

Form 990-EZ

Short Form 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)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable: C THE ROCKLAND COMMUNITY FOUNDATION P.O. BOX 323 NEW CITY, NY 10956
D Employer identification number 76-0729108
E Telephone number 845-947-2868
F Group Exemption Number

G Accounting Method: Cash X Accrual Other (specify)
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.ROCKLANDCOMMUNITYFOUNDATION.ORG

J Tax-exempt status (ck only one) X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 119,704.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I X

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (117,347); 2 Program service revenue; 3 Membership dues and assessments; 4 Investment income (176); 5a Gross amount from sale of assets; 6 Gaming and fundraising events; 7a Gross sales of inventory; 8 Other revenue; 9 Total revenue (117,523); 10 Grants and similar amounts paid; 11 Benefits paid; 12 Salaries; 13 Professional fees; 14 Occupancy; 15 Printing; 16 Other expenses (SEE SCHEDULE O); 17 Total expenses (27,391); 18 Excess or (deficit) for the year (90,132); 19 Net assets at beginning (96,487); 20 Other changes; 21 Net assets at end of year (186,619).

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.) SEE SCHEDULE O
 Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). SEE SCHEDULE O.	X	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.		
38b		N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.		N/A
b Gross receipts, included on line 9, for public use of club facilities.		N/A
39a		N/A
39b		N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
40b		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
40e		X
41 List the states with which a copy of this return is filed ▶ NY		

42a The organization's books are in care of ▶ RHEA VOGEL Telephone no. ▶ 845-947-2868
 Located at ▶ P.O. BOX 323 NEW CITY NY ZIP + 4 ▶ 10956

	Yes	No
b 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)? If 'Yes,' enter the name of the foreign country: .. ▶		X
42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: .. ▶		X
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
44b		X
c Did the organization receive any payments for indoor tanning services during the year?		X
44c		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		
44d		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.).	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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

Sign Here	Signature of officer <i>Patrick J. Byrne</i>	Date 4/15/11			
	Type or print name and title. PATRICK J BYRNE PRESIDENT-ROCKLAND COMMUNITY FOUNDATION				
Paid Preparer Use Only	Print/Type preparer's name DONALEE R. BERARD	Preparer's signature DONALEE R. BERARD	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00106728
	Firm's name ▶ BERARD & DONAHUE CPA'S PC	Firm's EIN ▶ 13-3774222		Phone no. (845) 357-5668	
	Firm's address ▶ 44 PARK AVE SUFFERN, NY 10901				
	May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization THE ROCKLAND COMMUNITY FOUNDATION	Employer identification number 76-0729108
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Part I 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.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% 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 33-1/3% 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. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Other
- e 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).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	3,459.	42,168.	4,885.	46,496.	119,528.	216,536.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	3,459.	42,168.	4,885.	46,496.	119,528.	216,536.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						216,536.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	3,459.	42,168.	4,885.	46,496.	119,528.	216,536.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				283.	176.	459.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						216,995.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	99.8 %
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	100.0 %
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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 yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

2010

Name of the organization

THE ROCKLAND COMMUNITY FOUNDATION

Employer identification number

76-0729108

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 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, aggregate 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 aggregate 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 their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

THE ROCKLAND COMMUNITY FOUNDATION

76-0729108

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JEROME AND SIMONA CHAZEN NY	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE ROCKLAND COMMUNITY FOUNDATION

76-0729108

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Name of organization

Employer identification number

THE ROCKLAND COMMUNITY FOUNDATION

76-0729108

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ **N/A**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(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	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ROCKLAND COMMUNITY FOUNDATION

