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DLN: 93493038005023

Form **990**

Department of the Treasury

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)

2011

OMB No 1545-0047

Open to Public

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

IIILEIIIAI P				7.04.0044		- '			Inspection
		C	Idar year, or tax year beginning 07 Name of organization	/-01-2011	and ending 06-30-20	12	D Emplo	yer iden	tification number
_	ck if ap ess cha	oplicable	BREAD AND ROSES COMMUNITY FUND				23-20	-)47297	
_	ne char	_	Doing Business As				E Teleph		
_	al retur		Number and start of the Control of t				(215)	731-1	107
_	nınated		Number and street (or P O box if mail is 1315 WALNUT STREET NO 1300	not delivered	to street address) Room/	suite			1,126,315
_	nded r		City or town, state or country, and ZIP + PHILADELPHIA, PA 19107	4					
			F Name and address of principa	al officer		H(a) Is	this a group	return	for
			CASEY COOK				iliates?	recuiii	⊤Yes ▼No
			1315 WALNUT STREET NO 130 PHILADELPHIA, PA 19107	, 0		H/b) Am	e all affiliates	includo	d?
			·			1 ' '			(see instructions)
Tax	-exem	pt status	▼ 501(c)(3)	: no)	947(a)(1) or 527		roup exempt		
We	bsite	: ► WWW I	BREADROSESFUND ORG						
(Form	of org	janization 🔽	Corporation Trust Association	Other ►		L Year o	f formation 19	77 M	State of legal domicile F
Par	tΙ	Summa	ary			_			
	1 B	Briefly desc	ribe the organization's mission or	most sıgn	ıfıcant actıvıtıes				
,	9	SEE SCHEE	DULE O FOR DETAILS						
ACUMINES & GOVERNMINE	-								
<u> </u>	_								
<u> </u>	2 0	Check this	box 🛏 if the organization discon	tinued its	operations or disposed	of more tha	n 25% of its	net as:	sets
3			voting members of the governing b					3	1
٤			ndependent voting members of the					4	1
?			er of individuals employed in caler	_		•	•	5	1
			er of volunteers (estimate if neces					6	7
1			ited business revenue from Part V					7a	,
			ed business taxable income from F	•	` ''			7b	
		100 41110140	The second second from the second from the second s		.,		rior Year	75	Current Year
	8	Contribut	ions and grants (Part VIII, line 11	h)			493,:	145	601,46
9	9		service revenue (Part VIII, line 2)			·			2,27
Havenuk	10	-	ent income (Part VIII, column (A),		2,828				
후	11		renue (Part VIII, column (A.), lines	•		798	32,36 -12,29		
	12		enue (Part VIII, Column (A), mes enue—add lines 8 through 11 (mu:	ne	5,755				
	12		· · · · · · · · · · · · · · · · · · · ·		, , ,,		528,	744	623,80
	13		nd sımılar amounts paıd (Part IX, c				139,	330	93,92
	14	Benefits p	oald to or for members (Part IX, co	olumn (A),	line 4)			0	
ا ي	15		other compensation, employee be	enefits (Pai	t IX, column (A), lınes		100	271	206.45
Expenses 		5-10)		(4.)			199,		206,45
<u>₹</u>	16a		nal fundraising fees (Part IX, colu					0	
죠	b		aising expenses (Part IX, column (D), line						
	17	•	penses (Part IX, column (A), lines		·		219,4		177,57
	18	-	enses Add lines 13-17 (must eq	-			558,		477,96
02	19	Revenue	less expenses Subtract line 18 fr	rom line 12	· · · · · ·	 			145,84
5 0 3 0						Beginr	ing or Curre Year	nt	End of Year
3 4	20	Total ass	ets (Part X, line 16)				1,440,0	009	1,656,03
[팔	21	Total liab	ılıtıes (Part X, lıne 26)				49,	374	114,79
žæ	22	Net asset	ts or fund balances Subtract line	21 from lir	e 20		1,390,6	535	1,541,24
Par	t II	Signati	ure Block						
∯∄ Par Under	21 22 LIII penaltedge a	Total ass Total liab Net asset Signati ties of perjuend belief, it	ılıtıes (Part X, line 26) ts or fund balances Subtract line	21 from lır	ne 20	schedules an	1,440,0 49, 1,390,0 d statements, on all informa	009 374 635	1,656 114 1,543 the best of my
		Signature	of officer				2013-01-31		
Sign		Signature	e of officer				Date		
Here			OOK EXECUTIVE DIRECTOR						
		Type or	print name and title						
		Preparer's	MADIANNE		Date	Check If			er identification number
Paid		signature	MARIANNE MAK		2013-02-07	self- employed 🕨	(see inst P002977		
Prepa	rer's	Firm's name	e (or yours 👠 BBD LLP			l ' ' '			
Jse O		ıf self-emplo address, and	oyed),	TH FLOOR			_ EIN № 23	3-289669 	2
		auuicss, alic					Phone no	(21	5) 567-7770
			PHILADELPHIA, PA 19103					,	
lay tl	ne IRS	S discuss t	his return with the preparer shown	n above? (s	see instructions) .				✓ Yes No

