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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

OMB No 1545 0047

2013

Open to Public Inspection

| Α | For the 2 | 2013 calen | dar year, or tax ye | ar beginning | | | , 20 | 013, a | nd endi | ng | | , | | |
|-------------------------|-----------------------------|-------------------------------------|--|---|--------------|----------|---------------|--------------------------|------------------|---------------|---------------------------------------|--------------------|-----------------|-----------------|
| В | Check if ap | plicable | C | , | | | | | | | D Employ | er Identific | ation Number | , |
| | Addres | s change | Riverfront | Park Commun. | itv Fo | unda | tion | | | | 84- | 15263 | 70 | |
| | Name | change | | Raven, Sui | | | | | | | E Telepho | | | |
| | Initial | - | Denver, CO | | | | | | | | 303 | -607- ⁻ | 7607 | |
| | \vdash | | İ | | | | | | | | 303 | -007- | 7007 | |
| | Termin | | | | | | | | | | | | 21 | 2 650 |
| | \vdash | led return | | | | | | | | 114-3 1- 45 | G Gross retur | | | 3,659. |
| | Applica | ation pending | | | | | | | | | | | — — · | es X No |
| | | | Same As C A | | | | | | , , , | If 'No.' | subordinates attach a list | (see instru | ictions) | es No |
| | Tax-exen | npt status | 501(c)(3) X | 501(c) (4)◀ | (insert no |) | 4947(a)(| 1) or | 527 | _ | | | | |
| j | Websit | e: - N/ | A | | | | | | | H(c) Group | exemption nu | umber 🏲 | | |
| K | Form of o | organization | X Corporation | Trust Association | Other | . ▶ | | L Ye | ar of forma | tion | M s | State of lega | al domicile | |
| Pa | rt I | Summar | ν | | | | | | | · | | | | |
| | 1 Bri | efly descri | be the organization | n's mission or mos | st signific | ant act | tivities | Pro | omote | social | welfa | re by | foste | cing |
| a | ez | kcellen | ce, diversi | ty_and_oppor | ctunit | y_in | the | | | | | | | |
| Activities & Governance | | | | nd the arts. | | | | | | | | | | |
| Ë | | | | | | | | | | | | | | |
| ⋛ | 2 Ch | eck this bo | ox 🟲 If the ord | ganization discontii | nued its o | perati | ons or o | dispos | sed of m | ore than 2 | 5% of its | net asse | ets | |
| 5 | | | | the governing body | | | | | | | | 3 | | 5 |
| מ מ | | | | members of the go | _ | | | | 1b) | | | 4 | | 5 |
| 읠 | | | | ployed in calendar | - | 3 (Par | t V, line | e 2a) | | | | 5 | | 0 |
| ?. | | | , | timate if necessary | • | | | | | | | 6 | | 0 |
| ₹ | | | | ue from Part VIII, o | | • • | | | | | | 7 a | | 0. |
| | b Ne | t unrelated | l business taxable | income from Form | n 990-T, I | ine 34 | | | | | | 7 b | | 0. |
| 1 | | | | | | | | | | F | rior Year | | Current | Year |
| b | | | and grants (Part | | | | | | | | | | | |
| 5 | | _ | vice revenue (Part | | | | | | | | | | | |
| nevellue | | | | column (A), lines 3 | | | | | | | | 911. | | 1,819. |
| č | 11 Otl | her revenu | e (Part VIII, colum | nn (A), lines 5, 6d, | 8c, 9c, 1 | 0c, an | d 11e) | | | | 162,2 | | | 1,840. |
