

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

A Fo	r the	2009 ca	ılendar vea	r, or tax year beginn	ing 07-01-2009	and ending 06-30-201	LO		Ziispection
		pplicable	Please	C Name of organization BREAD AND ROSES CO				D Employer id	dentification number
┌ Add	Iress ch	ange	use IRS		OMMONITY FOND			23-20472	
┌ Nar	ne cha	nge	label or print or	Doing Business As				E Telephone r	number
┌ Init	ıal retu	rn	type. See Specific	Number and street (o	r P O hov if mail is	not delivered to street addre	acc) Doom/cuita	(215) 731	-1107
Ter			Instruc- tions.	1500 WALNUT STREE	Γ No 1305		ess) Room, suite	G Gross receipt	s \$ 1,043,665
☐ Am		return n pending		City or town, state or PHILADELPHIA, PA 19		4			
			F Nar	ne and address of pr	ıncıpal officer		H(a) Is th	■ ns a group retu	rn for
				'COOK VALNUT STREET No	1305			ates?	⊤Yes ▼ No
				DELPHIA, PA 1910			H(b) Are a	ll affiliates inclu	ded?
							1		t (see instructions)
I Ta	x-exem	npt status	501(c))(3) ◄ (insert no)	4947(a)(1) or	527		up exemption n	
J W	ebsit e	: :► WW	/W BREAD	ROSESFUND ORG					
				tion Trust Associati	on Other ►		L Year of fo	ormation 1977	M State of legal domicile PA
Pa		Sum	•						
	1		aescribe th nedule o for	e organization's miss details	sion or most sig	nificant activities			
<u>မိ</u>									
Governance									
Ę.	,	Chack	this hav M		discontinued its	operations or disposed	d of more than	25% of its not	accate
ŝ									
	3		_	_		t VI, line 1a)			
Activities &	4					ng body (Part VI, line 1	b)		
Ē	5			nployees (Part V , lın				,	
ទូ				olunteers (estimate ii				ı	6
•						I, column (C), line 12			7a
	ь	Net unr	elated busi	ness taxable income	from Form 990	1-1, line 34		1	7b (
	_					Pric	or Year	Current Year	
a)	8							576,615	537,435
enue	9						•	3,911	4,538
Reven	10			,		, and 7d)		-39,862	25,370
	11			art VIII, column (A)				16,033	-13,632
	12			dd lines 8 through 1:	ne	556,697	553,711		
	13), lines 1-3)		209,860	85,750
	14	Benefi	ts paid to c	r for members (Part	IX, column (A),	line 4)			0
Expenses	15	Saları 10)	es, other co	mpensation, employ	ee benefits (Pa	rt IX, column (A), lines	5 –	227,288	244,055
कु	16a	Profes	sional fund	raising fees (Part IX	, column (A), lır	ne 11e)			0
ਡੌ	ь	Total fu	ndraising exp	enses (Part IX, column (I	D), line 25) 🕨 132,3	344			
	17	Other	expenses ([Part IX, column (A),	lines 11a-11d	,11f-24f)		288,998	193,523
	18	Total	expenses /	Add lines 13-17 (mi	ust equal Part I	X, column (A), line 25)		726,146	523,328
	19	Reven	ue less exp	enses Subtract line	18 from line 12	2		-169,449	30,383
Net Assets or Fend Balances							_	g of Current Year	End of Year
55.6 25.6	20	Total	assets (Par	rt X, line 16)				1,345,605	1,348,888
A B	21	Total	liabilities (F	Part X, line 26)				189,586	102,848
žĒ	22	Netas	sets or fun	d balances Subtract	t line 21 from lir	ne 20		1,156,019	1,246,040
Pai	t II	Sign	ature Blo	ock			•	•	
						eturn, including accompanying er (other than officer) is base			
						er (ether than emeer) is bus			
Sign		***					2011	-05-10	
Here	2	Sign	ature of office	er .			Date		
				CUTIVE DIRECTOR					
		Тур	e or print nam	e and title		•			
		Preparer		ana Mak		Date	Check if self-	Preparer's iden	
Paid		signatur	e Marian	nne Mak			empolyed •	(see instruction	13)
Prepa	arer's		ame (or your	s BBD LLP	FTA: L				
Use (Only		nployed), and ZIP + 4	1835 MARKET STRE	ET 26TH FLOOR			EIN Þ	
								Phone no 🕨 ((215) 567-7770
M 211 4	he ID	S dissin	e this ratio	PHILADELPHIA, PA		see instructions)			✓ Yes 「No
ınay t	.iie IK	uiscus د	oo uus retu	in with the preparer	∍помпаро∧е́ (:	see mistructions)			Je i es j ino

