributions for 2018 from Section D,				
line 7: \$				
a Applied to underdistributions of prior years				
b Applied to 2018 distributable amount				
c Remainder. Subtract lines 4a and 4b from 4.				
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h				
and 4b from line 1. For result greater than zero, explain in				
Part VI. See instructions.				
7 Excess distributions carryover to 2019. Add lines 3j				
and 4c.				
8 Breakdown of line 7:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018			Earm 000 or 000 EZ) 2019	

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 Rose Community Foundation

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. Part VI (See instructions.)

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

Sale of Inventory
2014 Amount: \$ 139,140.
2015 Amount: \$ 138,519.
2016 Amount: \$ 125,893.
2017 Amount: \$ 157,671.
2018 Amount: \$ 129,199.
Miscellaneous Revenue
2014 Amount: \$ 45,620.
2015 Amount: \$ 26,746.
2016 Amount: \$ 43,732.
2017 Amount: \$ -153,668.
2018 Amount: \$ 5,000.
Schedule A, List of Unusual Grants Received:
Description: Merging Contribution
Date: 12/31/18 Amount: 200759178.

832028 10-11-18

Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

 $8\,4-0\,9\,2\,0\,8\,6\,2$

	Rose	Community	Foundation	
Organization type (check one):				

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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 for an *exclusively* set is the set in the set 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 for an *exclusively* set is the set of the parts unless the

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2018)
------------	-------	------	---------	------------	--------

Name of organization

Employer identification number

Rose Community Foundation

 $84\!-\!0920862$

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$6,060,229. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$\$202,557,185. \$\$Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ Person Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ Person Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

12341113 147228 5040-00

22 2018.05000 ROSE COMMUNITY FOUNDATION 5040-001

Schedule B	(Form 990,	990-EZ, o	r 990-PF)	(2018)
------------	------------	-----------	-----------	--------

Name of organization

Employer identification number

Rose Community Foundation

84-0920862

Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-	(b) Description of noncash property given (b) Description of noncash property given	U0 FWV (or estimate) (See instructions.) Description of noncash property given s (b) (c) Description of noncash property given (c) (b) (c) (c) FMV (or estimate) (c) FMV (or estimate)

23

12341113 147228 5040-00

Page **4**

Name of o	rganization		Employer identification number
Rose Com	munity Foundation		84-0920862
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line e charitable, etc., contributions of \$1,000	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transf Transferee's name, address, and ZIP + 4		ift Relationship of transferor to transferee
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

24

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE C

Department of the Treasury

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.g

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	

Nar	Name of organization Employer identification numb						
	Rose Commun	nity Foundation				84-0920862	2
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 52	27 org	anization.	
3	Political campaign activity expendit Volunteer hours for political campai	ures gn activities					
Pa	art I-B Complete if the org	anization is exempt under					
1	Enter the amount of any excise tax		section 4955		. ► \$ _		
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955		. ► \$ _		
3	If the organization incurred a section						No No
4a	a Was a correction made?					Yes	No No
k	If "Yes," describe in Part IV.						
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	xcept section 5	501(c)((3).	
1	Enter the amount directly expended	by the filing organization for section	on 527 exempt functio	n activities	. ► \$ _		
2	Enter the amount of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 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	,			0		0 0	
	made payments. For each organization	· · ·				•	
	contributions received that were pro			,	eparate	segregated fund	or a
	political action committee (PAC). If		e information in Part IV	'. I			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's	(e) Amount of contributions re- promptly and delivered to a political organ If none, ent	ceived and directly separate nization.

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

Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 Rose Community Foundation

Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
A Check if the filing organization belon	igs to an affiliated group (and list in Part IV each affiliated g	group member's name	, address, EIN,
expenses, and share of exces	ss lobbying expenditures).		
B Check > if the filing organization check	ked box A and "limited control" provisions apply.		
	bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a le	gislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a an	d 1b)		
d Other exempt purpose expenditures		31,779,506.	
e Total exempt purpose expenditures (add line	es 1c and 1d)	31,779,506.	
f Lobbying nontaxable amount. Enter the amo	ount from the following table in both columns.	1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% o	f line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, e	enter -0-	Ο.	
j If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720		
reporting section 4911 tax for this year?	-		Yes No
	4-Year Averaging Period Under Section 501(h)		
	a section 501(h) election do not have to complete all o e the separate instructions for lines 2a through 2f.)	f the five columns be	low.
Lob	bying Expenditures During 4-Year Averaging Period		

Lobbying Experiatures During 4- Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	977,294.	986,697.	1,000,000.	1,000,000.	3,963,991.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					5,945,987.
c Total lobbying expenditures					
d Grassroots nontaxable amount	244,324.	246,674.	250,000.	250,000.	990,998.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,486,497.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18

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

For e	or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
	lobbying activity.	Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	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?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
				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 th	e prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				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	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		2b		
с	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 exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per	olitical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see	
instru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2018

832043 11-08-18

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
-------	------

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization Rose Community Foundation		Em	ployer identification number 84-0920862
Par		d Funds or Other Similar Funds or	Accou	
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year	112	.,	
2	Aggregate value of contributions to (during year)	2,964,965.		
3	Aggregate value of grants from (during year)	9,510,523.		
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	, , ,	unds	
Ŭ	are the organization's property, subject to the organization's	-		X Yes No
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	, , , , ,	U	X Yes No
Par				
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or e		allv impo	rtant land area
	Protection of natural habitat	Preservation of a certified	•	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conserva	ation easement on the last
-	day of the tax year.			Held at the End of the Tax Year
а			2a	
b				
c	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
u	listed in the National Register	-	2d	
3	Number of conservation easements modified, transferred, rele			during the tax
•	year		amzation	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
-	• • • • • • • • • • • • • • • • • • •	······································		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easemer	ts during the year
-	► \$	·····g -······		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	(B)(i)	
-	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizat		,	,
	conservation easements.		- 3	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	^r Simila	ır Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS		and bala	nce sheet works of art,
	historical treasures, or other similar assets held for public exh			
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS		l balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec			,
	relating to these items:	,	,1	5
	(i) Revenue included on Form 990, Part VIII, line 1			\$
			•	\$
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under SFAS 1		,u	
а	Revenue included on Form 990, Part VIII, line 1	· · · •	►	\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2018
	10-29-18			
		28		

2018.05000 ROSE COMMUNITY FOUNDATION 5040-001

Sche		ity Foundation					84-092		Pa	age 2
Pa	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Otl	ner Si	milar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that are a	a signifi	cant us	se of its co	ollection	items	;
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	how they further th	ne organization's e	xempt	purpos	e in Part 2	XIII.		
5	During the year, did the organization solicit or				ilar ass	ets		-		_
	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes"	on For	m 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia		•					-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:		ſ					
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance				l	1f				
	Did the organization include an amount on Fo				•		L	Yes		No
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in	the organization an	planation has been	provided on Part 2	<u></u>					
		(a) Current year	(b) Prior year	(c) Two years bac		Throow	ears back	(e) Fou	, voaro	hack
10	Perinning of year balance	549,636.	514,112.	465,384			76,043.	(e) Four		
1a h										
0	Contributions Net investment earnings, gains, and losses							051.		
d	Grants or scholarships	26,917.	8,053.	,		,				523.
	Other expenditures for facilities		, .						/	
U										
f	Administrative expenses									
g	End of year balance	500,570.	549,636.	514,112	2.	46	55,384.		476.	043.
2	Provide the estimated percentage of the curr	,	•	· ·			,			
a	Board designated or quasi-endowment		%							
b	Permanent endowment 57.98	%	_/*							
		42.02 %								
-	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
3a	Are there endowment funds not in the posses		tion that are held a	nd administered fo	r the or	raaniza	tion			
	by:	Ŭ				0			Yes	No
	(i) unrelated organizations							3a(i)		х
	/ · · · · · · · · · · · · · · · · · · ·							3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pa	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) Accu	mulate	d	(d) Boo	k valu	e
		basis (investr	nent) basis	(other)	depred	ciation				
1a	Land		9	,710,000.				9	,710,	000.
b	Buildings			38,942.		37,3	355.		1,	587.
с	Leasehold improvements									
d	Equipment			12,032.					12,	032.
e	Other			469,300.		431,3	395.		37,	905.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X. column (B), line 1	0c.)				9	,761,	524.
							Schedule	D (Forn	n 990)	2018