Employer identification number

76-0729108

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO CONTRIBUTE TO COMMUNITY BETTERMENT PRIMARILY BY MAKING GRANTS TO CHARITABLE AND PUBLIC SERVICE CAUSES AND AGENCIES; TO DEVELOP, RECEIVE AND ADMINISTER ENDOWMENT FUNDS FROM PRIVATE SOURCES, FORM CHARITABLE PURPOSES THAT ARE PRIMARILY FOCUSED ON THE NEEDS OF ROCKLAND COUNTY; TO PROVIDE LEADERSHIP THAT ADDRESSES PERVASIVE COMMUNITY PROBLEMS; TO BUILD A PERMANENT AND UNRESTRICTED FUND TO BE DISTRIBUTED AT THE DISCRETION OF THE BOARD TO MEET CHANGING NEEDS; TO ATTRACT FUNDS DESIGNATED FOR SPECIFIC INSTITUTIONS OR SUBJECT TO GRANT RECOMMENDATIONS BY THEIR DONORS; TO SUSTAIN AGENCIES IN THEIR ONGOING OPERATIONS.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

TO CONTRIBUTE TO COMMUNITY BETTERMENT PRIMARILY BY MAKING GRANTS TO CHARITABLE AND PUBLIC SERVICE CAUSES AND AGENCIES; TO DEVELOP, RECEIVE AND ADMINISTER ENDOWMENT FUNDS FROM PRIVATE SOURCES, FORM CHARITABLE PURPOSES THAT ARE PRIMARILY FOCUSED ON THE NEEDS OF ROCKLAND COUNTY; TO PROVIDE LEADERSHIP THAT ADDRESSES PERVASIVE COMMUNITY PROBLEMS; TO BUILD A PERMANENT AND UNRESTRICTED FUND TO BE DISTRIBUTED AT THE DISCRETION OF THE BOARD TO MEET CHANGING NEEDS; TO ATTRACT FUNDS DESIGNATED FOR SPECIFIC INSTITUTIONS OR SUBJECT TO GRANT RECOMMENDATIONS BY THEIR DONORS; TO SUSTAIN AGENCIES IN THEIR ONGOING OPERATIONS.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

THE ROCKLAND COMMUNITY FOUNDATION

76-0729108

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	225.
BANK CHARGES AND FEES.....		448.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		460.
DONATIONS.....		17,930.
DUES & SUBSCRIPTIONS.....		885.
FILING FEES.....		30.
INSURANCE.....		887.
INTEREST.....		2.
OFFICE EXPENSES.....		496.
SCHOLARSHIPS.....		1,750.
TAXES.....		60.
TELEPHONE.....		395.
TRAVEL.....		200.
TOTAL	\$	<u>23,768.</u>

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DENNIS J. FLEMING P.O. BOX 323 NEW CITY, NY 10956	DIRECTOR 3.00	\$ 0.	\$ 0.	\$ 0.
RHEA VOGEL P.O. BOX 323 NEW CITY, NY 10956	SECRETARY & VP 3.00	0.	0.	0.
GORDON WREN PO BOX 323 NEW CITY, NY 10956	DIRECTOR 1.00	0.	0.	0.
JEFFERSON CROWTHER P.O. BOX 323 NEW CITY, NY 10956	DIRECTOR 1.00	0.	0.	0.
SIMONA CHAZEN, L.C.S.W. P.O. BOX 323 NEW CITY, NY 10956	DIRECTOR 1.00	0.	0.	0.
PATRICK BYRNE P.O. BOX 323 NEW CITY, NY 10956	PRESIDENT 3.00	0.	0.	0.
LANIE ETKIND P.O. BOX 323 NEW CITY, NY 10956	DIRECTOR 1.00	0.	0.	0.
DEBORAH THOMAS P.O. BOX 323 NEW CITY, NY 10956	TREASURER 1.00	0.	0.	0.