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

See schedule o for details THE ORGANIZATION BRINGS TOGETHER DONORS AND ACTIVISTS WHO SHARE A VISION OF A JUST SOCIETY, ONE IN WHICH POWER AND RESOURCES ARE DISTRIBUTED EQUITABLY THE ORGANIZATION PROVIDES GRANTS AND TECHNICAL ASSISTANCE TO SUPPORT COMMUNITIES IN THE DELAWARE VALLEY THAT ARE TAKING ACTION TO BRING ABOUT SOCIAL AND ECONOMIC CHANGE LOCALLY AND GLOBALLY GRANTS TO ELIGIBLE ORGANIZATIONS ARE MADE THROUGH THE FUTURE FUND, THE RACIAL AND ECONOMIC JUSTICE FUND AND OTHER GRANT PROGRAM THE ORGANIZATION ALSO ADMINISTERS THE PHOEBUS CRIMINAL JUSTICE INITIATIVE, WHICH FUNDS GROUPS WORKING FOR REFORM OF THE CRIMINAL JUSTICE SYSTEM, AND THE JONATHAN LAX SCHOLARSHIP FUND FOR GAY MEN TECHNICAL ASSISTANCE IS PROVIDED THROUGH THE BARBARA SMITH COMMUNITY SCHOOL, WHICH PROVIDES TRAINING IN A RANGE OF ADMINISTRATIVE AND COMMUNITY ORGANIZING SKILLS

	(Expenses \$	ınclı	iding grants o	f \$) (Revenue \$)
4d	Other program se	rvices (Describe in Sche	dule O)			
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
		ATION FOR VARIOUS SOCIAL C ND GAY RIGHTS, WOMEN RIGI			, ARTS, COMMUNITY ORGANIZING, F ENT	IUMAN RIGHTS AND CIVIL
4b	(Code) (Expenses \$	173,727	ıncludıng grants of \$	0) (Revenue \$	4,538)
	GRANTS AND SCHOLA	RSHIPS-GRANTS TO ORGANIZA	ATIONS WHICH A	DVOCATE PROGRESSIVE SOCI	AL CHANGE AND SCHOLARSHIPS TO	QUALIFIED INDIVIDUALS
4a	(Code) (Expenses \$	178,532	3 3 1	85,750) (Revenue \$)
4	Section 501(c)(3) allocations to other	and 501(c)(4) organizati rs, the total expenses, ar	ons and secti nd revenue, if	on 4947(a)(1) trusts are any, for each program se		
4	•	hese changes on Schedu				
3	services?			nt changes in how it cond		Yes ✓ No
	If "Yes," describe t	hese new services on Sc	hedule O			
	the prior Form 990	or 990-EZ?				Yes 🔽 No

Part IV	Check	dist of	Required	Schedules
	CIICCI	11136 01	IXC GGII CG	Schoules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	Yes	
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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	j	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

art V	Statements	Regarding	Other 1	IRS Filings	and Tax	Compliance
-------	------------	-----------	---------	-------------	---------	------------

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-		N.o.
h	return?	3a 3b		Νο
a	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		Νο
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
1	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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		Νο
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
)	Section 501(c)(7) organizations. Enter			
	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			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			

1500 WALNUT STREET SUITE 1305

PHILADELPHIA, PA 19102

(215) 731-1107

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 11			
ь 2	Enter the number of voting members that are independent			
2	other officer, director, trustee, or key employee have a family relationship or a business relationship with any	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
- 110	volue couci,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
6-		16b		
<u>5e</u> 17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed ►PA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	.
	MANAGEMENT			