orm	n 990 (2011)				Page 2
Par	Check if Schedule O contains				.
1	Briefly describe the organization's n	nission			
JUS ⁻ AND ABO THE ADM JUS ⁻ THR	SCHEDULE O FOR DETAILS THE OF T SOCIETY, ONE IN WHICH POWER D TECHNICAL ASSISTANCE TO SUP OUT SOCIAL AND ECONOMIC CHAN EFUTURE FUND, THE RACIAL AND E MINISTERS THE PHOEBUS CRIMINA TICE SYSTEM, AND THE JONATHAN COUGH THE BARBARA SMITH COMM MMUNITY ORGANIZING SKILLS	AND RESOURCES A PORT COMMUNITIE IGE LOCALLY AND C CONOMIC JUSTICE L JUSTICE INITIAT I LAX SCHOLARSHII	RE DISTRIBUTED EC ES IN THE DELAWAR GLOBALLY GRANTS T FUND AND OTHER O IVE, WHICH FUNDS P FUND FOR GAY ME	QUITABLY THE ORGANIZ E VALLEY THAT ARE TAK O ELIGIBLE ORGANIZAT GRANT PROGRAMS THE (GROUPS WORKING FOR R N TECHNICAL ASSISTAN	ATION PROVIDES GRANTS ING ACTION TO BRING IONS ARE MADE THROUGH DRGANIZATION ALSO EFORM OF THE CRIMINAL ICE IS PROVIDED
2	Did the organization undertake any s	uanificant program co	arusas during the ves	r which were not listed on	
2	the prior Form 990 or 990-EZ?	· · · · · ·	· · · · · ·	· · · · · · ·	┌ Yes ┌ No
	If "Yes," describe these new service	s on Schedule O			
3	Did the organization cease conducti	ng, or make significar • • • • •	nt changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the organization's program expenses Section 501(c)(3) and 50 grants and allocations to others, the	1(c)(4) organizations	and section 4947(a))(1) trusts are required to re	eport the amount of
4a	(Code) (Expenses	\$ 214,221	including grants of \$	93,929) (Revenue \$)
	GRANTS AND SCHOLARSHIPS-GRANTS TO (DRGANIZATIONS WHICH A	DVOCATE PROGRESSIVE SO	OCIAL CHANGE AND SCHOLARSHI	PS TO QUALIFIED INDIVIDUALS
4b	(Code) (Expenses	\$ 184,551	ıncludıng grants of \$) (Revenue \$	2,278)
	PROGRAM AND EDUCATION FOR VARIOUS LIBERTIES, LESBIAN AND GAY RIGHTS, WO				ING, HUMAN RIGHTS AND CIVIL
4 c	(Code) (Expenses	\$	ıncludıng grants of \$) (Revenue \$)
4d	Other program services (Describe (Expenses \$	in Schedule O) including grants o	f \$) (Revenue \$)
4e	Total program service expenses▶\$	398,77	2		

art IV	Checklis	st of	Required	Schedules

			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	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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		No
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	Yes	
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		No
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 1	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 and IV.	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 and IV	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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		No
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		No
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		No
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		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Man	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "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		N o
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	