THE ROCKLAND COMMUNITY FOUNDATION

76-0729108

FORM 990-EZ, PART IV (CONTINUED)
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LAWRENCE CODISPOTI, ESQ. P.O. BOX 323 NEW CITY, NY 10956	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
MICHAEL RUNDLE P.O. BOX 323 NEW CITY, NY 10956	DIRECTOR 1.00	0.	0.	0.
JEFFREY KEAHON P.O. BOX 323 NEW CITY, NY 10956	DIRECTOR 1.00	0.	0.	0.
FRANK BORELLI P.O. BOX 323 NEW CITY, NY 10956	DIRECTOR 1.00	0.	0.	0.
EMILY DOMINGUEZ PO BOX 323 NEW CITY, NY 10956	DIRECTOR 1.00	0.	0.	0.
NEIL WINTER PO BOX 323 NEW CITY, NY 10956	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

Form CHAR500 This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2010 Open to Public Inspection
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1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) <u>01/01</u> / 2010 and ending (mm/dd/yyyy) <u>12/31/2010</u>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization THE ROCKLAND COMMUNITY FOUNDATION		d. Fed. employer ID no. (EIN) (##-####-####) 76-0729108
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 323		e. NY State registration no. (##-###-###) 40-13-98
	City or town, state or country and zip + 4 NEW CITY, NY 10956		f. Telephone number 845-947-2868
			g. Email

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	Printed Name	Title
			Date
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title
			Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)	Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.
	NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.
b. EPTL annual report exemption (EPTL registrants and dual registrants)	Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 and the assets (market value) did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.	
<i>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</i>	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?	___ Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	___ Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee.....	\$ <u>10.</u>
b. EPTL filing fee.....	\$ <u>50.</u>
c. Total fee	\$ <u>60.</u>
<i>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</i>	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see page 4 for required attachments	▶
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THE ROCKLAND
COMMUNITY FOUNDATION

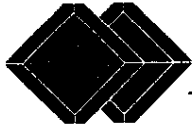
FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2010 AND 2009

THE ROCKLAND COMMUNITY FOUNDATION
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

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Statements of Assets, Liabilities and Net Assets-Cash Basis	2
Statements of Support, Revenue, and Expenses-Cash Basis	3



Berard & Donahue
CERTIFIED PUBLIC ACCOUNTANTS, PC

Donalee R. Berard, C.P.A.
John T. Donahue, C.P.A.

Independent Accountant's Compilation Report

To the Board of Directors of
The Rockland Community Foundation
New City, NY 10956

We have compiled the accompanying statement of Assets, Liabilities and Net Assets – Cash Basis of The Rockland Community Foundation (a nonprofit organization) as of December 31, 2010 and 2009, and the related statements Support, Revenue and Expenses – Cash Basis for the years then ended.

We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures required by generally accepted accounting principles. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Organization's financial position, changes in net assets, and cash flows. Accordingly, these financial statements are not designed for those who are not informed about such matters.

Berard & Donahue CPA's PC
Berard & Donahue, CPA's PC
February 2, 2011

www.berarddonahue.com

44 Park Avenue, Suffern, NY 10901
Suffern · T. 845-357-5668 F. 845-357-5637

32 Ball St., P.O. Box 3108, Port Jervis, NY 12771
Port Jervis · T. 845-856-5237 F. 845-856-5239

**THE ROCKLAND COMMUNITY FOUNDATION
STATEMENTS OF ASSETS, LIABILITIES AND NET ASSETS-CASH BASIS
DECEMBER 31, 2010 AND 2009**