	oundation			84-0920862	Pag
art VII Investments - Other Securities.	an Farma 000 Dart IV/ li	- 11h Cas Farma 000 (Deut V. Kine 10		
Complete if the organization answered "Yes" a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or e	and of year marke	
	(b) BOOK value			enu-or-year marke	t value
Financial derivatives					
Closely-held equity interests					
Other	<u> </u>				
(A) Other Equity Funds	68,064,58	9. End-of-Year	Market Value		
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	68,064,58	9.			
art VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV, li				
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or e	end-of-year marke	et value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets.					
art IX Other Assets. Complete if the organization answered "Yes"		ne 11d. See Form 990, F	Part X, line 15.	(b) Book	value
Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, lii Description	ne 11d. See Form 990, F	Part X, line 15.	(b) Book	value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a)		ne 11d. See Form 990, F	Part X, line 15.	(b) Book	value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		ne 11d. See Form 990, F	Part X, line 15.	(b) Book	value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		ne 11d. See Form 990, F	Part X, line 15.	(b) Book	value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		ne 11d. See Form 990, F	Part X, line 15.	(b) Book	: value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		ne 11d. See Form 990, F	Part X, line 15.	(b) Book	: value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		ne 11d. See Form 990, F	Part X, line 15.	(b) Book	value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		ne 11d. See Form 990, F	Part X, line 15.	(b) Book	: value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		ne 11d. See Form 990, F	Part X, line 15.	(b) Book	value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (2) (a) (3) (a) (4) (b) (5) (c) (6) (c) (7) (a) (b) (c) (b) (c) (c) (c)	Description		Part X, line 15.	(b) Book	: value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description				x value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (b)	Description	ne 11e or 11f. See Form			: value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lines art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description				x value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lines art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	ne 11e or 11f. See Form (b) Book value			x value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lines art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Charitable remainder annuity trust	Description	ne 11e or 11f. See Form (b) Book value 1,586.			x value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Charitable remainder annuity trust (3) Agency and other funds held on behalf	Description	ne 11e or 11f. See Form (b) Book value 1,586. 38,755,973.			x value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lines art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Charitable remainder annuity trust	Description	ne 11e or 11f. See Form (b) Book value 1,586.			x value
art IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Charitable remainder annuity trust (3) Agency and other funds held on behalf	Description	ne 11e or 11f. See Form (b) Book value 1,586. 38,755,973.			x value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Charitable remainder annuity trust (3) Agency and other funds held on behalf (4) Agency Grants Payable	Description	ne 11e or 11f. See Form (b) Book value 1,586. 38,755,973.			x value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lines art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Charitable remainder annuity trust (3) Agency and other funds held on behalf (4) Agency Grants Payable (5)	Description	ne 11e or 11f. See Form (b) Book value 1,586. 38,755,973.			x value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lines art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Charitable remainder annuity trust (3) Agency and other funds held on behalf (4) Agency Grants Payable (5) (6)	Description	ne 11e or 11f. See Form (b) Book value 1,586. 38,755,973.			x value
art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lines art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Charitable remainder annuity trust (3) Agency and other funds held on behalf (4) Agency Grants Payable (5) (6) (7)	Description	ne 11e or 11f. See Form (b) Book value 1,586. 38,755,973.			x value
Other Assets. Complete if the organization answered "Yes" - (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" - (a) Description of liability (1) Federal income taxes (2) Charitable remainder annuity trust (3) Agency and other funds held on behalf (4) Agency Grants Payable (5) (6) (7) (8)	Description	ne 11e or 11f. See Form (b) Book value 1,586. 38,755,973.			x value

Schedule D (Form 990) 2018

832053 10-29-18

Sche	edule D (Form 990) 2018 Rose Community Foundation		84-0920862	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	5	
Pa	rt XIII Supplemental Information.			
<u> </u>				

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.

832054 10-29-18

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2018
Department of the Treasury			Attach to For		,		Open to Public
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization Rose Community	y Foundation						Employer identification number 84-0920862
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organia	zations and Domestic	c Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than s	5,000. Part II can	be duplicated if additi	ional space is need	ed.	(f) Method of	1	1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
50CAN, Inc. 1625 K Street NW, Suite 400							Transform Education Now,
Washington, DC 20006	27-3069592	501(C)(3)	35,000.	٥.			, Great Schools Framwork
A Little Help 2755 South Locust Street, Suite 22 Denver, CO 80222	0 83-0494129	501(C)(3)	12,500.	0.			To develop community relationships
American Friends of Darche Noam 226 Smith Street Woodmere, NY 11598	11-2694906	501(C)(3)	5,000.	0.			General operating support
	11 2034500	501(0)(3)	5,000.				Scherul operating support
American Friends of Magen David Adom – 6505 Wilshire Boulevard, Suite 750 – Los Angeles, CA 90048	13-1790719	501(C)(3)	7,200.	0.			General operating support
American Friends of Yeshiva Tiferet Inc. – 28 Park Avenue – Monsey, NY 10952	13-4004253	501(C)(3)	50,000.	0.			General operating support
American Jewish Joint Distribution Committee - P.O. Box 4124 - New York, NY 10163	13-1656634	501(C)(3)	6,931.	0.			General operating support, The Maimonides School, Ozar HaTorah
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations 							203.

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

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

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Anderson Ranch Arts Foundation							
PO Box 5598				_			National Council and 50th
Snowmass Village, CO 81615	23-7267983	501(C)(3)	8,000.	0.			Anniversary
Anti-Defamation League, Mountain							
States Regional Office - 1120							
Lincoln Street, Suite 1301 -	12 1010702	E01(0)(2)	70.360	0.			
Denver, CO 80203	13-1818723	501(C)(3)	72,360.	0.			General operating support
The Art Base							
99 Midland Spur							
Basalt, CO 81621	20-1188479	501(C)(3)	9,000.	0.			General operating support
	20 11001/3	561(6)(5)	5,000.	••			
Asian Pacific Development Center							
of Colorado - 1537 Alton Street -							
Aurora, CO 80010	84-0830318	501(C)(3)	11,000.	0.			APIAdvocates Cohort
Aspen Center for Environmental							Scholarships for
Studies - 100 Puppy Smith Street -							Tomorrow's Voices and new
Aspen, CO 81611	23-7042291	501(C)(3)	20,000.	0.			Downvalley programs
Aspen Community Foundation							
455 Gold Rivers Court, #515							Lake Christine Fire
Basalt, CO 81621	84-0829226	501(C)(3)	31,000.	0.			recovery and response
Aspen Jewish Congregation							
77 Meadowood Drive	04 0700105	F01(a)(2)	C 000	0			
Aspen, CO 81611	84-0723135	501(C)(3)	6,000.	0.			General operating support
Aurora Mental Health Center							
11059 E. Bethany Dr., Ste. 200							
Aurora, CO 80014	84-0683346	501(C)(3)	8,500.	0.			Aurora Youth Options
	51 0003510		0,500.				
Bishop Walker School							
1801 Mississippi Avenue SE							
Washington, DC 20020	53-0196608	501(C)(3)	10,000.	0.			General operating support