•	•
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 9			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a		No
b	year?	3b		110
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 or securities	4a		
b	account)?	-ra		No
_	If "Yes," enter the name of the foreign country - See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Fa		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
.	organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
D	were not tax deductible?	6b		
	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		NI a
f	contract?	7e 7f		No No
	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	7h		
1	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?			
ı	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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	ection A. Governing Body and Management			
			Yes	No
1-	Enter the number of voting members of the severing hady at the and of the tax			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	Na
100	Did the organization have local chapters, branches, or affiliates?	10a	res	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		INO
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did 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		No
	If "Yes," to line 15a or 15b, 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	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)			

- - Own website Another's website V Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 MANAGEMENT 1315 WALNUT STREET SUITE 1300

<u>Part VII</u> 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

- ◆ 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, 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, 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 neither the organiz	•	lated o	rganı	zatio	ns o	compe	nsat	ted any current or fo	ormer officer, direct	tor, or trustee
(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) DENISE BROWN CO-CHAIR	2 00	х		х				0	0	0
(2) THOMAS SUGRUE CO-CHAIR	2 00	х		х				0	0	0
(3) JOEL STEIKER TREASURER	2 00	х		х				0	0	0
(4) CHRIS RABB SECRETARY	2 00	х		х				0	0	0
(5) RICHARD BARON BOARD MEMBER	1 00	х						0	0	0
(6) AMY LAURA CAHN BOARD MEMBER	1 00	х						0	0	0
(7) GLORIA CASAREZ BOARD MEMBER	1 00	х						0	0	0
(8) ANDY LAMAS BOARD MEMBER	1 00	х						0	0	0
(9) NAOMI LEAPHEART BOARD MEMBER	1 00	х						0	0	0
(10) ARUN PRABHAKARAN BOARD MEMBER	1 00	х						0	0	0
(11) AISSIA RICHARDSON BOARD MEMBER	1 00	х						0	0	0
(12) TSWANA SEWELL BOARD MEMBER	1 00	х						0	0	0
(13) ELLEN SOMEKAWA BOARD MEMBER	1 00	х						0	0	0
(14) CASEY COOK EXECUTIVE DIRECTOR	40 00	х		х				84,065	0	10,454
μ										

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

	(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e thai	n one son er ai	e bo ıs bo nd a	x, oth		Repo compe fror organiz	D) ortable ensation m the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	amo cor orga	npens from t nızatı	other ation he on and
		for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relate janiza	
1b	Sub-Total			•		•		*						
c d	Total from continuation sheets: Total (add lines 1b and 1c) .						_	<u>-</u>		84,065		0		10,454
2	Total number of individuals (inclusive state of the state	udıng but not lın	nited to	thos		ted	above) who	o receive	d more tha	ın			
3	Did the organization list any forr on line 1a? <i>If "Yes," complete Sch</i>				e, k	ey e	mploy •	ee, o	or highest	compens	ated employee	3	Yes	No
4	For any individual listed on line 1 organization and related organization.											4		No
5	Did any person listed on line 1a services rendered to the organiz	ation? <i>If</i> "Yes," (anızatıon d	or individual for •	5		No
Se1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
	-	(A) ne and business add	dress							Desc	(B) ription of services	С	(C) ompens	
	Fotal number of independent conti \$100,000 of compensation from t			ot lın	nited	d to	those	liste	d above)	who recei	ved more than			

Part v		Statement 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
\$ \$	1a	Federated campaigns 1a	55,277				
<u>=</u> =	ь	Membership dues 1b					
ಕ್ರಾ							
હું₩	С	Fundraising events 1c	64,724				
無 表	d	Related organizations 1d					
ું ≣	e	Government grants (contributions) 1e					
동종	f	All other contributions, gifts, grants, and 1f	481,462		ŀ		
美量	"	similar amounts not included above					
毫蒙	g	Noncash contributions included in					
₽ĕ		lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	601,463			
			Business Code				
e≘	3-	ADMINISTRATIVE FEES		2.270	2.270		
ě	2a	ADMINISTRATIVE FEES	900099	2,278	2,278		
28	Ь						
o.	С						
<u> </u>	d						
ď	e						
Ē							
Program Serwce Revenue	f	All other program service revenue					
ΔŤ	g	Total. Add lines 2a-2f		2,278			
	3	Investment income (including dividend		-, 9			
		and other similar amounts)	-	22,715			22,715
	4	Income from investment of tax-exempt bond p	<u> </u>	,:			,
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental expenses					
	c	Rental income					
		or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount 481,050 from sales of					
		assets other					
	١.	than inventory Less cost or 471,404					
	b	other basis and					
		sales expenses					
	С	Gain or (loss) 9,646					
	d	Net gain or (loss)		9,646			9,646
	8a	Gross income from fundraising					
÷		events (not including					
듄		of contributions reported on line 1c)					
è		See Part IV, line 18					
Œ		a	18,809				
<u> </u>	ь	Less direct expenses b	31,106				
Other Revenue	c	Net income or (loss) from fundraising e		-12,297			-12,297
_	9a	Gross income from gaming activities	·	·			
		See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activ	ities				
	10a	Gross sales of inventory, less	ļ				
		returns and allowances '. a					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inve	ntory 🟲				
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	c						
		All other revenue					
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶				
	12	Total revenue. See Instructions					
	12	iotal levenue. See Instructions	•	623,805	2,278	0	20,064

