

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



# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

➤ Do not enter Social Security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the 2	013 calen	dar year, or tax	year begir	nning	-	, 20	)13, and	endin	<del></del> g		,			
	Check if app		C Name of organ		sedale De	velopme					D Emplo	yer Identi	fication Numb	er	
	Addres	s change	Doing Business				_	_	•		48-	08864	413		
	Name o	-			x if mail is not deliv	ered to street ad	dress)		Room/s	uite	E Telepi	one numb	er		
	Initial re	-	1403 Sout	hwest P	Roulevard						(91	3) 6	77-5097	,	
	Termin				country, and ZIP o		code				1				
	H	ed return	Kansas Cı	tv			K	(S 66	103		G Gross	receipts 5	\$ 257,	659.	
	H-1	tion pending	F Name and add		officer					H(a) Is this				Yes	XNo
		don ponding	John P. Kornha			d Kansas	City	KS 66	103	H(b) Are all If 'No,'	subordinate	s included?	·	Yes	No
<del></del>	Tay-even	npt status	X 501(c)(3)	501(c) (	) <b>(in</b> s		4947(a)(1	<del></del>	527	If 'No,'	attach a list	(see instru	ictions)	-	
<u>'</u>	Websit	•	sedale.or	<del></del>	) (111.	scit iio )	17777(0)(1	1701		H(c) Group	evemntion n	umber ►			
<del>K</del>		rganization	X Corporation	Trust	Association	Other >		L Year of					gal domicile	KS	
		Summar		Trust	Association	Other		L Teal Of	TOTTIAUC	<u>" 197</u>	0   1111	State of te	gardonnidie	N.S	
(E)			y oe the organizat	ion's mission	n or most sign	ificant activit	160	Noigh	horl	and a	nd Cor	muni	ty Deve	lopr	ment
			land_use_										r T De ve	7.05	<u></u>
Governance		uth pr	ogramming	Silbbo	rting ne	ghborh	ood as	SOCIA		s and	provi	dina			
E,			ice to res										ns.		
Ş			x > If the												
ĕ	3 Nu	mber of vo	ting members o	f the govern	ing body (Part	VI, line 1a)						3_			<u>15</u>
య			dependent votin	-								4			15
ij			of individuals ei	. •	-	•						5	· · · · ·		20
Activities &			of volunteers (e									6			400
Ă.			d business reve									7a 7b			<u>0.</u>
	b Ne	t unrelated	business taxab	le income fr	om Form 990								C	-4 V	
	0 0-		(D	437III J 4	/	RF	CEIV	//==			Prior Year		Curre		
e			and grants (Par			indian man	ZE! A	בט ב	· · · // ·		185 <u>,</u>	812.		202,	550.
Revenue			rice revenue (Pa come (Part VIII,						' أن		30,	012.		55,	<u> </u>
æ	10 mv	osument in	e (Part VIII, colu	mn (A) line	s 5 6d 8c /9c	10c and 1	1872	014	Ø[::						
	12 Tot	tal revenue	e (r art vm, cold e add lines 8 t	hrough 11 (	must equal Pa	ri⊽ili∵colup	an (A). line	e 12)	ΧJ		236,	107.		57,6	659.
			milar amounts p				CA:		<u> </u>	1	2007	- 0 / 1	<del>-</del>	, .	
			to or for member				EIN, L	JT.	.l						
			er compensation				A) lines 5	5-10)	J		149,	333	1	32,3	325.
Ses			fundraising fees	-			, ,,, ,	,		<u> </u>	117,	5.55.		. 52 / 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Expenses			_	· ·						1.58 188	C CANAL S	Circle and it		del region	of Kalen.
꿃			sing expenses (F						64.				rist del 📈		
		· ·	es (Part IX, colu								110,				463.
	1	•	es Add lines 13		-						259,				788.
- <del>x 8</del>	<b>19</b> Re	venue less	expenses Sub	tract line 18	from line 12	<u> </u>	· · · ·		• • • •		-23,				<u>871.</u>
a a										Beginni	ng of Curr			of Yea	
Asa Bal	<b>20</b> Tot		(Part X, line 16)								191,			215,	
Net Assets	<b>21</b> Tot	tal liabilitie:	s (Part X, line 26	o)								400.			388.
	22 Ne		fund balances	Subtract line	e 21 from line	20		· · · · ·			174,	275.	2	205,	<u>146.</u>
Pa	irtill 🔐	Signatu	re Block										. <u> </u>		
Unde	er penalties d	of perjury, I dec	clare that I have exan	nined this return	, including accomp	anying schedule	s and statem	nents, and to	o the be	st of my know	vledge and b	elief, it is tr	ue, correct, an	d	
		T.	er (outer trial) officer	N A	12/2	A property reads		<del></del>		ı	-1/2/2	0/	0/1/		
		Signati	ure of officer	ALJU	herm		<del></del>			<u>_</u>	10/7 ate	0/2	-014		
Siç		Signate	ire or officer	J								•			
He	re		n P. Korn	naus					_	Trea	surer				
_			r print name and title		[dana-dana	-	<del></del>	- I D. 4			1	<del></del>	PTIN		<del></del>
		Print Type p	oreparer's name		Preparer's signa	arrie /	$\bigwedge$	Date			Check	△"			
Pa		Lisa i		CPA			- Nu	<u>410</u>	/23/	14	self-emplo	yed	P00350	492	
	eparer	Firm's name	. ==00		_ /						4			_	
US	e Only	Firm's addre	Firm's address 5559 NW Barry Road, Suite 334						Firm's EIN ► 23-2754265						
			Kansa	s Cıty	_		MO 64	<u> 1154-1</u>	408		Phone no	(816			
Ma	v the IRS	discuss thi	is return with the	preparer s	hown above?	(see instruct	ions)						. X Yes		No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