| | 12 To | tal revenue | e – add lines 8 th | rough 11 (must equ | ual Part \ | /III, co | lumn (A | 4), line | e 12) | | 164,1 | .59. | 31 | .3,659. |
| | 13 Gr | ants and s | imilar amounts pa | id (Part IX, column | n (A), line | s 1-3) | | | | | 222,6 | 65. | 22 | 27,700. |
| | 14 Be | nefits paid | to or for member | s (Part IX, column | (A), line | 4) | | | | | | | | |
| | 15 Sa | laries, oth | er compensation, | employee benefits | (Part IX, | colum | ın (A), I | lines 5 | 5-10) | | | | | |
| Expenses | | | | Part IX, column (A) | | | | | | | | | | |
| ĕ | | | • | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Х | | | • | rt IX, column (D), | - | | | | | - | | | | |
| _ | | • | • | nn (A), lines 11a-1 | | | | - 12 / | | ┪— | 35,4 | | | <u> 21,033.</u> |
| | 18 To | tal expens | es Add lines 13-1 | 7 (must equal Part | t IX, cdlui | mn 📳 | ur(e 2 | 5) V | ヒリ | | 258,0 | 176. | | 18,733. |
| | 19 Re | venue less | expenses Subtra | act line 18 from line | | | | | | <u>ပ</u> ု | -93,9 | | | 4,926. |
| ances | | | | | 2,5 | 3 | | | 044 | Beginni | ng of Currer | ıt Year | End of | Year |
| alai | 20 To | tal assets | (Part X, line 16) | | S S | ; ; | JUN Q |) 3 | U14 | 111 | 266,3 | 322. | 36 | 3,948. |
| 힏 | 21 To | tal liabilitie | es (Part X, line 26) | 1 | ù | ŭΙ | | | | 8 | 116,4 | | | 9,125. |
| 7 | 22 Ne | t assets or | r fund halances S | ubtract line 21 from | n line 20 | | | TÄI | 887 | | 149,8 | | | 4,823. |
| 2-0 | | | re Block | 27 | | | | 1/0 | | | 140,0 | <u>,,,,</u> | | 4,023. |
| _ | | | | /// | | _ | 1 | | | | | | | |
| omp | ir penaities dete Declai | of perjury, I di ration of prepa | are that I have examinate (other than officer) | ned this return, including based on all informatio | n of which p | reparer | has any tr | nowledg | ents, and to | the best of h | ny knowleage | and beller, | it is true, con | ect, and |
| | | T. | \ | / | | — | -/ | | $\overline{}$ | | | 1201 | 14 | |
| ~: <u>-</u> | | Signatu | ure of officer | | | | | | | <u> </u> | ate | المحارث ال | | |
| Sig | jn | A | MILTARA | Q_0 | cot | 28.0 | 1 | | | | | • | | |
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| | | | r print name and title | | | | | | | | | | TINI . | |
| | | Print/Type (| preparer's name | Preparer's | • | | | | Date | | Check | J" | ΓIN | |
| a | id | David | H. Ezra | David | H. Ez | ra | | | 5/27 | /14 | self employ | ed P | 0004726 | 52 |
| re | id eparer | Firm's nam | e Trimble | Weist Dye 8 | & Ezra | CPA | .s | | | | | | | |
| Js | e Only | Firm s addr | | eenwood Plaz | | | | 203 | | | Firm's EIN | ▶ 84-1 | 1063568 | |
| | | | | od Village, | | | | | | | Phone no | | 220-8 | |
| ر اعا | the IRS | discuss th | | preparer shown ab | | | uctions |) | | | 1 | (303) | X Yes | No |
| ر ۵۰۰۰۰ | . are mo | 3,00000 H | Ctarr. With the | P. SPUICE SHOTTER OF | (30 | - 111311 | ~~ | , | | | | | 1-21 1-2 | 1 110 |