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BMH Congregation							
560 South Monaco Parkway							
Denver, CO 80224	84-0412568	501(C)(3)	10,360.	0.			Legacy program
B'nai B'rith Youth Organization							General operating
800 Eighth Street NW							support, International
Washington, DC 20001	53-0179971	501(C)(3)	11,800.	0.			Conference Scholarships
Boulder Jewish Community Center							Boulder Jewish Teen
6007 Oreg Avenue							Initiative, Reflections
Boulder, CO 80303	84-1322996	501(C)(3)	286,360.	0.			gala
Boulder Pride							Security, training and
PO Box 1018							self-care and wellness
Boulder, CO 80306	84-1467134	501(C)(3)	11,000.	0.			activities
	01 110,101	501(0)(0)	11,000.				
Boulder Valley School District							
6500 Arapahoe Road							Kagan Collaborative
Boulder, CO 80301	84-6014683	501(C)(3)	15,000.	0.			Learning training
Brent Eley Foundation							
11980 East 16th Avenue							
Aurora, CO 80010	84-1387528	501(C)(3)	15,000.	0.			General operating support
Bridges to Prosperity							
3858 Walnut Street, Suite 219							Denver Bridge Project in
, Denver, CO 80205	54-2031102	501(C)(3)	5,000.	0.			Rwanda
Camp Ramah in California, Inc.							
17525 Ventura Boulevard, Suite 201							
Encino, CA 91316	95-1843131	501(C)(3)	5,000.	0.			General operating support
Cancer League of Colorado							
Foundation - P.O. Box 5373 -							General operating
Englewood, CO 80155	84-1357462	501(C)(3)	11,250.	0.			support, Over the Edge

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Colorado puppy raising
Canine Companions for Independence							program, puppy prison,
126 E Las Animas St #27							program, and veterans
Colorado Springs, CO 80903	94-2494324	501(C)(3)	35,000.	0.			program
Canon City Schools							
101 N. 14th Street							LAUNCH Together
Canon City, CO 81212	84-1140714		625,000.	0.			programming
,							
Carbondale Arts							
P.O. Box 175							
Carbondale, CO 81623	84-0729842	501(C)(3)	6,000.	0.			General operating support
Casa de Paz							
20850 East 45th Avenue	01 0000004		5 054				
Denver, CO 80249	81-2239384	501(C)(3)	5,254.	0.			General operating support
Catholic Charities							
6240 Smith Road							Paralegal assistance for
Denver, CO 80216	84-0686679	501(C)(3)	15,000.	0.			removal cases
Catholic Charities of the Diocese							
of Pueblo - 429 West 10th Street -							LAUNCH Together
Pueblo, CO 81003	84-0471001	501(C)(3)	625,000.	0.			programming
Center for Health Progress							
P.O. Box 18877							Professional development
Denver, CO 80218	43-2007393	501(C)(3)	5,000.	0.			training
Center for Immigrants and			5,000.	0.			
Immigration Services - 2055 South							Recruitment and capacity
Onieda Street, Suite 220 - Denver,							building, self-care and
CO 80224	68-0575731	501(C)(3)	25,000.	0.			wellness activities
Children's Diabetes Foundation at			, ,				
Denver - 4380 South Syracuse							General operating
Street, Suite 430 - Denver, CO							support, Brass Ring
80237	84-0745008	501(C)(3)	7,050.	0.			Luncheon

Schedule I (Form 990) Rose Community Foundation

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Hospital Colorado							General operating
Foundation - 13123 East 16th							support, Pediatric
Avenue, Box 045 - Aurora, CO 80045	84-0813462	501(C)(3)	463,500.	0.			Rheumatology Program
The Church of Jesus Christ of							
Latter-Day Saints - 3700 East							
Geddes Avenue - Centennial, CO							General operating
80122	23-7300405	501(C)(3)	60,100.	0.			support, Sub-for-Santa
Colby College							
4335 Mayflower Hill	01 0011407	F01(0)(2)	F 000	0.			Center for Small Town
Waterville, MA 04901	01-0211497	501(C)(3)	5,000.	0.			Jewish Life
Colorado "I Have A Dream"							
Foundation - 1836 Grant Street -							
Denver, CO 80203	74-2497109	501(C)(3)	21,500.	0.			General operating suppo
,							
Colorado Academy							
3800 South Pierce Street							Capital campaign,
Denver, CO 80235	84-0421874	501(C)(3)	38,000.	0.			Horizons
Colorado African Organization							
6795 East Tennessee Avenue, Suite 2							Elder Refugee Citizen
Denver, CO 80224	30-0262458	501(C)(3)	15,000.	0.			Project
Colorado Children's Campaign							
1580 Lincoln Street, Suite 420							General operating
Denver, CO 80203	74-2374672	501(C)(3)	6,000.	0.			support, annual lunched
	74 2374072	501(0)(3)	0,000.	0.			support, annuar runched
Colorado Circles for Change							Calpulli (Community of
(formerly VORP) - 430 West 9th							Families) and self-care
Avenue - Denver, CO 80204	84-1313876	501(C)(3)	10,000.	0.			and wellness activities
Colorado Democracy Network							
PO Box 816							
Denver, CO 80201	45-4555568	501(C)(3)	6,500.	٥.			General operating suppo

(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 Immigrant Rights Coalition - 2525 West Alameda Avenue - Denver, CO 80219	73-1675486	501(C)(3)	103,700.	0.			General operating support, America is Home Initiative, Colorado Rises Coalition
, Colorado Nonprofit Association 789 Sherman Street, Suite 240 Denver, CO 80203	84-0942908		35,000.	0.			General operating support, C(3) Forum
Colorado Nonprofit Development Center – 789 Sherman Street, Suite 250 – Denver, CO 80203	84-1493585	501(C)(3)	181,800.	0.			General operating support, Jewish ECE Initiative, Boomers Leading Change
Colorado Ovarian Cancer Alliance 1777 South Bellaire Street, Suite 1 Denver, CO 80222	L 87-0752876	501(C)(3)	5,000.	0.			General operating support
Colorado Public Radio 7409 South Alton Court Centennial, CO 80112	74-2324052	501(C)(3)	6,250.	0.			General operating support
Colorado State University Foundation - P.O. Box 483 - Fort Collins, CO 80521	23-7098397	501(C)(3)	84,500.	0.			Golden Hands Scholarship, Design Thinking, Design and Merchandising Fund
Colorado Symphony Association 1245 Champa Street, 4th Floor Denver, CO 80202	84-0511458	501(C)(3)	6,000.	0.			General operating support
Community Involved in Sustaining Agriculture - One Sugarloaf Street - South Deerfield, MA 01373	04-3416862	501(C)(3)	16,000.	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, C(3) Forum

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Shares of Colorado							
789 Sherman St. Suite 230							
Denver, CO 80203	74-2401941	501(C)(3)	10,000.	0.			General operating support
Congregation Beth Evergreen							
PO Box 415							
Evergreen, CO 80437	84-1012915	501(C)(3)	10,000.	0.			Legacy program
Congregation Beth Menachem of							
Glogev - 154 West 70th Street, #8P							
- New York, NY 10023	11-2938700	501(C)(3)	14,200.	0.			General operating support
Congregation Nevei Kodesh							
1925 Glenwood Drive							
Boulder, CO 80304	84-1161358	501(C)(3)	11,000.	0.			Legacy program
							General operating
Conservation Colorado Education							support, professional
Fund - 1536 Wynkoop Street, Suite							development for
510 - Denver, CO 80202	84-0614285	501(C)(3)	31,250.	0.			promotores
Continuing Legal Education in							
Colorado - 1900 Grant Street, Ste.							
300 - Denver, CO 80203	84-0616041	501(C)(3)	15,500.	0.			Senior Law Handbook
Craig Hospital Foundation							General operating
3425 South Clarkson Street							support, Therapeutic
Englewood, CO 80113	23-7352287	501(0)(3)	8,000.	0.			Recreation Department
	25-7552207	501(0)(3)	0,000.	0.			Recreation Department
Creede Repertory Theatre							Video projects, YAOT Tour
PO Box 269							Creature Comforts, Ten
Creede, CO 81130	84-0660026	501(C)(3)	19,000.	0.			Minute Play Festival
Crowley Foundation							Participation in Early
2065 Uinta Street							Stage Community Leaders
Denver, CO 80238	27-0855628	501(0)(3)	6,250.	0.			Learning Network