TEEA0102 07/02/13

BAA

Checklist of Required Schedules

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election Х in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . . . . . . 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . . 5 X 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, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Χ 9 services? If 'Yes,' complete Schedule D, Part IV X 10 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 a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule Χ 11 a b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total Χ assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII . . . . . . . 11 c 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 X 11 d Χ 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . . Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ Schedule D, Parts XI, and XII. . . 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and X If the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12 b Χ 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . . Х 14a Did the organization maintain an office, employees, or agents outside of the United States?... 14a 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, Parts I and IV Χ 14b 15 Χ Χ 16 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 (see instructions) 17 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 X complete Schedule G, Part III. . . 19 Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . 20 20 b

Pantil Checklist of Required Schedules (continued) Yes No 21 Х 22 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 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 23 Х Schedule J . 24 a 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 lines 24b through 24d and Χ 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Χ 25b . . Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Х If so, complete Schedule L, Part II 26 . . . . . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 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) Х 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . . . . . . b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ Schedule L. Part IV. . . . . . . . . 28b X 28c Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Χ 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . . . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ Schedule N. Part II . . . 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Χ 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х Χ 35a 35b Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is Χ treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37

BAA Form 990 (2013)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O . . . . . . . . . . . . .

38

	Check if Schedule O contains a response or note to any line in this Part V			. Г
		·	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 20			
	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	- x	<b>†</b>
٦	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		<b></b>	1.
3 :	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 3 a		X
	of Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		<del>                                     </del>
	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)?	4 a	,,	X
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	* *		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 с		
0 6	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	1	Х
	of 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			*
ā	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?	7 а	<u> </u>	×
	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	<b></b>	†
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			1
•	Form 8282?	7с	ļ	X
	I If 'Yes,' indicate the number of Forms 8282 filed during the year	<u> </u>		<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	, × ', **>	*
9	Sponsoring organizations maintaining donor advised funds.	٠, ١	, ,	
	a Did the organization make any taxable distributions under section 4966?	9 a		
ı	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter.		2., s	¥
	a Initiation fees and capital contributions included on Part VIII, line 12	1,0		Sene
ı	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	an Calle		
11	Section 501(c)(12) organizations. Enter	. 1 4		
i	a Gross income from members or shareholders	22%		2
1	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	* , , , , , , , , , , , , , , , , , , ,		
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
ı	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	* by	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1 2
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O		ر فهوالور بهيدا ۱۳۰۱ - ۱۳۵۸	<b>1</b> 500
1	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			3
	Enter the amount of reserves on hand	¥ u	, ,	<u> </u>
14:	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
	h If 'Voc 1 has it filed a Form 720 to report these payments? If 'No 1 provide an explanation in Schedule O	14 h	1	1

Par	<b>t VI</b> Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	v, and in	for	
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
Ŀ	Enter the number of voting members included in line 1a, above, who are independent			l i
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		X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_ X
6	Did the organization have members or stockholders?	6		X
7 a	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?	7 a		X
t	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or other persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		· 3	*
a	The governing body?	8 a	Х	
t	Each committee with authority to act on behalf of the governing body?	8 b	X	
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		X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		X
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			٠
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	<u> </u>
1	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
(	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?	۶,		
	The organization's CEO, Executive Director, or top management official	15a	Х	
ı	Other officers of key employees of the organization	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions )			
16:	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
1	o 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 taken steps to safeguard the	÷		
	organization's exempt status with respect to such arrangements?	16 b		<u> </u>
	tion C. Disclosure			
17				. <b>_</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available Check all that apply  Own website  Another's website  Upon request  Other (explain in Schedule O)	e for pi	aplic	
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available.	ble to		
-00	the public during the tax year	an.		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization 1403 Southwest Blvd Kansas City KS 66103 (9)		677-	5097

Form 990 (2013) Rosedale Development Association, Inc.	48-0886413	Page 7
<u>Pantavilla</u> Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	ees, and
* Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensation		<u> </u>
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endir organization's tax year.  • List all of the organization's current officers, directors, trustees (whether individuals or organizations), compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ng with or within the	

- List all of the organization's current key employees, if any See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