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

| Form | 990 (2013) Riverfront Park Community Foundation | 84-15 | 52637 | 0 | F | age 2 |
|------|--|---------------------------|---------------------|----------------------|-------------------------|------------------|
| Par | t III Statement of Program Service Accomplishments | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | | | | [] |
| 1 | Briefly describe the organization's mission | | | | | |
| | Promote social welfare by fostering excellence, diversity and opposite the social welfare by fostering excellence, diversity and opposite the social welfare by fostering excellence, diversity and opposite the social welfare by fostering excellence, diversity and opposite the social welfare by fostering excellence, diversity and opposite the social welfare by fostering excellence, diversity and opposite the social welfare by fostering excellence, diversity and opposite the social welfare by fostering excellence, diversity and opposite the social welfare by fostering excellence, diversity and opposite the social welfare by fostering excellence, diversity and opposite the social welfare by fostering excellence, diversity and opposite the social welfare by the soc | ortun: | ity i | n th | ie | |
| | downtown Denver community primarily through education and the art | | | | | |
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| | | - | | | | |
| | Did the organization undertake any significant program services during the year which were not listed on the price | or | | | | |
| _ | Form 990 or 990-EZ? | • | | Yes | $\overline{\mathbf{x}}$ | No |
| | If 'Yes,' describe these new services on Schedule O | | | .03 | Δ | 110 |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program sei | ruicas ? | П | Yes | X | No |
| J | If 'Yes,' describe these changes on Schedule O | VICES | Ш | 165 | | NO |
| 4 | • | | | . حالت | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program serv Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of | ices, as m forants and | neasure d alloca | ea by e itions to | expen | ses |
| | others, the total expenses, and revenue, if any, for each program service reported | g.aa | <i>a a</i> | | | |
| | | | | | | |
| 4 a | (Code) (Expenses \$ 227,700. including grants of \$ 227,700.) (R | levenue | \$ | 31 | 3, 6 | 59.) |
| | Promotion of Social WelfareGrants to Public Charities | | · — | | <u> </u> | ,,, , |
| | - Competent of poetal westale of the contract | | - | | | |
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| 4 b | (Code) (Expenses \$ including grants of \$) (R | levenue | \$ | | |) |
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| 4 0 | C(Code) (Expenses \$ including grants of \$) (R | Revenue | \$ | | |) |
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| 40 | Other program services (Describe in Schedule O.) | | | | | |
| . • | (Expenses \$ including grants of \$) (Revenue \$ | | | |) | |
| 4 e | e Total program service expenses ► 227,700. | | | | | |

84-1526370 Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 1 Х Schedule A Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 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 Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 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 services? If 'Yes,' complete Schedule D, Part IV Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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 Х 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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Х 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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Х 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 Х in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 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 Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 Х Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20

20 b

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

| Par | t IV Checklist of Required Schedules (continued) | | | |
|------|---|-----|--|-------------|
| - | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2 ⁹ If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | 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 Schedule J | 23 | | Х |
| 24 a | 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 complete Schedule K. If 'No,'go to line 25a | 24a | | Х |
| t | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| C | 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 disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | <u>' </u> | Х |
| t | s is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 26 | 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? If so, complete Schedule L, Part II | 26 | | Х |
| 27 | 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 of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | Х |
| • | 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) | | | |
| a | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| t | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Х |
| 35 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| t | o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | 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 | х | |

BAA

Form 990 (2013)

| <u> </u> | Check if Schedule O contains a response or note to any line in this Part V | | | Г | | |
|--|---|-------------|-----|--------------|--|--|
| | Check it Schedule O contains a response of note to any line in this Part V | | Yes | No | | |
| 1 | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | 162 | NO | | |
| | b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | | | |
| | | | | | | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | | | |
| _ | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- | | | | | |
| Z | ments, filed for the calendar year ending with or within the year covered by this return 2a 0 | | | | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | |
| 3 | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | X | | |
| | b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | 3 b | | | | |
| | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | |
| 4 | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a | | Х | | |
| | b If 'Yes,' enter the name of the foreign country ▶ | | | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | 1 | | | | |
| 5 | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X | | |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X | | |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | - | | | |
| c | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | | | | | |
| 0 | solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | Х | | |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | | |
| | not tax deductible? | 6 b | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | 7 a | | | | |
| services provided to the payor? | | | | | | |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | | | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | | | | |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d | 7 c | | | | |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | | | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | | | |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | | | | | |
| | as required? | 7 g | | | | |
| | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7 h | | | | |
| _ | | | | | | |
| 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. | | | | | |
| | a Did the organization make any taxable distributions under section 4966? | 9 a | | | | |
| | b Did the organization make a distribution to a donor, donor advisor, or related person? | 9 b | | | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | | | |
| | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | | | |
| | a Gross income from members or shareholders | | | | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources | | | | | |
| | against amounts due or received from them.) 11b | 12 a | | | | |
| 12 | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | 12 a | | - | | |
| 12 | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | 134 | | | | |
| | | | | | | |
| | 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 | | | | | |
| | c Enter the amount of reserves on hand | | | | | |
| 14 | a Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | | Х | | |
| | b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q | 14 b | | | | |
| | | | | • – | | |