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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(B) (C) A verage Position (check all that apply) per that apply)							(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations
DENISE BROWN CO-CHAIR	7 00	х		х				0	0	0
TOM SUGRUE CO-CHAIR	7 00	х		Х				О	0	0
JOEL STEILER TREASURER	7 00	х		Х				О	0	0
CHRIS RABB SECRETARY	7 00	х		Х				0	0	0
RICHARD BARON BOARD MEMBER	4 00	х						0	0	0
GLORIA CASAREZ BOARD MEMBER	4 00	х						0	0	0
ANDY LAMAS BOARD MEMBER	4 00	х						0	0	0
ARUN PRABHAKARAN BOARD MEMBER	4 00	х						0	0	0
AISSIA RICHARDSON BOARD MEMBER	4 00	х						0	0	0
ELLEN SOMEKAWA BOARD MEMBER	4 00	х						0	0	0
CASEY COOK EXECUTIVE DIRECTOR	40 00	х		х				80,380	0	7,463

For	m 990 (2009)			Page 8
1b	Total	0		7,463
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization •0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
_				
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			
		F	orm 99 0	(2009)

Form 99		<u>*</u>						Page 9
Part V	/	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated cam		63,490				
gra	Ь		es 1b					
its.	C		ents 1c	75,345				
<u> </u>	d e	Government grants	cations 1d s (contributions) 1e					
Sin Sin	f	All other contribution	ons, gifts, grants, and 1f	398,600				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no	ot included above butions included in					
and	h	Total. Add lines	s 1a-1f	▶	537,435			
<u> </u>				Business Code				
Program Service Revenue	2a b	ADMINISTRATIVE F	FEES	900,099	4,538	4,538		
e H	c		_					
e,	d		_					
<u>အ</u>	e							
Ž Ē	f	All other progra	am service revenue					
ξ	g	Total. Add lines	s 2a-2f		4,538			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	F	22,330			22,330
	4		stment of tax-exempt bond					
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) iteal	(II) I CISCIIAI				
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	455,422					
	ь	Less cost or other basis and	452,382					
		sales expenses	2.040					
	c d	Gain or (loss)	3,040		3,040			3,040
	8a	Gross income f	rom fundraısıng		-,			-,
Other Revenue		4	<u>,345</u> s reported on line 1c)					
er F	.		a	23,940				
듔	р С		penses b (loss) from fundraising (37,572	-13,632			-13,632
_	9a		rom gaming activities					·
	ь		a penses b					
	C 10a	Net income or (Gross sales of	(loss) from gaming activ	vities				
	100	returns and allo						
	ь		oods sold b					
	С		(loss) from sales of inve					
	11a	Miscellaneous	s kevenue	Business Code				
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions	•	553,711	4,538	0	11,738
	j			L	333,711	1,550		11,7 30

	990 (2009)				Page 10
Part					
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D)	
	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	63,750			Схрепэсэ
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
	,	22,000	22,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and	00.403	70 704	0.040	0.040
6	key employees Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	88,492	70,794	8,849	8,849
7	Other salaries and wages	126,658	79,881	3,943	42,834
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	158	126	16	16
9	Other employee benefits	12,594	6,079	4,533	1,982
10	Payroll taxes	16,153	9,680	3,145	3,328
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	10,869	10,869		
g	Other	36,688	9,638	7,248	19,802
12	Advertising and promotion				
13	Office expenses	48,444	18,947	4,195	25,302
14	Information technology	6,746	4,707	394	1,645
15	Royalties				
16	Occupancy	41,511	30,032	2,740	8,739
17	Travel	1,477	773	495	209
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,665	3,805	802	1,058
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,344	2,333	195	816
23	Insurance	3,914	2,731	228	955
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PROFESSIONAL FEES	33,259	23,204	1,942	8,113
ь	SPECIAL EVENTS NONDIREC	9,272	4,711		4,561
c	camPAIGN EXPENSE	7,224	3,089		4,135
d	GRANTS ADMIN EXPENSES	1,336	1,336		
e	GRANT/SCHOLARSHIP ADJ	-16,226	-16,226		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	523,328	352,259	38,725	132,344
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	-	-		
. —					