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	heck if Schedule O contains a response to any question in this Part IX	<u></u>			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	73,929	73,929		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	20,000	20,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	97,516	78,012	9,752	9,752
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	86,847	78,648		8,199
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	1,776	1,603		173
9	Other employee benefits	7,616	4,808	1,263	1,545
10	Payroll taxes	12,702	10,947	507	1,248
11	Fees for services (non-employees)				
а	Management				
ь	Legal				_
С	Accounting				
d	Lobbying				-
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	5,407	5,407		
g	Other	18,098	12,276	452	5,370
12	Advertising and promotion	13,030	12,213		
13	Office expenses	44,162	28,142	674	15,346
14	Information technology	6,289	5,443	241	605
15	Royalties	3,283	3,113	2.12	
16	Occupancy	34,263	29,552	1,345	3,366
17	Travel	2,585	1,782	662	141
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,333	2,732	332	
19	Conferences, conventions, and meetings	5,119	3,518	637	964
20	Interest	,			
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	4,012	3,461	157	394
23	Insurance	3,334	2,875	131	328
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PROFESSIONAL FEES	30,133	25,990	1,183	2,960
b	SPECIAL EVENTS NONDIREC	14,690	7,345	0	7,345
c	CAMPAIGN EXPENSE	8,134	3,685	0	4,449
d	GRANTS ADMIN EXPENSES	986	986	0	0
e					
f	All other expenses	363	363		
25	Total functional expenses. Add lines 1 through 24f	477,961	398,772	17,004	62,185
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-		orm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 48,533 176,674 1 1 196,313 212.861 2 2 Savings and temporary cash investments 3 58,909 89,726 3 4 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 6 Schedule L 10,000 7 10,000 8 9 14.060 9 14.087 Prepaid expenses and deferred charges 10a 25,075 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 15,931 b Less accumulated depreciation 7,012 10c 9,144 1,069,121 1,106,249 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 36,061 15 15 37,298 1,440,009 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,656,039 21,874 25,294 17 17 Accounts payable and accrued expenses . 18 27.500 18 89,505 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 49,374 26 114,799 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 548,813 27 636,532 Unrestricted net assets 810,822 28 873,708 28 Temporarily restricted net assets Fund 29 31,000 29 31,000 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 1.390.635 33 1,541,240 34 Total liabilities and net assets/fund balances 1.440.009 1.656.039 34

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		e	523,80
2	Total expenses (must equal Part IX, column (A), line 25)	2			177,96
3	Revenue less expenses Subtract line 2 from line 1	3		1	.45,84
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,3	390,63
5	Other changes in net assets or fund balances (explain in Schedule O)	5			4,76
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,5	541,24
Par	The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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 t 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 is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	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?	•	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization BREAD AND ROSES COMMUNITY FUND