			<del></del>	(C	;)					
(A) Name and Title	(B) Average hours per week (list	one bo offic	x, unl	ess p d a di	erson	more that is both r/trustee	an )	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Dan DeMaria	1.00									
Board Member		Х						0.	0.	0.
(2) Jeff Lysinger	1.00									
Board Member		Х						0.	0.	0.
(3) Mark Mohler	1.00								-	
Board Member		Х						0.	0.	0.
(4) Bob Roddy	1.00									
Board Member		Х						0.	0.	0.
(5) Charles Stewart	1.00									
Board Member		Х						0.	0.	0.
(6) Carroll O'Neal	1.00									
Board Member		Х						0.	0.	0.
(7) Cheryl Gibson	1.00									
Board Member		Х						0.	0.	0.
(8) Bob Spaniol	1.00									
Board Member		X						0.	0.	0.
(9) Monica Mendez	1.00									
Board Member		X						0.	0.	0.
(10) Daniel Serda	1.00								_	_
Board Member		X	_					0.	0.	0.
(11) Theresa Reyes-Cummings	1.00									_
Board Member		Х							0.	0.
(12) Phil Gardos	2.00									
President	ļ	X		Х				0.	0.	0.
(13) Robert Kaufman	1.00		1							
Vice-President Residential		X		Х				0.	0.	0.
(14) Karen Johnson	1.00	1								
Secretary		X	<u> </u>	Χ	<u> </u>			0.	0.	0.

Part VIII Section A. Officers, Directors, Trus	stees, l	Key	Em	ple	oye	es,	and	d Highest Con	pensated Em	ployees (continued)
	(B)			(0	<b>C)</b>					
(A) Name and title	Average hours per	box	, unie:	ss pe	rson i	than o s both or/trust	an i	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
·	week (list any hours for related organiza - tions below dotted line)			Officer		Highest compensated employee		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) John P. Kornhaus Treasurer	1.00	Х		Х				0.	0	. 0.
(16) Heidi Holliday  Executive Director	40.00	х		Х	-			42,000.	0	
(17)		<u> </u>						12,000.		· · · · · ·
(18)					_					
(19)										
(20)		-								
(21)				-						
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								42,000.	0	. 0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>^</b>	42,000.	0	. 0.
2 Total number of individuals (including but not limited from the organization ▶ 0	to those	isted	abo	ve)	who	rece	eived	d more than \$100,0	000 of reportable o	ompensation
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind	ividual		• •	• •						Yes No
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that such individual	an \$150,0	2000	If 'Y	es' e	com	olete	Sch	nedule J for		<b>4</b> X
5 Did any person listed on line 1a receive or accrue cor for services rendered to the organization? If 'Yes,' co.										. 5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensated	d indepe	nden	t cor	otrac	tore	that	FOC	awed more than \$1	00 000 of	
compensation from the organization Report compens	sation for	the	cale	nda	r yea	ar en	ding	with or within the	organization's tax	<u> </u>
Name and business addres	ss							(B) Description o		(C) Compensation
<ul> <li>Total number of independent contractors (including b \$100,000 of compensation from the organization</li> </ul>	ut not lim	nited	to th	ose	liste	d ab	ove	) who received mor	re than	

		Check if Schedule O co	ontains a r	espon	se or note to any lin	e in this Part VIII	<u> </u>			
•	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under sectior 512-514	
S 5	1 a	Federated campaigns .		1 a	483.					
	b	Membership dues	[	1 b	1,885.					
2 S	С	Fundraising events	[	1 c						
¥ ;;	d	Related organizations .	[	1 d						
% <u>₹</u>	е	Government grants (contributio	ns) [	1 e	25,296.					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, grasimilar amounts not included at	ants, and bove	1f	174,445.			Ī.		
	g	Noncash contributions included	in lines 1a-	1f \$	0.		f			,
3 €	h	Total. Add lines 1a-1f .				202,109.				
PROGRAM SERVICE REVENUE		<u> </u>			Business Code	and the same of th				
9	2 a	Consulting fees - h	ealthy l	<u> 1ds</u>	531390	50,705.	50 <u>,705</u> .	0.		0.
~		Community room/				4,845.	4,845.	0.		0.
흥	C									
8	d									
₹	е									
緩	f	All other program service		[						
쭕	g	Total. Add lines 2a-2f .				55,550.				
	3	Investment income (include other similar amounts) .	ding divide	ends, i	nterest and					
	4	Income from investment of	of tax-exer	mpt bo	ond proceeds 🕈					
	5	Royalties			<u>.</u> <b>&gt;</b>					
			(ı) Re	al	(II) Personal					
	6 a	Gross rents				, 7, 4,	4	· ·	3 1	
	ь	Less rental expenses				·	30%		29	
	С	Rental income or (loss)								
	d	Net rental income or (loss	s)							
	7 a	Gross amount from sales of	(ı) Secun	ities	(II) Other	6 . ¥1	۵. ·	S. 254.	. sai <sup>3</sup>	
		assets other than inventory.					* * *	<b>"</b>	*	
	b	Less cost or other basis and sales expenses								
	С	Gain or (loss)	-							
	d	Net gain or (loss).			· · · · · · · · ·	and access 2.5. Year cases and appropriate region. It is not from the second	***************************************			
IUE	8 a	Gross income from fundra (not including: \$	aising eve	nts						
OTHER REVENU		of contributions reported	on line 1c	)				3	*	# ( ·
2		See Part IV, line 18			a	ş.			ļ	4
꾶	ь	Less direct expenses .			ь					
5		Net income or (loss) from			ents · · · · · · · ·					
		Gross income from gamır See Part IV, line 19	ng activitie	s	a	-	7 5	, ,	;	7
	h	Less direct expenses			ь					
		Net income or (loss) from			-			,,		
									<del>                                     </del>	
		Gross sales of inventory, and allowances			a					
		Less cost of goods sold			b[					
	c	Net income or (loss) from Miscellaneous Revenu		rivento					<del> </del>	
	44 -				Business Code					
	11 a		<b>-</b>		<del> </del>	<del> </del>				
	d							<del>  -</del>		
	C	All other new						<del> </del>	<del> </del>	
	_	All other revenue		Į.					<del> </del>	
		Total. Add lines 11a-11d						<u> </u>	<u> </u>	
	12	Total revenue. See instr	uctions .			257 659	55.550	1 0	1	0