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	36,310	1	34,021
	2	Savings and temporary cash investments	270,651	2	210,845
	3	Pledges and grants receivable, net	84,775	3	70,081
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
Assets	7	Notes and loans receivable, net	10,000	7	10,000
	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	9,893	9	7,613
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 25,193			
	ь	Less accumulated depreciation 10b 14,352	6,490	10c	10,841
	11	Investments—publicly traded securities	894,365	11	970,906
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	33,121	15	34,581
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,345,605	16	1,348,888
	17	Accounts payable and accrued expenses .	29,086	17	22,748
	18	Grants payable	160,500	18	80,100
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
68	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lia		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	189,586	26	102,848
5		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			
Ð		through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	413,936	27	473,593
8	28	Temporarily restricted net assets	711,083	28	741,447
됟	29	Permanently restricted net assets	31,000	29	31,000
Œ		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete			
ō		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,156,019	33	1,246,040
<u> </u>	34	Total liabilities and net assets/fund balances	1,345,605	34	1,348,888

Part XI Financial Statements and Reporting

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

Form **990** (2009)

Employer identification number

OMB No 1545-0047

SCHEDULE A Public Charity Status and Public Support (Form 990 or 990EZ)

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

Department of the Treasury Internal Revenue Service

h

Name of the organization

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

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

Inspection

BREAD AND ROSES COMMUNITY FUND 23-2047297 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		organızatı col (ı) orga	(vi) Is the organization in col (i) organized in the US?	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

11g(iii)

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I	.)			
	ection A. Public Support				Т			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	491,91	5 532,53	6 612,115	576,615		537,435	2,750,616
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	491,91	5 532,53	6 612,115	576,615		537,435	2,750,616
5	The portion of total contributions be each person (other than a governmental unit or publicly supported organization) included or							718,133
	line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from	ı						2,032,483
	line 4 ection B. Total Support							
	endar year (or fiscal year beginning							
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	109	(f) Total
7	A mounts from line 4	491,915	42,335	612,115	576,615		537,435	2,750,616
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	47,452	42,335	40,030	38,029		22,330	190,176
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	33,595	5,022	112,608	25,883		23,940	201,048
11	Total support (Add lines 7 through 10)							3,141,840
12	Gross receipts from related activiti	•	•			12		13,468
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or fı	fth tax year as a !	501(c)(3	;) organız	ation, ▶□
<u></u>	ection C. Computation of Pub Public Support Percentage for 2009			11 column (fl)		144		64 600 0/
15	Public Support Percentage for 2008			11 COIGIIII (1))		14		64 690 %
		•	,		4.4 22.4/20/	15		63 630 %
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the	alıfıes as a publıcl	y supported orga	nızatıon			•	► ✓
	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organiza in Part IV how the organization mee organization	n qualifies as a pu — 2009. If the orga tion meets the "fa	iblicly supported anization did not a acts and circums	organization check a box on lin tances" test, chec	e 13, 16a, or 16b k this box and st	and line	e 14 Explain	▶┌
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_						·
18	Explain in Part IV how the organiza supported organization Private Foundation If the organizat	tion meets the "fa	acts and circums	tances" test The	organızatıon qual	ıfıes as a	a publicly	▶ □
	instructions							▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 23-2047297

Name: BREAD AND ROSES COMMUNITY FUND

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROFESSIONAL FEES	33,259	23,204	1,942	8,113
SPECIAL EVENTS NONDIREC	9,272	4,711		4,561
camPAIGN EXPENSE	7,224	3,089		4,135
GRANTS ADMIN EXPENSES	1,336	1,336		
GRANT/SCHOLARSHIP ADJ	-16,226	-16,226		