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

D-	T	Dono	for D.	.blic Charity Cta	tue (Allow	~~ n.= ~ t.o.	ne must som	nlata this	23-204/			
	rt I			ublic Charity Sta te foundation becaus		_		•	<u> </u>	iristructioi	15	
1	rigaiii			ion of churches, or a								
2	<u>'</u>		•	d in section 170(b)(1			•	U)(±)(¤)(i)	•			
_	<u>'</u>							am 170(h)(:	1)(A)(:::)			
3	<u> </u>			operative hospital se						(4) (4) ()		
4	ı		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									
5	Γ	_	-	perated for the benefi	_	e or univer	sity owned or	operated by	a governme	ntal unıt de	scribed in	
	_			(A)(iv). (Complete P	•							
6		A feder	al, state, o	r local government o	governmen	tal unit de	scribed in sect	ion 170(b)	(1)(A)(v).			
7	<u>~</u>	describ	ed ın	at normally receives (A)(vi) (Complete P		al part of it	s support fron	n a governn	nental unit or	from the ge	eneral pub	IC
8	Г			t described in sectio		A)(vi) (C	omplete Part I	Τ)				
9	_			at normally receives					ributions me	mbershin fe	ees, and di	055
_	'	_		vities related to its e	• •		• •		•	•		033
				ross investment inco								c
		• •	_	ganization after June				•		. tux/iioiii	Dusinesse	3
0	_			ganization after June ganized and operated								
1	<u>'</u>	_		ganized and operated						.		6
		one or r the box	nore public	ly supported organization in the type of supported by Type I	ations descr orting organ	ribed in sec lization and	ction 509(a)(1	.) or sectiones 11e thro	n 509(a)(2) : ugh 11h	See section). Chec
e f g	,	other the section of the or check the Since A	ian foundat 509(a)(2) rganization his box ugust 17,	received a written d	her than one	or more p	ublicly suppor	ted organiz	ations descri pe II or Type	bed in sect	ion 509(a)(1) or
			g persons? rson who d	rectly or indirectly c	ontrols, eith	er alone o	r toaether with	persons de	escribed in (ii)	Ye:	s No
				governing body of th			_	, p = 1 = 1 = 1	(1g(i)	110
		• •	•	er of a person descri			Lacion				1g(ii)	+
			-	lled entity of a perso) above?				Lg(iii)	+
h				ng information about							<u>.g()</u>	<u> </u>
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e ion in ted in erning	Did you no organiza col (i) o suppo	otify the tion in f your	(vi Is t organiza col (i) or in the	he ition in ganized	Am	(vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No		
								1				
								†				
							1					
							+	+				
								+				
ota								+				

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 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.)

	under Part III. If the ection A. Public Support	organization f	alls to qualify t	inaer the tests i	istea pelow, ple	ease co	mpietė i	art III.)
	endar year (or fiscal year beginning	(2) 2007	(b) 2000	(a) 2000	(4) 2010	(-) 2	011	(6) Total
	ın)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	612,11	576,61	5 537,435	493,145		601,463	2,820,773
,	grants ") Tax revenues levied for the							
2	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							
	Total. Add lines 1 through 3	612,11	5 576,61	5 537,435	493,145		601,463	2,820,773
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							606,717
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from							2,214,056
	line 4							2,214,036
	ection B. Total Support		T					
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011	(f) Total
7	A mounts from line 4	612,115	576,615	537,435	493,145		601,463	2,820,773
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties	40,030	38,029	22,330	21,321		22,716	144,426
	and income from similar sources	.5,555	55,525	,	,			
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	112,608	25,883	23,940	13,802		18,809	195,042
11	Total support (Add lines 7 through 10)							3,160,241
12	Gross receipts from related activities					12		18,574
13	First Five Years If the Form 990 is to check this box and stop here			, thırd, fourth, or fı	fth tax year as a	501(c)(i	3) organız	ation, ▶□
S€	ection C. Computation of Pub Public Support Percentage for 2011			11 column (f))				70.060.00
				II Column (1))		14		70 060 %
15	Public Support Percentage for 2010	•	-		1 1 22 1 100/	15	-11-4	66 970 %
16a	33 1/3% support test—2011. If the and stop here. The organization qua				ine 14 is 33 1/3%	or more	e, cneck t	nis dox ► ✓
b	33 1/3% support test—2010. If the				a, and line 15 is 3	33 1/3%	or more,	
	box and stop here. The organization				10.16 161			► □
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organization							
	in Part IV how the organization mee							ed
	organization							► □
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ							
	Explain in Part IV how the organization							
	supported organization							► □
18	Private Foundation If the organizations	on did not check	a box on line 13,	. 16a, 16b, 17a or	17b, check this	box and	see	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493038005023