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Denison University							
100 West College Street							
Granville, OH 43023	31-4379459	501(C)(3)	15,000.	٥.			General operating support
Denver Art Museum							General operating
100 West 14th Avenue Parkway							support, Textile and
Denver, CO 80204	84-6038240	501(C)(3)	17,000.	0.			Fashion Department
Denver Community Kollel							
1395 Wolff Street							General operating
Denver, CO 80204	84-1520391	501(C)(3)	110,250.	0.			support, legacy program
Denver Early Childhood Council							General operating
3532 Franklin Street, Suite F							support, LAUNCH Together
Denver, CO 80205	27-3083665	501(C)(3)	878,000.	0.			programming
	27 3003003	501(0)(3)	0,0,000.				
The Denver Foundation							Mile High Connects, Legal
55 Madison Street, 8th Floor							Defense Fund, March On
Denver, CO 80206	84-6048381	501(C)(3)	42,000.	٥.			, Fund
							General operating
Denver Health & Hospitals							support, Human Rights
Foundation - 601Broadway, MC0111 -							Clinic, Rheumatology
Denver, CO 80203	84-1085196	501(C)(3)	85,000.	0.			Department
							General operating
Denver Jewish Day School							<pre>support, legacy program,</pre>
2450 South Wabash Street							Hebrew program, capital
Denver, CO 80231	84-1476467	501(C)(3)	16,000.	0.			campaign
Denver Museum of Nature & Science							General operating
2001 Colorado Boulevard							support, Museum Programs,
Denver, CO 80205	84-0518447	501(C)(3)	16,000.	0.			Arachnidology, Zoology
Denver Public Library							
10 W. 14th Avenue Parkway							
Denver, CO 80204	84-6036979	501(C)(3)	15,000.	0.			New Americas Project
Bontor, 00 00201			13,000.	· ·			

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							General operating
Denver Public Schools Foundation							support, African American Young Ladies Summit
1860 Lincoln Street, 9th Floor	94 1004205	E01(0)(2)	20.250	0.			Series, Achieve Gala
Denver, CO 80203	84-1224325	501(C)(3)	20,250.	0.			Series, Achieve Gala
DSST Public Schools							
3401 Quebec Street, Suite 7200							
Denver, CO 80207	84-1602733	501(C)(3)	8,000.	0.			Fly In Fund
Early Childhood Council of La							
Plata County - P.O. Box 4140 -	00 0000055	F01 (g) ())	20.000	0			ECE workforce development
Durango, CO 81302 Early Childhood Council of Larimer	90-0799055	501(C)(3)	38,000.	0.			in La Plata County
-							
County - 2850 McClelland Drive,							ECE workforce development
Suite 3400 - Fort Collins, CO 80525	01-0633672	501(C)(3)	78,854.	0.			in Larimer County
	01-0055072	501(0)(3)	78,854.	0.			
Early Milestones Colorado							General operating
1600 Downing Street, Suite 750							support, LAUNCH Together
Denver, CO 80218	47-1929974	501(C)(3)	250,232.	0.			programming
/							
East High School							
1600 City Park Esplanade							Constitutional Scholars
Denver, CO 80206	23-7113956		8,000.	0.			program
TODO Marine Committe Contan of							T]
ECDC African Community Center of							Legal program, Welcome
Denver - 925 South Niagara Street,	50 4000000						Team and self-care and
Suite 200 - Denver, CO 80224	52-1308986	501(C)(3)	26,000.	0.			wellness activities
Education Foundation of Eagle							
County - PO Box 8012 - Avon, CO							
81620	84-1585417	501(C)(3)	5,000.	0.			General operating support
			1			1	
Ekar							General operating
PO Box 460983							support, 2019 growing
Denver, CO 80246	45-1567217	501(C)(3)	10,000.	Ο.			season

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
El Comite de Longmont							Case Manager Position and
455 Kimbark Street							self-care and wellness
Longmont, CO 80501	84-0867626	501(C)(3)	10,000.	٥.			activities
English in Action							
P.O. Box 4856							
Basalt, CO 81621	26-1254643	501(C)(3)	5,000.	0.			General operating support
Florence Crittenton Services of							General operating
Colorado - 96 South Zuni Street -							support, Holiday Giving
Denver, CO 80223	84 - 0429686	501(C)(3)	57,750.	0.			Program
							General operating
Food Bank of the Rockies							support, meals on wheels
10700 East 45th Avenue							summer feeding programs,
Denver, CO 80239	84-0772672	501(C)(3)	6,250.	0.			Totes of Hope
Four Corners Group Psychotherapy							
Society - 7105 La Vista Place,							
Suite 150 - Longmont, CO 80503	82-1619468	501(C)(3)	5,000.	0.			General operating support
Gay, Lesbian, Bisexual &							
Transgender Community Center of							
Colorado - 1301 East Colfax Avenue							
- Denver, CO 80218	84-0738879	501(C)(3)	12,800.	0.			General operating support
Girl Rising							
114 West 26th Street, 7th Floor							
New York, NY 10001	82-2862554	501(C)(3)	10,000.	٥.			General operating suppor
Global Livingston Institute							General operating
3001 Brighton Boulevard, Suite 2662	2						support, revolving loan
Denver, CO 80216	45-4683531	501(C)(3)	6,500.	0.			sponsorship
Goodwill Industries of Denver							
6850 North Federal Boulevard							Youth Services Career
Denver, CO 80221	84-0405513	501(C)(3)	52,000.	0.			Program

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Graland Country Day School							
30 Birch Street							
Denver, CO 80220	84-0402699	501(C)(3)	5,750.	0.			General operating support
Grassroots International							
179 Boylston Street, 4th Floor							
Boston, MA 02130	04-2791159	501(C)(3)	15,000.	0.			General operating support
Hadanu Collective							Vocal Coalition, Colorado
1640 North Downing Street, Apt 102							Youth Congress, impact
Denver, CO 80218	47-5606568	501(C)(3)	42,250.	0.			research
He see							Ctustogia planning
Hazon							Strategic planning, higher-welfare meat and
125 Maiden Lane, Suite 8B New York, NY 10038	13-1623922	501(C)(3)	105,000.	0.			eggs
New 101K, N1 10050	15 1025522	501(0)(3)	105,000.				eggs
Hearts and Horses Therapeutic							
Riding Center - 163 North County							Academic Enrichment
Road 29 - Loveland, CO 80537	84-1387873	501(C)(3)	40,000.	0.			program
Hebrew Educational Alliance							General operating
3600 South Ivanhoe Street							support, youth
Denver, CO 80237	84-0447472	501(C)(3)	119,000.	0.			programming
Nobress Invienant Aid Conjets							
Hebrew Immigrant Aid Society (HIAS) - 1300 Spring Street, Suite							
	13-5633307	501(0)(2)	20 500	0.			Resettlement of refugees
500 - Silver Spring, MD 20910	13-3633307	501(C)(3)	30,500.	0.			Resettlement of relugees
High Country News							
P.O. Box 1090							
Paonia, CO 81428	23-7015336	501(C)(3)	8,000.	0.			Intern program
Hillel Academy of Denver							
450 South Hudson Street							
Denver, CO 80246	84-0430032	501(C)(3)	20,000.	0.			Legacy program
,			, , ,		l		