Form 990 (2013) Riverfront Park Community Foundation 84-1526370 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section 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 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b 5 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? See Schedule O 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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 **b** 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 Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х b Each committee with authority to act on behalf of the governing body? 8 b Х 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a X b 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? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O Schedule O how this was done X 12 c 13 Did the organization have a written whistleblower policy? 13 $\overline{\mathsf{X}}$ 14 Did the organization have a written document retention and destruction policy? 14 X 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? a The organization's CEO, Executive Director, or top management official 15 a Χ **b** Other officers of key employees of the organization X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

East West Partners-Denver, Inc 1610 Little Raven, # 115 Denver CO 80202 303-607-7607

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Form 990 (2013)

| Form 990 (2013) | Riverfront | Park | Community | . Foundation |
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84-1526370

Page 7

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

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 Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position (do not check more than (A) Name and Title (B) one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Estimated amount of other compensation Average hours per week (list any hours for related Individual trustee from the (ey employee Highest compensated nstitutional organization and related r director organiza tions below dotted line) organizations Il trustee (1) Mark L. Smith 0 0 0 0 0. President (2) Ron Werner 0 Board Member 0 0 0 0. (3) Amy Cara 0 0 0 0 0. Secretary/Treas (4) Chad McWhinney 0 0 0 0. Board Member 0 (5) Bruce Fowler 0 Board Member 0 0 0 0. (7) (8) (9) (10)(11)(12)(13) (14)

| Part VII Section A. Officers, Directors, Trus | T — — | ney | | | _ | es, | and | a riignest Con | ipensaled Emp | loyees | (conti | nuea) |
|--|---|-----------------------------------|-----------------------------------|-----------------------------------|---------------|---------------------------------|-------------|-------------------------------------|--|-------------------|--|----------|
| (A) Name and title | (B) (C) Position Average hours box, unless person is both an officer and a director/trustee) | | (D) Reportable compensation from | (E) Reportable compensation from | amou | (F) timated | her | | | | | |
| | week (list any hours for related organiza - trons below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | fr orga and | pensation the anization trelated inization | n 1 |
| (15) | | | | | | | | | | | | <u> </u> |
| (16) | | | | | - | | | | | | | |
| (17) | | | | | | | | _ | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | - | | | | | | | | | | |
| (22) | | | | | | | | | <u> </u> | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1 b Sub-total | | | | | 1 | | > | 0. | 0. | - | | 0. |
| c Total from continuation sheets to Part VII, Section | ı A | | | | | | • | 0. | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | > | 0. | 0. | | | 0. |
| 2 Total number of individuals (including but not limited to from the organization ► 0 | those li | sted | abov | ve) v | who | recei | ved | more than \$100,00 | 0 of reportable comp | ensation | l | |
| nom the organization | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such | r, or tru <i>ındıvıdu</i> | stee, al | key | / em | nplo | yee, | or h | nighest compensa | ted employee | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater | eportabl than \$1 | le co 50,00 | mpe | ensa If '\ | ition 'es' | and com, | oth plet | er compensation e Schedule J for | from | | | |
| such individualDid any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' | compen | satio | n fr | om | any | unre | late | ed organization or | ındıvıdual | 5 | | X |
| Section B. Independent Contractors | comple | 16 30 | nea | iuie | J 10 | Suc | лр | erson | | | | X |
| 1 Complete this table for your five highest compensation from the organization. Report compensation | ited inde | epen | deni | t co | ntra | ctors | tha | at received more the | han \$100,000 of | | | |
| compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Calendar year ending with or within the organization's tax year ending within the organization's tax year ending with or within the organization's tax year ending within tax year ending | | | | | | | | (C Compe |) nsatio | n | | |
| | - | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (including but \$100,000 of compensation from the organization ▶ | | ted to | tho | se I | isted | abo | ve) | who received more | than | | | |
| BAA | <u> </u> | TEEAO | 1081 | 11/1 | 11/13 | | | | <u> </u> | Form | 990 (| 2013 |