	2010	2009
ASSETS		
Current assets		
Cash	\$ 3,437	\$ 1,111
Investments	183,182	95,376
Total current assets	\$ 186,619	96,487
Total assets	\$ 186,619	\$ 96,487
LIABILITIES AND NET ASSETS		
Liabilities	none	none
Unrestricted Net Assets	\$ 3,428	\$ 12,278
Board Restricted Net Assets		
Environment Fund	13,621	13,257
Art Fund	10,659	11,757
Andrew Norman Social Justice Fund	13,621	13,257
Women and Girls Fund	10,503	11,507
Education Fund	11,544	14,507
Health and Human Services Fund	4,969	5,882
Haverstraw Holiday Meals Fund	270	-
Founders Fund	8,439	-
Total Board Restricted Net Assets	73,626	70,167
Total Unrestricted Net Assets	77,054	82,445
Temporarily (Donor) Restricted Net Assets		
Wells Remy Crowther Charitable Trust Fund	756	6,386
Friends of Haverstraw Playground Fund	-	7,656
Chazen Spirit of Rockland Fund	99,488	-
Fleming-Fleur Fund	7,326	-
Hi-Tor Preservation Fund	1,995	-
Total Temporarily Restricted Net Assets	109,565	14,042
Permanently Restricted Net Assets	-	-
Total Net Assets	\$ 186,619	\$ 96,487

See accountant's report.

**THE ROCKLAND COMMUNITY FOUNDATION
STATEMENTS OF SUPPORT, REVENUE AND EXPENSES-CASH BASIS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009**

	<u>2010</u>	<u>2009</u>
Support and Revenue		
Support - Contributions	\$ 114,913	\$ 46,496
Fund Raising Events (Net of Expenses of \$2,181)	2,434	-
Dividend Income	171	283
Unrealized Gain on Investment	5	-
Total Support and Revenue	<u>117,523</u>	<u>46,779</u>
 Expenses		
Program Services		
Donations	17,930	15,000
Scholarships	1,750	-
Consulting Services	1,441	-
Dues & Subscriptions	885	-
Postage and Printing	681	-
Office Expense	499	80
Meetings & Functions	460	372
Telephone	395	-
Marketing	225	21,702
Travel	200	-
Fees	-	575
Total program services	<u>24,466</u>	<u>15,452</u>
 Supporting Services		
Accounting Fees	1,500	75
Insurance - D&O	887	863
Bank and Broker Fees	448	294
State Filing Fees	90	50
Total supporting services	<u>2,925</u>	<u>1,282</u>
 Total expenses	<u>27,391</u>	<u>16,734</u>
 Change in Net Assets	90,132	30,045
 Net Assets-Beginning of Year	<u>147,313</u>	<u>117,268</u>
 Net Assets-End of Year	<u>\$ 237,445</u>	<u>\$ 147,313</u>

See accountant's report.



April 8, 2011

State of New York
Office of the Attorney General
1202 Broadway-3rd Floor
New York, NY 10271-0332

RE: The Rockland Community Foundation

EIN: 76-0729108

NYS Reg No: 41-13-98

Tax Period: December 31, 2010

Prior Name : Community Foundation of Rockland County

Dear Sir or Madam:

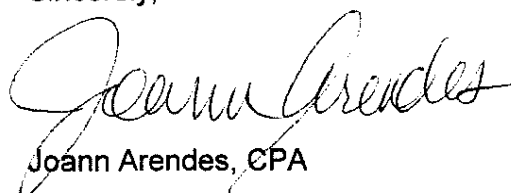
We are seeking a waiver of the review requirement for 2010. Please consider the following facts:

- This is the first time in the agency's existence that they have surpassed the \$100,000 support and revenue threshold. This was due to one large donation of \$100,000. Please see the attached 990 Schedule A, which shows that their revenue history has always been under \$50,000.
- The agency has little unrestricted cash and this requirement would be a severe hardship on them.

We hope that after reviewing the aforementioned circumstances you will allow the Organization a waiver of the review requirement for 2010. A copy of their compiled financial statements is attached to the CHAR 500.

Thank you for your consideration into this matter.

Sincerely,


Joann Arendes, CPA

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	3,459.	42,168.	4,885.	46,496.	119,528.	216,536.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	3,459.	42,168.	4,885.	46,496.	119,528.	216,536.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						216,536.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	3,459.	42,168.	4,885.	46,496.	119,528.	216,536.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				283.	176.	459.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						216,995.
12 Gross receipts from related activities, etc (see instructions)					12	0.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	99.8 %
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	100.0 %

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.