OMB No 1545-0047

Political Campaign and Lobbying Activities

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	or t	ne org	anızat	lon	
BREAD	AND	ROSES	COMM	UNITY	FUND

Employer identification number

23-2047297

Part I-A	Complete if the org	janization is exem	pt under section 501	L(c) or is a section	527 org	ganization.
----------	---------------------	--------------------	----------------------	-----	-------------------	---------	-------------

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures
- 3 Volunteer hours

Part I-B	Comp	lete if	the or	ganization	is exem	pt under	section	501(c)(3)	

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Yes

☐ Yes

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) 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 -

i Subtract line 1f from line 1c If zero or less, enter -0-

	······································	ı agı
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 576	8 (election
	under section 501(h)).	

Α	Check	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		expenses, and share of excess lobbying expenditures)

3	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
1a	Total lobbying expenditures to influence public of	pinion (grass roots lobbying)	8,102	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	5,301	
c	Total lobbying expenditures (add lines 1a and 1	o)	13,403	
d	Other exempt purpose expenditures		402,373	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	415,776	
f	Lobbying nontaxable amount Enter the amount columns	83,155		
	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)	20,789	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

_	Voc	N
	res	 INC

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.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total				
2a	Lobbying non-taxable amount	108,940	78,197	97,224	83,155	367,516				
b	Lobbying ceiling amount (150% of line 2a, column(e))					551,274				
_c	Total lobbying expenditures	12,561	9,000	16,250	13,403	51,214				
d_	Grassroots non-taxable amount	30,504	19,549	24,306	20,789	95,148				
е —	Grassroots ceiling amount (150% of line 2d, column (e))					142,722				
f_	Grassroots lobbying expenditures	12,061	5,000	8,750	8,102	33,913				

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)		(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es 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?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

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DLN: 93493038005023

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

	•	orm 990. F See separate instructions.			Tushec			
	I me of the organization EAD AND ROSES COMMUNITY FUND		Employer identification number					
Da	art I Organizations Maintaining Donor Ac	dvised Funds or Other Similar Fu			Comple	te if the		
	organization answered "Yes" to Form 99	0, Part IV, line 6.	ilius oi	Accounts.	Compic	te ii tiie		
		(a) Donor advised funds	(b)	Funds and ot	heraccou	nts		
1	Total number at end of year							
2	Aggregate contributions to (during year)	9,747						
3	Aggregate grants from (during year)	Aggregate grants from (during year) 15,274						
4	Aggregate value at end of year	33,263						
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	5	or advise	d	√ Yes	┌ No		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beneated on the conferring impermissible private benefit	efit of the donor or donor advisor, or for an	y other p		✓ Yes	┌ No		
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 9	<u> 990, Part IV</u>	line 7.			
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	on or pleasure)	ertified h	nistoric structi	ure			
	Tabal mumban of accompanies and accompanies	-		Held at the I	nd of the	Year		
a	Total number of conservation easements	-	2a					
Ь	· ·	-	2b					
С		` '	2c					
d	Number of conservation easements included in (c) ac		2d					
3	Number of conservation easements modified, transfe the taxable year -	rred, released, extinguished, or terminated	d by the o	organization d	uring			
4	Number of states where property subject to conserva	ation easement is located ►	_					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of vi	olations, and	┌ Yes	┌ No		
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easeme	ents duri	ng the year 🛌				
7	Amount of expenses incurred in monitoring, inspectines	ng, and enforcing conservation easements	during th	he 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	tion		┌ Yes	┌ No		
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial						
Pai	rt IIII Organizations Maintaining Collectio		or Othe	r Similar A	ssets.			
_	Complete if the organization answered "	·		Jamas altaat	ء - ساد - ج			
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 furth			e,		
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 SFAS		r financia					