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Himalayan Children's Fund							
P.O. Box 15644							
Beverly Hills, CA 90209	95-4121177	501(C)(3)	5,000.	0.			General operating support
Hulk Industries LLC							Participation in Early
189 South Yuma Street							Stage Community Leaders
Denver, CO 80223	83-2415113		6,250.	0.			Learning Network
Icahn School of Medicine							
1 Gustave L. Levy Place, Box 1049							
New York, NY 10029	13-6171197	501(C)(3)	30,000.	0.			General operating support
Independence Pass Foundation							
P.O. Box 1700				_			
Aspen, CO 81612	84-1133782	501(C)(3)	5,000.	0.			General operating support
Independent Arts & Media							Participation in Early
P.O. Box 420442							Stage Community Leaders
San Francisco, CA 94142	94-3355076	501(C)(3)	6,250.	0.			Learning Network
Institute for Children's Mental							
Disorders (UCHSC) - 13001 E. 17th							
Place, BLDG 500, Mailstop F546 -							
Aurora, CO 80045	84-1491971	501(C)(3)	100,000.	0.			Research
The Interfaith Alliance of							Progressive Congregation
Colorado - 1373 Grant Street -							Network meeting
Denver, CO 80203	84-1467640	501(0)(2)	5,000.	0.			advocating against hate
	04-1407040	501(0)(3)	5,000.	υ.			advocating against nate
The Jewish Experience							
399 South Monaco Parkway							General operating
Denver, CO 80224	84-1530357	501(C)(3)	7,800.	0.			support, legacy program
Tourigh Romily Convice of Colour de							Unrestricted,
Jewish Family Service of Colorado							Thanksgiving fund, school
3201 South Tamarac Drive, Suite 20		F01(0)(2)	40 500	_			supply drive, Kids
Denver, CO 80231	84-0402701	DOT(C)(3)	48,500.	٥.			Success

Schedul	e I (Form 990)	Rose	Community	Foundation
	.			

(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
Jewish Family Service of Western							
Massachusetts - 15 Lenox Street -							
Springfield, MA 01108	04-2104352	501(C)(3)	10,000.	0.			General operating support
Jewish Federation of Greater							
Hartford - 333 Bloomfield Avenue,							
Suite C - West Hartford, CT 06117	06-0655482	501(C)(3)	5,000.	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)	20,000.	0.			General operating support
Jewish National Fund, Mountain							
States Region - 6000 East Evans							
Avenue, Suite 1-200 - Denver, CO 80222	13-1659627	501(C)(2)	9,360.	0.			General operating suppor
00222	13-1039027	501(0/(3)	3,300.	0.			General Operating support
JEWISHcolorado							
300 South Dahlia Street, Suite 300							
, Denver, CO 80246	01-0831698	501(C)(3)	806,982.	0.			Project Transformation
JQ International							General operating
2138 Baxter Street	68-0601176	E01(0)(2)	12 110	0.			support, Persian Pride
Los Angeles, CA 90039	68-0601176	501(C)(3)	13,110.	0.			Variety Night
Judaism Your Way							General operating
950 South Cherry Street, Suite 310							support, endowment
Denver, CO 80246	46-0517841	501(C)(3)	71,300.	0.			campaign
/			, .				
Judi's House							
1741 Gaylord Street							
Denver, CO 80206	84-1600797	501(C)(3)	8,250.	0.			General operating support
Kabbalah Experience							
2305 South Syracuse Way #10							
Denver, CO 80231	20-3226087	501(C)(3)	15,000.	Ο.			General operating support

(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
Kavod Senior Life							General operating
22 South Adams Street							support, arthritis
Denver, CO 80209	84-0584939	501(C)(3)	71,500.	0.			equipment, legacy program
			,	- •			-1
Kendall & Taylor Atkinson							
Foundation - PO Box 3514 -							
Littleton, CO 80161	20-4404637	501(C)(3)	5,000.	0.			General operating support
Kids Above Everything							Participation in Early
PO Box 371975							Stage Community Leaders
Denver, CO 80237	81-3757873	501(C)(3)	6,250.	0.			Learning Network
KIPP Colorado							
1390 Lawrence Street, 2nd Floor Denver, CO 80204	80-0037534	501(0)(2)	10,000.	0.			College Visits
	00 0037334	501(0/(5/	10,000.	0.			
Latin American Educational							
Foundation - 561 Santa Fe Drive -							
Denver, CO 80204	84-6010415	501(C)(3)	8,400.	0.			CollegeWorks program
			,				
LOCAL Theater Company							
1630 30th StreetSuite A-171							
Boulder, CO 80301	45-2208855	501(C)(3)	5,000.	0.			General operating support
Lutheran Family Services Rocky							
Mountains - 363 South Harlan							Advocacy efforts,
Street, Suite 200 - Denver, CO							self-care and wellness
80226	84-0775550	501(C)(3)	10,000.	0.			activities
Naha I Chasa Nama							
Make A Chess Move							Participation in Early
5405 East 33rd Avenue	00 0514007	E01(0)(2)	6 250	0			Stage Community Leaders
Denver, CO 80207	82-2514307		6,250.	0.			Learning Network
Maria Droste Counseling Center							
1355 South Colorado Boulevard, Suit	E .						Early intervention and
, Denver, CO 80222	84-1182130	501(C)(3)	10,913.	0.			prevention services

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Melanoma Research Foundation							
1411 K. Street, NW Suite 500							
Washington, DC 20005	76-0514428	501(C)(3)	31,000.	0.			General operating support
Mental Health Colorado							
1120 Lincoln Street, Suite 1606							
Denver, CO 80203	84-0446365	501(C)(3)	10,000.	0.			General operating support
							Grace Apartments
Mercy Housing							Citizenship project,
1600 Broadway, Suite 2000							self-care and wellness
Denver, CO 80202	47-0646706	501(C)(3)	10,500.	0.			activities
Merona Campus Leadership							
Foundation - 16027 Ventura							
Boulevard, Suite 550 - Encino, CA							
91436	47-1603664	501(C)(3)	6,000.	0.			General operating support
Mesa County Public Health							
PO Box 20,000-5033510 29.5 Road							ECE workforce development
Grand Junction, CO 81502	84-1121015		79,973.	٥.			in Mesa County
Metropolitan State University of							
Denver Foundation - Campus Box 14,							
PO Box 173362 - Denver, CO 80217	84-0576459	501(C)(3)	10,000.	0.			DACA renewals
Mile Wish Dealer Learning							
Mile High Early Learning	-						
1799 Pennsylvania Street, 4th Floor	84-0617972	E01(0)(2)	E 000	0.			Stone Soup Breakfast
Denver, CO 80203	84-001/9/2	501(C)(3)	5,000.	0.			Stone Soup Breakrast
Mile High Ministries							
913 North Wyandot Street							Expansion of legal
Denver, CO 80204	84-0782214	501(C)(3)	15,000.	0.			services for children
Mile High United Way							
711 Park Avenue West	94 0404005	E01(0)(2)	10.000	_			
Denver, CO 80205	84-0404235		10,000.	0.			General operating support