# 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).

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

Do n 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				44
2	Grants and other assistance to individuals in the United States See Part IV, line 22			The state of the s	*****
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			, 82	
5	Compensation of current officers, directors, trustees, and key employees	42,000.	32,7 <u>60</u> .	6,090.	3,150.
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	79,255.	71,837.	6,481.	_937.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,070.	9,553.	1,174.	343.
	Fees for services (non-employees)				
_	Management			. <u>-</u>	
	Legal			14 624	
_	Accounting	14,634.	0.	14,634.	0.
	Lobbying			* ,	
	- · · · · · · · · · · · · · · · · · · ·		* * * * * * * * * * * * * * * * * * * *	, , , , , , , , , , , , , , , , , , , ,	
g	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	23,775.	23,135.	640.	0.
12	Advertising and promotion	250.	0.	250.	0.
13	Office expenses	13,860.	11,587.	1,280.	993.
14	Information technology	1,343.	1,185.	106.	52.
15	Royalties			705	420
16	Occupancy	11,868.	10,704.	725.	439.
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,803.	678.	1,125.	0.
20	Interest				
21	Payments to affiliates		<u> </u>		
22	Depreciation, depletion, and amortization	3,060.		217.	132.
23	Insurance	3,400.	2,990.	292.	118.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	The state of the s			
a b	Program supplies/expense	17,423.	17,423.	0.	0.
c	;				
•	All other expenses	3,047.	310.	2,737.	
25	Total functional expenses Add lines 1 through 24e	226,788.	184,873.	35,751.	6,164.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here X if following SOP 98-2 (ASC 958-720)	0	0.	0.	0.

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		<u> </u>
	•		(A) Beginning of year		(B) End of year
T	1	Cash — non-interest-bearing	85,825.	1	155,907.
- 1	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	41,000.	3	3,182.
	4	Accounts receivable, net	22,605.	4	15,930.
ĺ	5	Loans and other receivables from current and former officers, directors,	٧.		
	3	trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
		<b> </b>	,,,	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).	· · · · · · · · · · · · · · · · · · ·	- - 6	
A	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·	7	
A S E T S	8	Inventories for sale or use	2,859.	8	2,343.
Ť	9	Prepaid expenses and deferred charges	546.	9	544.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		1.2	
	h	Less: accumulated depreciation	38,840.	10 c	37,628.
	11	Investments — publicly traded securities		11	3170201
	12	Investments — other securities See Part IV, line 11	<del></del>	12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	191,675.	16	215,534.
$\neg$	17	Accounts payable and accrued expenses	14,776.	17	7,630.
	18	Grants payable		18	
	19	Deferred revenue	2,624.	19	2,758.
Ļ	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	*>
ם	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
Ţ	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	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 D		25	
	26	Total liabilities. Add lines 17 through 25	17,400.	26	10,388.
NE		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete	7. 12. 14. 14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	Same of	water, marine, or story
T		lines 27 through 29, and lines 33 and 34.	1 <u> </u>		· · · · · · · · · · · · · · · · · · ·
S	27	Unrestricted net assets	112,728.	27	121,695.
ASSETS	28	Temporarily restricted net assets	61,547.	28	83,451.
	29	Permanently restricted net assets		29_	
R F.		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
FUZO	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ě	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances	174,275.	33_	205,146.
Š	34	Total liabilities and net assets/fund balances	191,675.	34	215,534.