DLN: 93493130015341

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

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

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

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

lf the ◆ Se	e organization answered "Ye ection 501(c)(4), (5), or (6) organ	t have NOT filed Form 5768 (electies," to Form 990, Part IV, Line 5 Izations Complete Part III		m 990-EZ, line 35a (regar	ding proxy tax), then				
N a BRE	me of the organization EAD AND ROSES COMMUNITY FUND			Employer ider	ntification number				
				23-2047297					
Par	Complete if the or	ganization is exempt und	er section 501(c) or is a section 527	organization.				
1	Provide a description of the or	ganization's direct and indirect p	olitical campaign ac	tivities in Part IV					
2	Political expenditures			▶	\$				
3	Volunteer hours								
Par	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).					
1		e tax incurred by the organizatior			\$				
2	Enter the amount of any excis	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$				
3	If the organization incurred a	section 4955 tax, did it file Form	4720 for this year?		┌ Yes				
4a	Was a correction made?				┌ Yes				
ь	If "Yes," describe in Part IV								
Par	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 50:	1(c)(3).				
1	Enter the amount directly exp	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$				
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organization	s for section 527 ►	\$				
3	Total exempt function expend	itures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	¢				
4	Did the filing organization file	Form 1120-POL for this year?			↑ Tyes No				
5	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which pay were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of contributions received that were promptly and directly delivered to a separate political organization, such as a separate segifund or a political action committee (PAC). If additional space is needed, provide information in Part IV.								
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				
	Drivacy Act and Danapwork Peducti								

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) ar	d filed Form 5768	(election
Α	Check I if the filing organization belongs to a	an affiliated group		
В	Check I if the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1 a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)	5,000	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	4,000	
c	Total lobbying expenditures (add lines 1a and 1	b)	9,000	
d	Other exempt purpose expenditures		381,984	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	390,984	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	78,197	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
 g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	19,549	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expe	nditures During 4	-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount	102,606	108,973	108,940	78,197	398,716
ь	Lobbying ceiling amount (150% of line 2a, column(e))					598,074
_с	Total lobbying expenditures	15,272	13,000	12,561	9,000	49,833
d	Grassroots non-taxable amount	25,652	27,243	30,504	19,549	102,948
е 	Grassroots ceiling amount (150% of line 2d, column (e))					154,422
f	Grassroots lobbying expenditures	9,772	11,000		5,000	37,833

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130015341

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization AD AND ROSES COMMUNITY FUND		Employer identification number
DKL	AND ROSES COMMONITY FOND		23-2047297
Pa	rt I Organizations Maintaining Donor Ad		inds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	13	(b) I alias alia other accounts
<u>-</u> 2	Aggregate contributions to (during year)	12,687	
3	Aggregate grants from (during year)	450	
4	Aggregate value at end of year	46,073	
5	Did the organization inform all donors and donor advi	· L	or advised
,	funds are the organization's property, subject to the	-	Yes No
6	Did the organization inform all grantees, donors, and		·
	used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for an	y other purpose Yes No
Pai	rt II Conservation Easements. Complete	if the organization answered "Yes" to	
1	Purpose(s) of conservation easements held by the or		
	Preservation of land for public use (e.g., recreati	<u> </u>	historically importantly land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a quali	fied conservation contribution in the form	of a conservation
	easement on the last day of the tax year	-	
			Held at the End of the Year
а	Total number of conservation easements	-	2a
b	Total acreage restricted by conservation easements	<u> </u>	2b
c	Number of conservation easements on a certified his	` '	2c
d	Number of conservation easements included in (c) a		2d
3	Number of conservation easements modified, transfe the taxable year -	rred, released, extinguished, or terminated	d by the organization during
4	Number of states where property subject to conserva	ation easement is located 📂	
5	Does the organization have a written policy regarding		— ling of violations, and
_	enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easeme	ents during the year 🗠
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sect	Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of t		·
	the organization's accounting for conservation easen	nents	
'ar	Complete if the organization answered '		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in	·
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		- \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	r financial gain, provide the
а	Revenues included in Form 990. Part VIII. line 1		▶ - \$