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	, His	torio	cal Tr	<u>easur</u>	es, or O	<u>ther</u>	Similar As	sets	(cor	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	-		-		e of its collect	ion		
а	Public exhibition		d	Г	Loan	or excha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	furthe	r the or	ganızatıon	's exe	empt purpose i	n		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than it									– Ye	:S	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	organı	zatıon						,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					tions or	other ass	ets n		– Ye	:S	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	ıble		Г		Δ m	ount		
_							-		АП	iount	—	
C C	Beginning balance						-	1c			—	
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo		e 21?							_ Ye	S	∏ No
b	If "Yes," explain the arrangement in Part XI\											
Pai	rt V Endowment Funds. Complete									(-)F-		
1.	Paginning of year halance	(a) Current Year 456,480	(b)	Prior Y	ear 426,618	(c) I Wo	Years Back 400,174	_	hree Years Back 473,465	(e)F0	ur Ye	ars Back
1a L	Beginning of year balance	130,100			120,010		100,17		173,103			
b	Contributions	8,818			79,862		26,444		-73,291			
с	Investment earnings or losses	0,010			50,000		20,444		-73,291			
d	Grants or scholarships				50,000							
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	465,298		4	156,480		426,618	3	400,174			
2	Provide the estimated percentage of the year	r end balance held a	as									
а	Board designated or quasi-endowment	93 340 %										
b	Permanent endowment ► 6660 %											
c 3a	Term endowment ► Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held	l and ad	ministered	l for t	he			
Ju	organization by	ssion of the organiz	acion	ciiac a	i c iicia	ana aa	mms ceree	. 101 6	110	Y	es	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	•							3t	<u> </u>		
4	Describe in Part XIV the intended uses of th											
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	irt X,	line 1	.0.	1					
	Description of property				a) Cost o sıs (ınve		(b)Cost or basis (oth		(c) Accumulate depreciation	d (d) Bo	ok value
1a	Land											
b	Buildings											
	Leasehold improvements											
d I	Equipment						2	5,075	15,	931		9,144
e	Other											
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		nn (B)), line	10(c).)		·		►	$\neg \uparrow$		9,144
	•	· · · · · · · · · · · · · · · · · · ·	. ,						Schedule D	(For	m 99	

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	623,805
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	477,961
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	145,844
4	Net unrealized gains (losses) on investments	4	4,761
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	4,761
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	150,605
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	659,672
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	35,867
3	Subtract line 2e from line 1	3	623,805
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		
b	Other (Describe in Part XIV)		
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	623,805
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	509,067
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 31,106		
e	Add lines 2a through 2d	2e	31,106
3	Subtract line 2e from line 1	3	477,961
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 XIV)		
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	477,961
Pai	rt XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	INTENDED USE OF THE ENDOWMENT FUND TO PROVIDE GRANTS TO ORGANIZATIONS WORKING FOR SOCIAL CHANGE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		UNCERTAIN TAX POSITIONS UNDER FIN 48 THE ORGANIZATION BELIEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN FIN 48 AND, AS A RESULT, THE ADOPTION OF FIN 48 HAS HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT-DIRECT EXPENSES 31,106
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT-DIRECT EXPENSES 31,106

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DLN: 93493038005023

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

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.

Open to Public Inspection

Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization **Employer identification number** BREAD AND ROSES COMMUNITY FUND 23-2047297 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations f ☐ Solicitation of government grants Internet and e-mail solicitations Phone solicitations g | Special fundraising events ☐ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes 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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
			(a) Event #1 A TRIBUTE TO CHANGE ANNUAL DINNER	(b) Event #2	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))	
			(event type)				
IME	1	Gross receipts	83,533	3		83,533	
Revenue	2	Less Charitable contributions	64,724	4		64,724	
	3	Gross income (line 1 minus line 2)	18,809	9		18,809	
	4	Cash prizes					
မှ	5	Non-cash prizes					
Expenses	6	Rent/facility costs	21,250	D		21,250	
ă	7	Food and beverages					
Direct	8	Entertainment					
ā	9	Other direct expenses .	9,856	5		9,856	
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n (d)	🛌	(31,106)	
	11	Net income summary Combine li	nes 3 and 10 ın column ((d)		-12,297	
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
	1 (Gross revenue					
sesue	2 (Cash prizes					
pens	ε (Non-cash prizes					
Direct Expe	4	Rent/facility costs					
즈	5 (Other direct expenses					
	6 \	Volunteer labor	┌ Yes	☐ Yes	┌ Yes ┌ No	_	
	7 [Direct expense summary Add line:	s 2 through 5 in column i	(d)	🕨	()	
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)			
9 a b	Is th	er the state(s) in which the organizate ne organization licensed to operate lo," Explain	gaming activities in eac	h of these states?			
	Were	e any of the organization's gaming les," Explain	icenses revoked, suspe	nded or terminated during	the tax year?		