Form	n 990 (2013) Rosedale Development Association, Inc. 48-0886	413		Pag	ge <b>12</b>
Pai	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				·Ш
1	Total revenue (must equal Part VIII, column (A), line 12)		25	7,6	<u>59.</u>
2	Total expenses (must equal Part IX, column (A), line 25)		22	6,7	88.
3	Revenue less expenses Subtract line 2 from line 1		3	0,8	71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		17	4,2	75.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))		20	5,1	46.
Pai	rt*XII <sup></sup> Financial Statements and Reporting	_			
	Check if Schedule O contains a response or note to any line in this Part XII				. П
	Oncourt Contestato o containte a response of note to any line in anot activity			Yes	No
1	Accounting method used to prepare the Form 990.	[			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	3.	<		
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ŧ	<b>b</b> Were the organization's financial statements audited by an independent accountant?	L	2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  X Separate basis  Consolidated basis  Both consolidated and separate basis				
					. 1
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	_			
3 a	a 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?	[	3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	1	
BAA	4	F	Form 9	990 (2	2013)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2013

Rosedale Development Association, Inc. 48-0886413 | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X 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) An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Non-functionally integrated Type III - Functionally integrated d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11 g (ii) A family member of a person described in (i) above? . . . . . . . . . . . . A 35% controlled entity of a person described in (i) or (ii) above? . . 11 g (iii) Provide the following information about the supported organization(s) h (vii) Amount of monetary (vi) Is the (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the (v) Did you notify (i) Name of supported he organization in column (i) of your support? organization in column (i) organized in the U.S.? organization in olumn (i) listed in organization support your governing document? No Yes No Yes No Yes (A) (B) (C) (D) (E) **Total** 

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

48-0886413

# 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)

Seci	tion A. Public Support						
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	142,230.	228,324.	235,753.	185,295.	202,109.	993,711.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	142,230.	228,324.	235,753.	185,2 <u>95</u> .	202,109.	993,711.
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)			A Company and a			0.
6	Public support. Subtract line 5 from line 4				. , ,		993,711.
Sec	tion B. Total Support						
Caleı begir	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	(e) 2013	(f) Total
7	Amounts from line 4	142,230.	228,324.	235,753.	185,295.	202,109.	993,711.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	992.	235.	0.	0.	0.	1,227.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						994,938.
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	207,057.
13	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sect	tion 501(c)(3)	▶
	tion C. Computation of Pu			-			
14	Public support percentage for 201	3 (line 6, column (f	f) divided by line 1	1, column (f))		<u>14</u>	99.88%
15	Public support percentage from 20	012 Schedule A, Pa	art II, line 14			<u>15</u>	99.79 %
	33-1/3% support test — 2013. If and stop here. The organization of	qualifies as a publi	cly supported orga	nization			× X
b	33-1/3% support test — 2012. If t and stop here. The organization	he organization die qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a inization	and line 15 is 33-1/	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization method organization meets the facts-a	hees the 'facts-and	-circumstances' te	st_check this hox a	and stop here. Ext	olain in Part IV how	٧
	10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te it The organization	st, check this box a n qualifies as a pub	and <b>stop here.</b> Exp olicly supported org	olain in Part IV how ganization	v the
18	Private foundation. If the organiz	ration did not chec	k a box on line 13,	16a, 16b, 17a, or			
	<del></del>	<del></del>				hadula A (Farm 00	

	dule A (Form 990 or 990-EZ) 2013		Developmen			48-0886413	Page 3
·Par	Support Schedule fo	r Organizatior	ns Described i	n Section 509	9(a)(2)		
	(Complete only if you check	ed the box on line	9 of Part I or if the	organization faile	d to qualify under F	art II If the organizat	ion fails
	to qualify under the tests list	ted below, please	complete Part II)		_		<del></del>
Sec	tion A. Public Support						
Calen 1	dar year (or fiscal yr beginning in)  Gifts, grants, contributions and membership fees	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	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						
	Total. Add lines 1 through 5 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)	Super Mariner petrol					
Sec	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total Support. (Add Ins 9,10c, 11 and 12)						
14	First five years. If the Form 990 i organization, check this box and s	s for the organizat	ion's first, second,	third, fourth, or fift	th tax year as a sec	tion 501(c)(3)	•
Sec	tion C. Computation of Pu						
	Public support percentage for 201			3, column (f))		15	90
16	Public support percentage from 20						96
Sec	tion D. Computation of Inv						<del></del>
17	Investment income percentage for				(f)) · · · · · ·	17	્રે
18	Investment income percentage fro						010
19 a	33-1/3% support tests — 2013. It is not more than 33-1/3%, check t	f the organization of	did not check the b	ox on line 14, and	I line 15 is more tha	in 33-1/3%, and line 1	7 ▶ □

**b 33-1/3% support tests** — **2012.** 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 . . .

(Form 990 or 990-EZ) 2013	Rosedale	Development	: Association	, Inc.	48-0886413	Page 4
Supplemental Informa or 17b; and Part III, line (See instructions).	tion. Provide	the explanation	ns required by Pa	art II. line 10:	Part II, line 17a	
 ·						
 			<b>-</b>			
 		. <b></b> -			_ <b></b>	<b>-</b> -
 				<del>_</del>		
 					<del></del>	
 · <b></b>						
 						- <del>-</del>

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(6)