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Milken Institute							
1250 Fourth Street, 2nd floor -							
Santa Monica, California, ISRAEL							
90401	95-4240775	501(C)(3)	12,500.	0.			General operating suppor
Montessori School of Denver							
1460 S. Holly St.							
Denver, CO 80222	84-0536045	501(C)(3)	10,000.	0.			General operating suppor
Mark Duraine Diard Davish							
Most Precious Blood Parish 2250 South Harrison Street							
Denver, CO 80210	84-0439518	501(C)(3)	55,000.	0.			Capital campaign
Denver, CO 80210	04-0459510	501(0/(3)	55,000.	0.			
Mountain Family Health Centers							
1905 Blake Avenue, Suite 101							
Glenwood Springs, CO 81601	84-0742145	501(C)(3)	10,000.	0.			General operating suppor
,			/				
Mountain View United Church							
10700 East Evans							Rocky Mountain Welcome
Aurora, CO 80014	84-0879884	501(C)(3)	5,000.	0.			Center
Moving Traditions							Colorado b'Nai mitzvah
8380 Old York Road, Suite 4300							start-up and teen group
Elkins Park, PA 19027	34-2015014	501(C)(3)	398,750.	0.			expansion
,							Emergency Flex Fund,
Muslim Family Services of Colorado							Project Restore,
PO Box 201645							self-care and wellness
Denver, CO 80220	56-2402910	501(C)(3)	10,000.	0.			activities
Naropa University							Financial aid for
2130 Arapahoe Avenue							students in Teacher
Boulder, CO 80302	84-1029228	501(C)(3)	5,000.	0.			Licensure Program
National Toolah Nation							General operating
National Jewish Health							support, arthritis
1400 Jackson Street	74 2044647	501(C)(2)	272 000	0.			equipment, pediatric foo
Denver, CO 80206	74-2044647	POT(C)(3)	273,000.	υ.			allergy research

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

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) Ein	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
The Nature Conservancy in Colorado							Coral reef and marine
2424 Spruce Street							reserve program, general
Boulder, CO 80302	53-0242652	501(C)(3)	13,000.	0.			ocean conservation
New Era Colorado Foundation							Young voter engagement
PO Box 181153							efforts, March for Our
Denver, CO 80218	26-1389272	501(C)(3)	6,500.	0.			, Lives
Northeast Organic Farming			,				
Association, Massachusetts Chapter							
- 411 Sheldon Road - Barre, MA							
01005	22-2987723	501(C)(3)	8,000.	0.			General operating support
Northfield Mount Hermon School							
One Lamplighter Way	04 0100000	F01(a)(2)	7 000	0.			
Mount Hermon, MA 01354	04-2109865	501(C)(3)	7,000.	0.			General operating support
Oregon Jewish Museum and Center							
for Holocaust Education - 724 NW							
Davis Street - Portland, OR 97209	94-3113745	501(C)(3)	5,000.	0.			Holocaust education
Parent Possible							
800 Grant Street, Suite 200							
Denver, CO 80203	84-1169805	501(C)(3)	5,000.	0.			Raising a Reader program
PassageWorks Institute							General operating
3050 Broadway St Ste 203	48-1278766	501(0)(2)	19 000	0.			support, Social/Emotional K-12 Kids and Teachers
Boulder, CO 80304	40-12/0/00	501(C)(3)	19,000.	0.			K-12 KIUS and Teachers
Pathfinders							
P.O. Box 11799							
Aspen, CO 81612	20-1710899	501(C)(3)	20,000.	0.			General operating support
							Trauma-informed teaching
Place Bridge Academy							practices, Capturing Kids
7125 Cherry Creek Drive North							Hearts, Summer Literacy
Denver, CO 80224	84-6001099	501(C)(3)	15,000.	Ο.			Event

Schedule I (Form 990) Rose Community Foundation		Dart II	Continuation	of Grants	and Other A	ssistance to G	
	S	chedul	e I (Form 990)	Rose	Community	Foundation	

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
Planned Parenthood of the Rocky							
Mountains - 7155 East 38th Avenue							
- Denver, CO 80207	84-0404253	501(C)(3)	25,000.	0.			General operating support
Premium Health Inc.							
620 Foster Avenue, Suite 200							
Brooklyn, NY 11230	30-0640372	501(C)(3)	86,025.	0.			General operating support
Project Worthmore							
1609 Havana Street							
Aurora, CO 80010	45-0933835	501(C)(3)	12,500.	0.			General operating support
Protect Our Winters							
311 Mapleton Avenue							
Boulder, CO 80304	20-8474909	501(C)(3)	10,000.	0.			General operating support
Public Education & Business							
Coalition - 600 Grant Street,							
Suite 525 - Denver, CO 80203	74-2357262	501(C)(3)	15,000.	0.			General operating support
Pushing Boundaries							
4162 148th Avenue NE							
Redmond, WA 98052	20-2043330	501(C)(3)	25,000.	0.			Participant support fund
Ramah in the Rockies							Winderness Therapy
300 South Dahlia, Suite 205							scholarships, horse
Denver, CO 80246	20-4078988	501(C)(3)	52,540.	0.			program, medical center\
Ray of Hope Cancer Foundation							
1385 S. Colorado Boulevard, Suite	7						
Denver, CO 80222	27-0029283	501(C)(3)	10,000.	0.			General operating support
RedLine							
2350 Arapahoe Street							
Denver, CO 80205	26-0317963	501(C)(3)	32,500.	0.			General operating support

(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
RISE Colorado							
1595 Elmira Street, Suite 201							Education organizing in
Aurora, CO 80010	47-3566342	501(C)(3)	125,000.	0.			Aurora
			,				
Roaring Fork Conservancy							
P.O. Box 3349							
Basalt, CO 81621	84-1375379	501(C)(3)	5,000.	0.			Frying Pan Cleanup
Rocky Mountain Children's Law							Expanding legal services
Center - 1325 S. Colorado Blvd,							for youth, Safe Babies
Suite 701 - Denver, CO 80222	74-2406045	501(C)(3)	42,000.	0.			Court Team
Rocky Mountain Immigrant Advocacy							Children's Program,
Network - 7301 Federal Boulevard,							volunteer lawyers'
Suite 300 - Westminster, CO 80030	84-1565542	501(C)(3)	50,000.	0.			program, legal fellow
Rocky Mountain PBS							
1089 Bannock Street							General operating
Denver, CO 80204	84-0510785	501(C)(3)	13,250.	0.			support, capital campaigr
Rose Andom Center							
PO Box 40095							General operating
Denver, CO 80204	90-0990929	501(C)(3)	21,250.	0.			support, endowment
							Suppport for Aging, Child
Rose Foundation							& Family Development,
600 South Cherry Street, Suite 120)						Education, Health and
Denver, CO 80246	84-0920862	501(C)(3)	95,350.	0.			Jewish Life programming
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)	15,000.	0.			General operating suppor

Rose Community Foundation Schedule I (Form 990)

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Second Wind Fund of Metro Denver							
899 Logan Street, Suite 311							
Denver, CO 80203	73-1701536	501(C)(3)	12,120.	0.			General operating support
Shalom Park							
14800 East Belleview Drive							
Aurora, CO 80015	74-2376546	501(C)(3)	15,300.	0.			General operating support
Shambhala Mountain Center							Shed, play structure,
151 Shambhala Way							play house and shade
Red Feather Lakes, CO 80545	84-1535130	501(C)(3)	15,300.	0.			structure
0h - u - h - u - t							
Sharsheret							
1086 Teaneck Road, #2G	12 4109520	E01(0)(2)	10.260	0			
Teaneck, NJ 07666 Shorter Community African	13-4198529	501(C)(3)	10,360.	0.			General operating support
Methodist Episcopal Church - 3100							
Richard Allen Court - Denver, CO 80205	74-2278266	501(0)(2)	10,000.	0.			Race Talk University
80205	/4-22/0200	501(C)(3)	10,000.	υ.			Horseboy programming,
Smiling Goat Ranch							veterans programming,
271 Willow Lane							animal care and well
Carbondale, CO 81623	47-2019316	501(C)(3)	5,000.	0.			being
	47-2019510	501(0)(3)	5,000.	0.			pering
Solar Cookers International							
2400 22nd Street, Suite 210							
Sacramento, CA 95818	68-0153141	501(C)(3)	10,000.	Ο.			General operating support
							Second Second Sepport
Spark the Change Colorado							
789 Sherman Street, Suite 220							
Denver, CO 80203	84-0782124	501(C)(3)	10,000.	0.			General operating support
Gening Tablibate for Taban 31							
Spring Institute for Intercultural							Translation and
Learning - 1373 Grant Street -		1	1			1	Translation and

