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Schedule B

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

Schedule of Contributors

OMB No 1545-0047

TAX
YEAR
2013 2012* Attach to Form 990 Form 990-EZ or Form 990-PF
Information about Schedule B (Form 990 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

Name of the organization

THE ROSA FOUNDATION

Employer identification number

26-4789406

Organization type (check one)

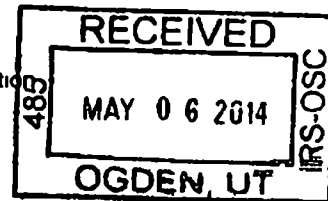
Filers of

Section

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

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

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

General Rule



For an organization filing Form 990 990-EZ or 990-PF that received during the year \$5 000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor during the year a contribution of the greater of (1) \$5 000 or (2) 2% of the amount on (i) Form 990 Part VIII line 1h or (ii) Form 990-EZ line 1 Complete Parts I and II
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor during the year total contributions of more than \$1 000 for use exclusively for religious charitable scientific literary or educational purposes or the prevention of cruelty to children or animals Complete Parts I II and III
- ☐ For a section 501(c)(7) (8) or (10) organization filing Form 990 or 990-EZ that received from any one contributor during the year contributions for use exclusively for religious charitable etc purposes but these contributions did not total to more than \$1 000 If this box is checked enter here the total contributions that were received during the year for an exclusively religious charitable etc purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious charitable etc contributions of \$5 000 or more during the year

Caution An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990 990-EZ or 990-PF) but it must answer (No) on Part IV line 2 of its Form 990 or check the box on line H of its Form 990-EZ or on its Form 990-PF Part I line 2 to certify that it does not meet the filing requirements of Schedule B (Form 990 990-EZ or 990-PF)

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

(a) No	(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SALLY GODARD & RON OLISAR 3300 NW HILL RD MC MINNVILLE, OR 97128	\$ 9,000 ⁰⁰	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

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

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		NONE \$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	--	\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	--	\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	--	\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	--	\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	--	\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	--	\$	

N/A

Name of organization

Employer identification number

26-4789406

Part III Exclusively religious charitable etc individual contributions to section 501(c)(7) (8) or (10) organizations that total more than \$1 000 for the year Complete columns (a) through (e) and the following line entry For organizations completing Part III enter the total of exclusively religious charitable etc contributions of \$1 000 or less for the year (Enter this information once See instructions) a \$

Use duplicate copies of Part III if additional space is needed

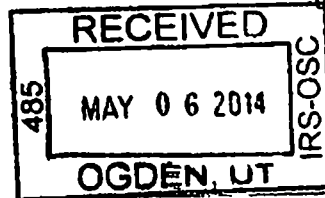
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	--		--
	(e) Transfer of gift		
	Transferee's name address and ZIP + 4		Relationship of transferor to transferee
			--
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held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

- CISJRJ6GFL

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Apr 03, 2014 LTR 2697C 0 R
26-4789406 201212 44

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THE ROSA FOUNDATION
3300 NW HILL RD
MCMINNVILLE OR 97128



DECLARATION

033740

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee

4/13/2014

Date

PRESIDENT

Title