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

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

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

If the organization answered 'Yes,' 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, Part V, line 35c (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations Complete Part III. Employer identification number Name of organization 48-0886413 Rosedale Development Association, Inc. Part I-A | Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . . If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . Yes No Νo 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 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL. 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 (d) Amount paid from filing organization's funds If none, enter-0-(a) Name (b) Address (c) EIN (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-(1)(2)(3)(4) (5)

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

Schedule C (Form 990 or 990-EZ) 2013

Part II-A Complete if section 501(	the organization	is exempt under se	ction 501(c)(3) and	filed Form 5768 (e	election under
<del></del>		to an affiliated group (and	list in Part IV each affilia	ated group member's nan	ne.
L_1		are of excess lobbying ex		stod group momour a nem	,
	•	box A and 'limited control			
	Limits on Lobbying	<del> </del>		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditui	<u> </u>		<del></del>	0.	
b Total lobbying expenditur				0.	
c Total lobbying expenditur	<del>-</del>	• • • =		0.	
d Other exempt purpose ex	•	•		226,788.	
e Total exempt purpose ex	•			226,788.	
f Lobbying nontaxable amboth columns	ount Enter the amount			45,358.	
If the amount on line 1e, cole		he lobbying nontaxable	amount is	Symphotic Comment in the wife	the second of the second
Not over \$500,000	· · · · · · · · · · · · · · · · · · ·	0% of the amount on line 1e			ar a first
Over \$500,000 but not over \$1	,000,000 \$1	100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$		75,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	\$17,000,000 \$2	225,000 plus 5% of the excess of	ver \$1,500,000		
Over \$17,000,000	\$1		* * * * . * * . * . *	\$ 10° . 1816'	
g Grassroots nontaxable a	mount (enter 25% of lin	se 1f)		11,340.	
h Subtract line 1g from line	1a If zero or less, ent	er -0		0.	
i Subtract line 1f from line	1c If zero or less, ente	er-0		0.1	
j If there is an amount othe section 4911 tax for this		ne 1h or line 1i, did the org			Yes X No
(Som	e organizations that r	Year Averaging Period U made a section 501(h) elo below. See the instruction	ection do not have to c	omplete all of the five h 2f.)	
	Lobbyi	ng Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) Total
2 a Lobbying non-taxable amount	0	. 0.	0.	0.	0.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))		A Control of the Cont			0.
c Total lobbying expenditures	0	. 0.	0.	0.	0.
d Grassroots nontaxable amount	0	0.	0.	0.	0.
e Grassroots ceiling amount (150% of line 2d, column (e)) · · · ·					0.
f Grassroots lobbying expenditures	0	. 0.	0.	0.	0.
BAA				Schedule C (Form	n 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013Rosedale Development Association, Inc.  Partill B: Complete if the organization is exempt under section 501(c)(3) and has NOT			6413	Pa	age 3
(election under section 501(h)).	med	יוטר נ	111 37 00		
	(a	1)	(1	b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amo	ount	
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		, ,		CA 4 34	**
a Volunteers?			سائ <u>ر</u> ج	0.00	
<b>b</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?					
e 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 Other activities?					
j Total Add lines 1c through 1i	** 137 Sw. 172.5				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			***		ry(j)
b If 'Yes,' enter the amount of any tax incurred under section 4912	77				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	- 27% - 24% - 14%				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				, 14,	i dê
Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Fanswered 'Yes.'	(c)(5) Part II	, or s II-A, I	section 50 line 3, is	01(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
<b>b</b> Carryover from last year		2 b			
<b>c</b> Total		2 c			
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			
Partitives Summary and Information		/			

artiv 5	uppiementai	Intormation

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

-----

BAA

Schedule C (Form 990 or 990-EZ) 2013Rosedale Development	Association,	Inc.	48-0886413	Page 4
Schedule C (Form 990 or 990-EZ) 2013Rosedale Development  Part IV Supplemental Information (continued)	-			
CALLED THE	<del></del>			
•				
				<b>-</b>
•				
<b>_</b>	<del></del>		<b></b>	
	<del></del>			
				<b></b>
			<b></b>	
	<b></b>			
	<b></b>			
	_ <b></b>			
	<b></b>			
	<b>-</b>			
	<b>_</b>			
	<b></b>			
	<del></del>			
	<del>-</del>			
	· = = = = = = = =		· — — <del>-</del>	

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

. Open to Publice? Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Ros	sedale Development Association, Inc.	48-0886413
557	Organizations Maintaining Donor Advised Funds or Other Similar F	
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor are the organization's property, subject to the organization's exclusive legal control?	advised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds care for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposers in permissible private benefit?	oose conferring
2an	Conservation Easements.	
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g , recreation or education)	of an historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	form of a conservation easement on the
	last day of the tax year	Press I and a second
		Held at the End of the Tax Year
	a Total number of conservation easements	
	Total acreage restricted by conservation easements	
•	Number of conservation easements on a certified historic structure included in (a)	· · 2c
•	I Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated tax year ►	by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemed	nts during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements d  \$\sim\\$\$	uring the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section $170(h)(4)(B)(ii)^2$	n 170(h)(4)(B)(ı) 
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex include, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements.	pense statement, and balance sheet, and bes the organization's accounting for
2ar	Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	or Other Similar Assets.
1 8	at f the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items.	statement and balance sheet works of
ŧ	o If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in full following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for fir amounts required to be reported under SFAS 116 (ASC 958) relating to these items	nancial gain, provide the following
ŧ	Revenues included in Form 990, Part VIII, line 1	
ŀ	Assets included in Form 990, Part Y	<b>▶</b> \$