b Assets included in Form 990, Part X

ar	411 Organizations Maintaining Co	llections of Art,	Hist	toric	cal Tr	<u>easur</u>	es, or C	<u>)the</u>	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e foll	owing t	hat are	a sıgnıfıc	ant u	se of its co	llection	1	
а	Public exhibition		d	Γ	Loan o	rexcha	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ļ	Provide a description of the organization's co	ollections and explai	n how	they	furthe	r the or	ganızatıor	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Γ.	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990	,	
	Part IV, line 9, or reported an an											
a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions or	other ass	ets r	not	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	ollowi	ng ta	ıble		г					
_							}			A mou	nτ	
۳ C	Beginning balance						}	1c				
d	Additions during the year							1d				
e	Distributions during the year						}	1e				
f	Ending balance						L	1f				
3	Did the organization include an amount on Fo		21?								Yes	No
	If "Yes," explain the arrangement in Part XIV				1 1137					4.0		
a	rt V Endowment Funds. Complete	if the organization (a)Current Year		were Prior Y			orm 990 _. Years Back		t IV, line : Three Years B		Four Ye	ears Back
1	Beginning of year balance	400,174	(5)		473,465	(c) we	7 Tears back	(4)	Tilice Tears B	ack (C	ji our re	dis back
ь	Contributions											
5	Investment earnings or losses	26,444			-73,291							
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs											
f	Administrative expenses	426 640			400 474							
g	End of year balance	426,618			400,174							
	Provide the estimated percentage of the yea		S									
а	Board designated or quasi-endowment 🕨	92.730 %										
b	Permanent endowment F 7.270 %											
C	Term endowment ►											
а	Are there endowment funds not in the posses organization by	ssion of the organiza	tion t	hat a	re held	and ad	ministere	d for	the		Yes	No
	(i) unrelated organizations								[3a(i)	1.03	No
	(ii) related organizations									3a(ii)		Νο
b	If "Yes" to $3a(II)$, are the related organizatio	ns listed as required	on S	ched	ule R?				[3b		
	Describe in Part XIV the intended uses of th											
aı	t VI Investments—Land, Buildings	s, and Equipmer	1 t. Se	ee Fo	orm 99	90, Par	rt X, line	10.	1		I	
	Description of investment) Cost o		(b)Cost or basis (ot		(c) Accum deprecia		(d) Bo	ok value
а	Land											
b	Buildings											
c	Leasehold improvements		•									
d	Equipment		•				2	5,193		14,352		10,841
е	Other								1			

10,841

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	553,711
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	523,328
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	30,383
4	Net unrealized gains (losses) on investments	4	59,638
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	59,638
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	90,021
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	650,921
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		•
а	Net unrealized gains on investments		
ь	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	97,210
3	Subtract line 2e from line 1	3	553,711
4	A mounts 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		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	553,711
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Retu	
1	Total expenses and losses per audited financial statements	1	560,900
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
- а	Donated services and use of facilities		
ь	Prior year adjustments	1	
с	Other losses	1	
d	Other (Describe in Part XIV) 2d 37,572	1	
e	Add lines 2a through 2d	2e	37,572
3	Subtract line 2e from line 1	3	523,328
4	A mounts 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		
ь	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	523,328
Pai	rt XIV Supplemental Information		

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	l '	intended use of the endowment fund to provide grants to organizations working for social change
Part XII, Line 2d - Other Adjustments		SPECIAL EVENTS-DIRECT EXPENSES 37572
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENTS-DIRECT EXPENSES 37572