84-0920862 Page 1

Part II Continuation of Grants and Other A		ernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990). Pa	rt II.)	84-0920882 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Vrain Valley School District							
395 South Pratt Parkway Longmont, CO 80501	84-6014380		128,979.	٥.			ECE workforce development in SVVSD high schools
Staenberg-Loup Jewish Community Center - 350 South Dahlia Street - Denver, CO 80246	84-0404245	501(C)(3)	284,800.	0.			General operating support, Pride Fund
Stanley British Primary School 350 Quebec Court Denver, CO 80220	74-2325997	501(C)(3)	5,000.	0.			Financial aid and teacher professional development
, Stepping Stones of the Roaring Fork Valley - 1010 Garfield Avenue							
- Carbondale, CO 81623	46-4740539	501(C)(3)	5,000.	0.			Stepping Stones
Summit County Child Care Resource & Referral Agency - PO Box 3355330	84-1172882	F01 (0) (2)	25 527				ECE workforce development
Fiedler Avenue - Dillon, CO 80435	84-11/2882	501(C)(3)	25,537.	0.			in Summit County
SWC Museum 1399 South Roxbury Drive	05 4796299	E01(a)(2)	2 000 000	0.			MOTT Torrigo Lon
Los Angeles, CA 90035 Teach for America	95-4786388	501(0)(3)	2,000,000.	0.			MOTJ Jerusalem
1391 Speer Boulevard, Suite 710 Denver, CO 80204	13-3541913	501(C)(3)	20,500.	٥.			General operating support
Temple Emanuel							
51 Grape Street Denver, CO 80220	84-0402688	501(C)(3)	19,005.	0.			General operating support, Shwayder Camp
Temple Micah 5209 Montview Boulevard							General operating
Denver, CO 80207	84-0520999	501(C)(3)	7,000.	0.			support, legacy program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
Together Colorado							
1980 Dahlia Street							Closing achievement gap
Denver, CO 80220	84-0753677	501(C)(3)	60,000.	0.			in Denver Public Schools
Trailhead Institute							Participation in Early
1385 South Colorado Boulevard, Suit							Stage Community Leaders
Denver, CO 80222	84-1267213	501(C)(3)	6,250.	0.			Learning Network
Tree of Life Synagogue							
5898 Wilkins Avenue							General operating
Pittsburgh, PA 15217	25-0979381	501(C)(3)	5,250.	0.			support, rebuilding
TSNE Missionworks							
89 South Street, Suite 700							
Boston, MA 02111	04-2261109	501(C)(3)	25,000.	0.			Gardening the Community
United for a New Economy							Transformative Leadership
7760 West 38th Avenue							for Change (TLC)
Wheat Ridge, CO 80033	26-0019190	501(C)(3)	10,000.	0.			Fellowship
							Rheumatology Department,
University of Colorado Foundation							sleep and cardiovascular
PO Box 17126							disease study, other
Denver, CO 80217	84-6049811	501(C)(3)	565,250.	0.			programs
							Barton Institute for
University of Denver							Philanthropy,
2199 South University Boulevard							scholarships, other
Denver, CO 80208	84-0404231	501(C)(3)	612,295.	0.			programs
University of Denver Sturm College							
of Law - 2255 East Evans Avenue,							
Suite 243 - Denver, CO 80208	84-0404231	501(C)(3)	20,000.	0.			General operating support
University of Puget Sound							
1500 N. Warner St., #1022							PAC RIM Asia Study Trave
Tacoma, WA 98416	91-0564961	501(C)(3)	15,000.	Ο.			program scholarship fund

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Texas Rio Grande							
Valley Foundation - 1201 W.							
University Dr, ITT 1 210 -							Crawling with Monsters
Edinburg, TX 78541	74-2246970	501(C)(3)	6,000.	0.			Documentary
University Prep, Inc.							
2409 Arapahoe Street							College visits,
Denver, CO 80205	27-1642506	501(C)(3)	25,000.	0.			paraprofessional pipeline
UpStart							General operating
1111 Broadway, 3rd Floor							support, PresenTense
Oakland, CA 94607	26-3094076	501(C)(3)	567,594.	0.			Colorado, other programs
Valley Settlement							
520 South Third Street, Suite 9							
Carbondale, CO 81623	20-2710588	501(C)(3)	30,000.	0.			General operating support
Valley View Hospital Foundation							
P.O. Box 1970							
Glenwood Springs, CO 81602	73-1664673	501(C)(3)	15,000.	0.			General operating support
							General operating
Village Exchange Center							support, participation in
1609 Havana Street							Early Stage Community
Denver, CO 80010	81-5174986	501(C)(3)	26,250.	0.			Leaders Learning Network
Walking Mountains Science Center							
P.O. Box 9469							
Avon, CO 81620	84-1436731	501(C)(3)	6,000.	0.			Taste of Nature
Warren Village							
1323 Gilpin Street							General operating
Denver, CO 80218	84-0644270	501(C)(3)	14,000.	0.			support, Taking Flight
Westside Kollel							
1453 South Robertson Boulevard	40.1540551	F01(0)(2)	10.000				
Los Angeles, CA 90035	42-1548771	DUT(C)(3)	10,000.	0.			General operating suppor

Rose Community Foundation Schedule I (Form 990)

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Worcester Polytechnic Institute							
100 Institute Road							
Worcester, MA 01609	04-2121659	501(C)(3)	5,000.	0.			Entrepreneurship Program
Young Aspiring Americans for							Capacity building,
Social and Political Activism - PO							education organizing,
Box 202092 - Denver, CO 80220	27-1970080	501(C)(3)	45,000.	0.			peer ambassador program
YouthZone							
803 School Street							
Glenwood Springs, CO 81601	84-0712993	501(C)(2)	20,000.	0			Concerci operating support
Gienwood Springs, CO 81601	84-0712993	501(C)(3)	20,000.	0.			General operating support
Zimmer Children's Museum							
6505 Wilshire Boulevard, 1st floor							General operating
Los Angeles, CA 90048	20-1470992	501(C)(3)	25,000.	0.			support, capital campaign
,							pappere, capital compary

Schedule I (Form 990) (2018)

Rose Community Foundation

Page 2

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

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

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

Part I, Line 2:

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

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

communications with the grantee organizations, and in some instances will

do site visits if deemed necessary.

sc	HEDULE J	Compens	sation Information	1	OMB No.	1545-004	47
	rm 990)	_	ors, Trustees, Key Employees, and Highest		20	10)
			pensated Employees answered "Yes" on Form 990, Part IV, line 23.		20	10)
Depa	tment of the Treasury		tach to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest information.		Inspe		
Nan	ne of the organization			Employer ide		on nui	mber
		Rose Community Foundation		84-092	20862		
Ра	rt I Question	s Regarding Compensation					
						Yes	No
1a			of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any rele					
	First-class or c		Housing allowance or residence for perso				
	Travel for com	•	Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee				
		spending account	Personal services (such as maid, chauffe	Ir, chet)			
L-	If any of the house	on line to are abacked did the exercitive	follow a written policy recording normast an				
a	•		follow a written policy regarding payment or		46		
•			ove? If "No," complete Part III to explain		. 1 b		
2			or allowing expenses incurred by all directors,		2		
	trustees, and onice	s, including the CEO/Executive Director, re	garding the items checked on line 1a?				
3	Indianta which if a	w, of the following the filing ergenization up	ad to optablish the companyation of the organiza	tion's			
3			ed to establish the compensation of the organiza y boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but exp	, , ,	51110			
	Compensation	· ·	Written employment contract				
	·	ompensation consultant	X Compensation survey or study				
		ther organizations	X Approval by the board or compensation c	ommittoo			
				Ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Se	ection A. line 1a. with respect to the filing				
•	organization or a re	•••					
а	-	e payment or change-of-control payment?			4a		x
b			alified retirement plan?				X
с			ensation arrangement?				X
		ies 4a-c, list the persons and provide the ap					
	,						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.				
5			the organization pay or accrue any compensatio	n			
	contingent on the r						
а	The organization?				5a		X
b	Any related organiz	ation?			5b		X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	'n			
	contingent on the r	et earnings of:					
а	The organization?				6a		X
b	Any related organiz	ation?			6b		x
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization provide any nonfixed payments				
	not described on lir	les 5 and 6? If "Yes," describe in Part III \dots			7	Х	
8			rued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4	958-4(a)(3)? If "Yes," describe in Part III		. 8		x
9	If "Yes" on line 8, d	d the organization also follow the rebuttable	e presumption procedure described in				
	Regulations section		· · · ·	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions		Schedul	e J (Forn	n 990)) 2018