Part III Organizations Mainta	dale Develor Sining Collection			r Other Similar As		ued)
3 Using the organization's acquisition					<del></del>	
items (check all that apply)	ni, accession, and t		or exchange programs	are a significant use of the	o Joneouton	
b Scholarly research		F-1				
c Preservation for future genera		e Other				
		and avalous how the	ov further the organization	n'e avamnt nurness in		
Part XIII						
5 During the year, did the organizati to be sold to raise funds rather tha	in to be maintained	as part of the organ	nization's collection?			No
Part IV Escrow and Custodia	al Arrangement amount on Form	<b>ts.</b> Complete ıf t 990, Part X, lin	he organization ans e 21.	wered 'Yes' to Form	ı 990, Part I\	√,
1 a Is the organization an agent, truste on Form 990. Part X?	ee, custodian, or otl	her intermediary for	contributions or other ass	sets not included	Yes	□No
<b>b</b> if 'Yes,' explain the arrangement in					∐ res i	
2 ii 163, explain the arrangement ii	Tr arr XIII and comp	piete the following to	3010		Amount	
c Beginning balance				. 1c		
<b>d</b> Additions during the year						
e Distributions during the year						
f Ending balance						
2 a Did the organization include an an					Yes	No
<b>b</b> If 'Yes,' explain the arrangement in						
Part V. Endowment Funds. C	Complete if the	organization ans	swered 'Yes' to Form	990, Part IV, line 1	0.	
	(a) Current year	(b) Prior yea			(e) Four year	rs back
1 a Beginning of year balance						
<b>b</b> Contributions	· · · · · · · · · · · · · · · · · · ·					
c Net investment earnings, gains, and losses						
d Grants or scholarships					<u> </u>	
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the current year	end balance (line 1	g, column (a)) held as	<del></del>		
a Board designated or quasi-endow	•	8	·			
<b>b</b> Permanent endowment ►	96					
c Temporarily restricted endowment		00				
The percentages in lines 2a, 2b, a						
	•					
3 a Are there endowment funds not in organization by	the possession of t	the organization tha	t are held and administer	ed for the	Yes	No
(i) unrelated organizations					. 3a(i)	+
					. 3a(ii)	<del> </del>
b If 'Yes' to 3a(II), are the related org					3b	+-
4 Describe in Part XIII the intended	-	•			. 30	
Part VI Land, Buildings, and		adon's endowment	lulius.			
Complete if the organization	• •	d 'Yes' to Form 9	990. Part IV. line 11a	a. See Form 990. Pa	art X. line 10	).
Description of property	<del></del>	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	
1a Land		(voodinone)	4,516.	gop, colution	4	516.
<b>b</b> Buildings			67,135.			2,969.
c Leasehold improvements						<u> </u>
d Equipment	i—-		14,724.	14,581.		143.
e Other		_	17,/24.	14,001.		<u> </u>
Total. Add lines 1a through 1e (Column	_ <del></del>	rm 990. Part X. colu	mn (B), line 10(c) 1		37	7,628.
BAA	, jaj masi oguai roi	Joo, i ait A, colu	(5), (0(0) )		dule <b>D</b> (Form 99	
						,

Part VII Investments — Other Securities.

48-088	6413	Page

Complete if the organization answered "	Yes' to Form 990, F	Part IV, line 11b. See Form 990, I	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			· · · · · · · · · · · · · · · · · · ·
(c)			
(D)			·
(F)			
(F)			
(G) 743			
(H)			<del></del>
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)  Part VIII Investments — Program Related.		<u> </u>	<u>-</u>
Complete if the organization answered "	Yes' to Form 990. F	Part IV. line 11c. See Form 990, F	Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-	
(1)	()		<del></del>
(2)			
(3)			
<del></del>			
(4)	·		
(5)			
(6)			
(7)			
(8)	· — · · · · · · · · · · · · · · · ·		
(9)			
(10)			·
Total (Column (b) must equal Form 990, Part X, column (B) line 13 )	<u> </u>	7 * * * * * * * * * * * * * * * * * * *	* ''
Part IX Other Assets. Complete if the organization answered '	Yes' to Form 990 F	Part IV line 11d. See Form 990. I	Part X. line 15.
	scription	<u> </u>	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)		·	
(6)			
_(7)			
(8)			
(9)			<u></u>
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 1	1e or 11f See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			, , , , , , , , , , , , , , , , , , , ,
(2)			
			ģ ' '
(4) (5)		<del> </del>	,
(6)			
(7)			*** **,
(7)		<del>-</del>	**
(9)	<del></del>		* * * * * * * * * * * * * * * * * * * *
(10)		, ,,	
(11)			
		, , , , , , , , , , , , , , , , , , ,	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25).  2. Liability for uncertain tax positions. In Part XIII, provide the text of the fool	tnote to the organization's fina	ancial statements that reports the organization's lis	ability for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote			
Tan positions under 1 in 10 (100 /10). Official field if the text of the footifole	Doon provided in Fait All		