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493130015341

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

	ne of the organization EAD AND ROSES COMMUN	ITY FUND					Employer iden	tification number
							23-2047297	
Pa	Fundraising Ac Form 990-EZ filei				tion answered "Yes" is part.	to Form	990, Part IV	, line 17.
	Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations Did the organization have or key employees listed in If "Yes," list the ten higher to be compensated at leas	olicitations s a written or oral agro Form 990, Part VII st paid individuals o	eement wi () or entity r entities	e f g th any ind in conne (fundraise	Solicitation of noi Solicitation of gov Special fundraisin dividual (including office ection with professional ers) pursuant to agreem	n-governm vernment ong events ers, directo fundraising ents unde	ent grants grants ers, trustees g activities? r which the fur	
	(i) Name of individual or entity (fundraiser)	Name of individual entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions? Yes No		(or ret	ount paid to ained by) serlisted in ol (i)	(vi) A mount paid to (or retained by) organization
			103					
Γota	al			.				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Direct Expenses Reveiva	Less Charitable contributions	(a) Event #1 A TRIBUTE TO CHANGE ANNUAL DINNER (event type) 98,628 75,345 23,283	657 657	(c) O ther Events (total number)	(d) Tot (Add col co	(a) thi (c)) 99 7!	
3 4 5 5 6 6 7 7 8 8 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Less Charitable contributions	(event type) 98,628 75,345 23,283 5,415 23,475	5 6 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			7! 2:	5,345 3,940 5,415
3 4 5 5 6 6 7 7 8 8 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Less Charitable contributions	5,415 23,283 5,415 23,475	5 6 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			7! 2:	5,345 3,940 5,415
3 4 5 5 6 6 7 7 8 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Less Charitable contributions	5,415 23,475 8,682	657 5			2:	3,940 5,415
Sesuped Figure 2 Superior 2 Super	minus line 2) Cash prizes Non-cash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses . Direct expense summary Add I	5,415 23,475 8,682	5				5,415
Direct Expenses	Non-cash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses . Direct expense summary Add I	23,475 8,682	2				
Sesued Expenses 9	6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses . 10 Direct expense summary Add I	23,475 8,682	2				
ප් ලි 9 10	7 Food and beverages 8 Entertainment 9 Other direct expenses . 10 Direct expense summary Add I	23,475 8,682	2				
ප් ලිස් 9 10	8 Entertainment 9 Other direct expenses . 10 Direct expense summary Add l 11 Net income summary Combine	8,682	2			2:	3 4 7 5
10	9 Other direct expenses . 10 Direct expense summary Add I 11 Net income summary Combine	<u> </u>					,, ,, ,)
10	Direct expense summary Add l Net income summary Combine	<u> </u>					
	1 Net income summary Combine	ines 4 through 9 in column	(4)			8	8,682
	1 Net income summary Combine	-	(a)	🕨		37	7,572
		lines 3, column d, and line				-1	3,632
Part 1			"Yes" to Form 990, Par	t IV, line 19, or repo	orted mor		
Revenue	\$15,000 on Form 990-EZ,	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot		
1	1 Gross revenue						
leg 3	3 Non-cash prizes						
Direct Expenses	4 Rent/facility costs						
출 5	5 Other direct expenses						
6	6 Volunteer labor	│ Yes	Г Yes <u>%</u> Г No	∀es	_		
7	7 Direct expense summary Add lir	nes 2 through 5 ın column (d)				
8	8 Net gaming income summary Co	ombine lines 1, column d, a	nd line 7				
						Yes	No
	Enter the state(s) in which the organ Is the organization licensed to opera						
	If "No," Explain	te gaining activities in eac	in or these states		· 9a		
_							
	Were any of the organization's gamin If "Yes," Explain	g licenses revoked, susper	nded or terminated during	the tax year?	10a		
_							
_							
	Does the organization operate gamin Is the organization a grantor, benefic				11		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

Schedule I (Form 990)