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			_ No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493038005023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
BREAD AND ROSES COMMUNITY FUND

Employer identification number

23-2047297

Part II Grants and Other	<u>_</u>	Governments and	of grant funds in the L		Complete if the or	nanization answered	l "Ves" to
Form 990, Part IV	, line 21 for any r	ecipient that received i) if additional space i	more than \$5,000.	Check this box if n	io one recipient rece	ived more than \$5,0	00. 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
(1) GREATER PHILADELPHIA URBAN AFFAIRS COALITION1207 CHESTNUT STREET PHILADELPHIA,PA 19107	23-7046393	501(C)(3)	11,000				GENERAL O PERATIO N
(2) PHILADELPHIA FIGHT 1233 LOCUST STREET 5TH FLOOR PHILADELPHIA,PA 19107	23-2625934	501(C)(3)	6,505				GENERAL O PERATIO N
(3) RECONSTRUCTION INC PO BOX 7691 PHILADELPHIA, PA 19101	23-2644453	501(C)(3)	20,000				GENERAL O PERATIO N
(4) SIMPLE WAY THEPO BOX 14751 PHILADELPHIA,PA 19134		501(C)(3)	9,000				GENERAL O PERATIO N

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(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
(1) SCHOLARSHIPS	8	20,000			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PROCDEURES FOR MONITORING USE OF GRANT FUNDS THE ORGANIZAITON
MONITORING GRANTS		PERFORMS DUE DILIGENCE TO VERIFY THE GRANTEE'S TAX-EXEMPT STATUS
IN THE U S		

Schedule I (Form 990) 2011

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DLN: 93493038005023

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

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Name of the organization BREAD AND ROSES COMMUNITY FUND					Employer identification number				
DIVLA	D AND ROSES COMMONITY TOND				23-2047297				
Pa	rt I Types of Property								
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of do contribution	etermı	_		
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional Interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	Х	6	76,504	NYSE FMV - AVERA	A G E			
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—O ther								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	O ther ▶()								
27	Other ▶()								
28	O ther ▶ ()								
29	Number of Forms 8283 received for which the organization complete.				29				
							Yes	No	
30a	During the year, did the organiza								
	must hold for at least three year	s from the	date of the initial contribution	on, and which is not require	ed to be used				
	for exempt purposes for the enti	re holding p	period?			30a		No	
b	If "Yes," describe the arrangem	ent in Part	II						
31	Does the organization have a gif	t acceptan	ce policy that requires the i	eview of any non-standard	contributions?	31		No	
32a	Does the organization hire or us contributions?	e third part • • •	=	to solicit, process, or sell	non-cash	32a	Yes		
b	If "Yes," describe in Part II								
	If the organization did not report	trevenues	ın column (c) for a type of p	roperty for which column (a	a) is checked,				

describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	,	THE ORGANIZATION DOES NOT HAVE A FORMAL STOCK DONATION POLICY ALL STOCK DONATIONS RECEIVED ARE IMMEDIATELY SOLD (IF NO RESTRICTIONS IMPOSED BY DONORS) AND INVESTED IN FUNDS

Schedule M (Form 990) 2011

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DLN: 93493038005023

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

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
	FORM 990, PART VI, SECTION B, LINE 12C	MONITORING AND ENFORCEMENT OF CONFLICTS POLICY EACH VOTING MEMBER OF THE GOVERNING BODY IS REQUIRED TO COMPLETE AND SIGN THE DISCLOSURE STATEMENT ANNUALLY
	FORM 990, PART VI, SECTION B, LINE 15A	PROCESS FOR DETERMINING COMPENSATION 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
	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 ARE PROVIDED ON REQUEST THEY ARE ALSO AVAILABLE FOR INSPECTION AT THE ORGANIZATION'S OFFICE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 4,761

Additional Data

Software ID:

Software Version:

EIN: 23-2047297

Name: BREAD AND ROSES COMMUNITY FUND

Form 990, Special Condition Description:

Special Condition Description