<u>taken or expected to be taken in a tax return, if that position</u>

technical merits of the position. Management has assessed

Schedule **D** (Form 990) 2013

is more likely than not to be sustained under audit, based on the

BAA

Schedule D (Form 990		48-0886413	raye 3
Rant XIII Supple	emental Information (continued)		
	the tax positions of the Association and deter	rmined that no	
` 	positions exist that require adjustment or dis	sclosure in	_ <b></b>
	the financial statements.		
			<b></b> _
			<b>_</b>
		<b>_</b>	_ <b></b> -
			<b> </b>
			_ <b></b>
			<b>_</b>
			<b></b> _
			_ <b></b>
			<b></b>
			<b>_</b> _ <b>_</b>
<b>_</b>			
<del></del> _			
		, — —	

#### **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public 1. Inspection Employer identification number

Rosedale Developm	ment Association, Inc.	[48-0886413
Pt_VI, Line 11b_	A copy of the Form 990 was distributed to all memb	ers of the Board of Directors
	prior to filing. Members of the Board of Dire	ectors_were_asked_to
	confirm receipt of the Form 990 and to provide	e comments and
	questions to the Executive Director, Treasure	r and CPA. Members of the
	Board of Directors approved filing of the Form S	990 at a board meeting prior
	to filing.	
Pt_VI,_Line_12c_	The organization's staff maintains forms completed by m	embers of the Board of Directors
	of potential conflicts and updates this inform	mation
	throughout the year. If questions related to a	<pre>potential conflict arise, a</pre>
	discussion of such is held at the next meeting of	the Board of Directors before
	any financial decisions are made or related a	ctivity_begins.
Pt_VI, Line 15a_	Compensation of the Executive Director is discuss	ed by the Board of Directors
	as part of the annual budgeting process. Dur	ing the meeting,
	_proposed_compensation_is_compared_to_similarly	y_situated
	_employees at comparable not-for-profit organi:	zations using salary
	_surveys_and_Form_990sThe_Executive_Director	r's
	_credentials_and_performance_evaluations_are_als	so_considered Discussions
	_and_decisions_are_documented	
Pt_VI,_Line_15b_	_Compensation_for_key_employees_is_set_based_or	n
	_comparison_to_similarly_situated_employees_at	comparable
	_not-for-profit_organizations_using_salary_sur	veys.
	_Experience and credentials are consideredDe	ecisions
	are documented in personnel files.	
Pt_VI,_Line_19	The organization's annual Form 990 is availab	le_at
	_quidestar.orq. The organization's financial :	statements,
	governing documents, and conflict of interest	policy are provided

Schedule O (F	orm 990 or 990-EZ) 201	13						Page 2
Name of the organiz	ation		· · · · · · · · · · · · · · · · · · ·			Employer id	entification number	
Rosedale	Development A	ssociation.	Inc.			48-088	6413	
•					-	·		
	nogu	request for	r business <u>r</u>	ourposes as	s approved l	ov the	Executive	
,								
	Dire	ctor.						
					<b>-</b>			
					<del> </del>			- <b>-</b>
		<del>_</del>				<del></del> -		
		<b></b>			- <b></b>		<del></del>	<del>-</del>
			<b></b>					<del></del>
				. <b></b>		- <b></b>		<b>-</b>
			<b></b>	<b></b>	_ <b></b>	<b></b> -	<del>-</del>	
				. <b>-</b>				<b></b>
				. <b></b>	_ <b></b>	- <del></del>		<b></b>
						<del>_</del>	<b></b>	
				· <del></del>				
			<del>-</del> -			<b>-</b> -		<b>-</b>
		<b></b>	<b></b>			<del>-</del>		
			<b></b>		<b>-</b>		- <b></b>	
			<b></b>		<del>-</del>	<b>-</b>		
	<b></b>				<b></b>		- <b></b>	
				<del>-</del>		<del>-</del> -		
			_ <b></b>	<del>-</del>	<del>_</del>	<del>-</del>	<del>-</del>	
	<b></b>		<del></del>	<del>-</del>		<del>-</del>	<del>-</del>	
			<b></b>	<b></b>			<b></b>	<b>-</b> _ <b>-</b>
						_ <b>_</b>	- <b></b>	
				<b></b>		<del>-</del>	<b></b> _	
	<b></b>		<b></b>	<del>_</del>	_			
						=	<b></b> =	
	<b></b>		- <b></b>				<b></b>	
			- <b></b>					
<del>-</del>		<del>-</del>						

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

youth programming, supporting neighborhood associations and providing assistance to residents and businesses for a host of issues and concerns.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4a (continued)

youth programs and community gardnes. Recognized as Sustainable Success Story by Mid-America Regional Council.