832111 10-26-18

84-0920862

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) Lindy Eichenbaum Lent	(i)	150,668.	0.	0.	1,650.	16,734.	169,052.	0.
President & CEO	(ii)	64,572.	٥.	0.	0.	0.	64,572.	0.
(2) Anne Garcia	(i)	115,730.	25,000.	0.	13,278.	17,507.	171,515.	0.
CFO & COO	(ii)	60,313.	٥.	0.	0.	0.	60,313.	0.
(3) Lisa Farber Miller	(i)	0.	٥.	0.	0.	0.	0.	0.
Senior Program Officer	(ii)	147,818.	٥.	0.	10,229.	26,445.	184,492.	0.
(4) Elsa Holguin	(i)	0.	٥.	0.	0.	0.	0.	0.
Senior Program Officer	(ii)	153,245.	٥.	0.	10,200.	17,491.	180,936.	0.
(5) Gretchen Lenamond	(i)	94,299.	٥.	0.	2,608.	25,288.	122,195.	0.
CFO	(ii)	40,414.	٥.	0.	1,118.	10,837.	52,369.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 7:

Anne Garcia received a bonus of \$25,000 during the reporting year that was

not part of a written contract.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		OMB No. 1545-0047
Name of the organization			r identification number
Form 990, Part III	, Line 1, Description of Organization Mission:	·	
The purpose of the	Foundation is to enhance the quality of life in the		
seven-county Great	er Denver community through leadership, grantmaking		
and donor engageme	nt - stewarding philanthropic resources and investing		
in strategic and i	nnovative solutions to enduring challenges and		
emerging issues. S	ince its founding in 1995, the Foundation has granted		
more than \$270 mil	lion to organizations and initiatives focused on		
Aging, Child and F	amily Development, Education, Health and Jewish Life		
in the seven-count	y Greater Denver area.		
Form 990, Part III	, Line 2, New Program Services:		
On December 31, 20	18, Rose Community foundation completed a statutory		
merger with Rose F	oundation in order to achieve more efficient and		
effective operatio	ns under a single entity. All of the assets and all		
of the liabilities	of Rose Foundation were transferred by operation of		
law to Rose Commun	ity Foundation, the surviving foundation, and Rose		
Foundation ceases	to exist. Board members and employees' roles and		
responsibilities f	or Rose Foundation also transferred to Rose Community		
Foundation.			
Form 990, Part III	, Line 4b, Program Service Accomplishments:		
A total of \$8,108,	595 in unrestricted funds was awarded in 2018 as		
follows: AGING \$1,	507,350 to support services for older adults,		
including transpor	tation, direct services, and end-of-life care; CHILD		
	NT \$1,629,435 to support early childhood development		
LHA For Paperwork R 832211 10-10-18	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (For	m 990 or 990-EZ) (2018

Rose Community Foundation and education, family self-sufficiency and related public policy efforts; EDUCATION \$1,803,459 to improve K-12 teacher quality and support systemic changes aimed at closing education achievement gaps; HEALTH \$1,690,732 to support access to care, cost-effectiveness in	84-0920862
efforts; EDUCATION \$1,803,459 to improve K-12 teacher quality and support systemic changes aimed at closing education achievement gaps;	
support systemic changes aimed at closing education achievement gaps;	
HEALTH \$1,690,732 to support access to care, cost-effectiveness in	
health care, health policy initiatives and primary prevention: JEWISH	
LIFE \$3,025,978 to help strengthen connections between individuals and	
the Jewish community, promote Jewish growth and learning, strengthen	
organizations and develop leaders. Included in this grantmaking are a	
number of Foundation-led initiatives to support the Jewish community,	
including LiveOn Life & Legacy, MazelTogether, Roots and Branches and	
Rose Youth Foundation. COMMUNITY ACTION \$483,000 to support nonprofit	
organizations serving immigrants, refugees and communities vulnerable	
to discrimination and hate crimes. CAPACITY BUILDING \$101,000 to help	
build the capacity of the nonprofits in our community to do their work	
effectively and ultimately create better results for clients and	
communities. (For informational purposes only- activity is not included	
in the Rose Community Foundation Form 990)	
Form 990, Part VI, Section A, line 4:	
Effective 12/31/2018 and under Colorado Statement of Merger, Rose	
Foundation was merged into Rose Community Foundation.	
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	
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.	

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Rose Community Foundation	Employer identification number 84-0920862
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 the Board	
of Trustees 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 board recommends 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

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization		Page 2 Employer identification number
Rose Community Foundation		84-0920862
and then determined by the supervisor by evaluating performa	nce as compared	
to the goals and objectives that were established at the beg	inning of the	
year.		
Form 990, Part VI, Section C, Line 19:		
The Foundation's Conflict of Interest Policy, 990 and financ	ial statements	
are available upon request as well as posted on the Foundati	on's website at	
www.rcfdenver.org.		
Form 990, Part XI, line 9, Changes in Net Assets:		
Agency Contributions	-8,212,930.	
Agency Distributions and Grants		
Intercompany Allocations/Eliminations Between RCF and RF		
Total to Form 990, Part XI, Line 9	10,721,762.	

832212 10-10-18

832161 10-02-18 LHA

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.

Name of the organization

Department of the Treasury Internal Revenue Service

Rose Community Foundation

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
Rose-JCC Holdings LLC - 82-4952063					
600 S Cherry St Ste 1200					Rose Community
Denver, CO 80246	Program Investment Holding	Colorado	9,878,482.	9,878,482.	Foundation
	-				
	-				
	-				

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 Part II 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	ection entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
Rose Foundation - 84-0418124							
600 S. Cherry Street, Suite 1200				Line 11a,	Rose Community		
Denver, CO 80246	Grantmaking	Colorado	501(c)(3)	Type II	Foundation	х	

64

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

Schedule R (Form 990) 2018

2018 Open to Public Inspection

Employer identification number

84-0920862

SCHEDULE	R
(Farma 000)	

(Form 990)

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.

	······································	,							1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	ng Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income		Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partn	l or Percentage ^{ing} ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
										+	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
]								
	1								
	1								

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.		Yes	s No
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
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)			Х
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)	1g		х
h Purchase of assets from related organization(s)	1h		Х
i Exchange of assets with related organization(s)	<u>1i</u>		Х
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)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)			Х
m Performance of services or membership or fundraising solicitations by related organization(s)			Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	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)	1r		x
s Other transfer of cash or property from related organization(s)	1s		Х

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Rose Foundation	В	260,730.	FMV
(2) Rose Foundation	с	206,254,778.	FMV
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: Yes	e) all 's sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior alloca	ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	(k) I or Percentag ^{ng} ownership

Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
32165 10-02-18 68	Schedule R (Form	990) 201