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

OMB No 1545-0047

2009

DLN: 93493130015341

ZOOJ

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

Attach to Form 990

Open to Public Inspection

Employer identification number

BREAD AND ROSES COMMUN						23-2047297	
Part I General Inform 1 Does the organization many the selection criteria used 2 Describe in Part IV the organization.	d to award the grants or	antiate the amount of th					
Form 990, Part I	V, line 21 for any re	Governments and cipient that received if additional space in	l more than \$5,000	. Check this box if n	o one recipient rec	eived more than \$5,	,000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER PHILADELPHIA URBAN AFFAIRS COALITION1207 Chestnut Street PHILADELPHIA, PA 19107	237046393	501(C)(3)	6,000				REUNIFICATION TRANSPORTATION PROJECT
Reconstruction IncPO Box 7691 PHILADELPHIA,PA 19101	232644453	501(C)(3)	11,500				FINANCIAL SUPPORTS FOR COMMUNITY BUILDING, HUMAN RIGHTS COALITION, STOP ABUSE AND YOUTH ART & SELF EMPOWERMENT PROJECT
Temple University1801 North Broad Street PHILADELPHIA,PA 19122	231365971	501(C)(3)	6,000				FINANCIAL SUUPORT FOR THE INSIDE- OUT PRISON EXCHANGE PROGRAM
2 Enter total number of sect	tion FO1/c)/3) and gov	ernment organizations				•	2

	•																
Part III	Gra	ants and (Other Assi	stance	to Indi	viduals	in the U	Jnited Stat	es. 🤇	Complete	ıf the o	rganızatıon	answered	"Yes" t	to Form 990,	Part IV	, line 22.
	Use	e Schedule	I-1 (Form	990) if a	addıtıona	I space is	needed	1 .									

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	5	22,000			
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 procdeures for monitoring use of grant funds the organization performs due diligence to verify the grantee's tax-exempt status

Software ID: Software Version:

EIN: 23-2047297

Name: BREAD AND ROSES COMMUNITY FUND

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130015341

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

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

Attach to Form 990.

Name of the organization
BREAD AND ROSES COMMUNITY FUND

Employer identification number

23-2047297

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		GOVERNING BODY REVIEW OF FORM 990 PRIOR TO ITS FILING WITH THE IRS, A COPY OF FINAL FORM 990 WILL BE EMAILED TO EACH MEMBER OF THE EXECUTIVE COMMITTEE FOR REVIEW

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ENFORCEMENT OF CONFLICTS POLICY EACH VOTING MEMBER OF THE GOVERNING BODY IS required to COMPLETE AND SIGN THE DISCLOSURE STATEMENT ANNUALLY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		PROCESS FOR DETERMINING CONPENSATION COMPARABILITY DATA was COLLECTED, ASSESSED AND PRESENTED TO THE EXECUTIVE COMMITTEE EXECUTIVE COMMITTEE REVIEWED AND RECOMMENDED COMPENSATION PACKAGE TO THE GOVERNING BODY WHO APPROVED IT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		PUBLIC AVAILABILITY OF OTHER DOCUMENTS COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND FORM 990 WILL BE PROVIDED ON REQUEST THEY ARE ALSO AVAILABLE FOR INSPECTION AT THE ORGANIZATION'S OFFICE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493130015341

OMB No 1545-0172

Department of the Treasury See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number BREAD AND ROSES COMMUNITY FUND Form 990 Page 10 23-2047297 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 250.000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 800.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 3,344 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L 39 yrs MMS/L i Nonresidential real property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L S/L c 40-vear 40 vrs ММ Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 3.344 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Depre																
24a Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ _{No}			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo)
										,						-
(a) Type of property (list vehicles first)	(b) Date placed II service	te placed in investment Cost of			(e) Basis for deprec (business/invest use only)			Recovery Metho		(g) Method/ onvention	hod/ Depreci		iation/		(i) Elected section 179 cost	
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				\top			\Box		
		%														
	orlassin	% %	C 11C A													
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			\Box		
		%						S/L -								
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobicle				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
				(;		(b)		(c)			d)	(6	-	(f)		
30 Total business/investment miles driven during the year (do not include commuting miles)				Vehi	Vehicle 2		Vehicle		le 3 Veh		cle 4	Vehicle 5		Vehicle 6		
31 Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		⊢			<u> </u>		+								
33 Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				not moi	re tha
37 Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
38 Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
40 Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما						•			•	•	\vdash		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)				I				(6	.,					
(a)		Date amortization			(c) A mortizable amount			(d)		A morti	-	(f) A mortization fo			an far	
Description of c	osts							Code section			d or	this				
		begins 								perce	ntage					
42 A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
43 A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . .

44