| | | Check if Schedule O contain | s a resp | onse or note to | any line in this Part VI | HI | | |
|---|------------|---|-----------------|-----------------|--------------------------|---|---|--|
| | | | - | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 13 13 | | Federated campaigns | 1 a | | | | | |
| <u>8</u> 8 | | Membership dues | 1 b | | _ | | } | |
| S, S | | Fundraising events | 1 c | | _ | | | |
| 돌 | | Related organizations | 1 d | | | | | |
| SES. | е | Government grants (contributions) | 1 e | | _ | | | |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | | All other contributions, gifts, grants, an similar amounts not included above | 1 f | | | | | |
| F S | _ | Noncash contributions included in lines | la-lf \$_ | | | | | |
| <u>8 <</u> | h | Total. Add lines 1a-1f | | | • | | | |
| PROGRAM SERVICE REVENUE | _ | | } | Business Code | | - | | |
| 2 | 2 a | | | | | | | |
| 뜻 | b | | - - | | - | | | |
| ž | ر اند | | | | | | | |
| SE | 0 | | } | | | | | |
| RA | | All other program service reve | | | | | | |
| စ္တ | ' | Total. Add lines 2a-2f | ide [| | > | | | |
| <u>~</u> | | | | | | | | |
| | 3 | Investment income (including of other similar amounts) | iiviaenas | s, interest and | 11,819. | | | 11,819. |
| | 4 | Income from investment of tax | -exempt | bond proceeds | | | | 1 |
| | 5 | Royalties | - | | > | | | |
| | | (1) | Real | (II) Personal | | | | |
| | 6 a | Gross rents | | | | | | |
| | b | Less rental expenses | | | | | | |
| | С | : Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | • | | | |
| | 7 a | Gross amount from sales of | curities | (II) Other | | | | |
| | | assets other than inventory | | <u> </u> | | | | |
| | b | Less cost or other basis | | | | | | |
| | | and sales expenses | | ļ | | | | |
| | | Gain or (loss) | | <u></u> | | | | |
| | d | Net gain or (loss) | | | <u> </u> | | | ļ |
| 屿 | 8 a | Gross income from fundraising | events | | | | | |
| EN | | (not including \$of contributions reported on lin | e 1c) | | | | 1 | |
| OTHER REVENU | | See Part IV, line 18 | | | | | | |
| 뚩 | h | Less direct expenses | , | | | | | |
| b | | Net income or (loss) from fund | raisino e | vents | → | | | |
| | | | _ | | | | | |
| | <i>-</i> - | Gross income from gaming act See Part IV, line 19 | , v. (, C) | a | | | | |
| | b | Less direct expenses | l | o |] . | | | |
| | С | Net income or (loss) from gam | ing activ | ities | • | | | |
| | 10 a | Gross sales of inventory, less and allowances | eturns | a . | | | | |
| | b | Less cost of goods sold | 1 | , | 7 | | | |
| | С | Net income or (loss) from sale | s of inve | ntory | • | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11 a | Special assessments | | | 301,840. | | | 301,840. |
| | b | | | | | | | |
| | С | | [| | | | | |
| | | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | 301,840. | | | |
| | | Total revenue. See instructions | <u> </u> | | <u>▶ 313,659.</u> | 0. | 0 | |
| RA4 | | | | T | FFA01091 07/08/13 | | | Form 900 (2013) |

Part IX Statement of Functional Expenses

| Sec | tion 501(c)(3) and 501(c)(4) organizations must coi | mplete all columns. All ot | her organizations must co | omplete column (A) | |
|----------|--|----------------------------|---------------------------------------|---|---|
| | Check if Schedule O contains a | | | | |
| | 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 | 227,700. | 227,700. | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0 . |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| | Management | | | | |
| | Legal | | | | |
| | • • • • • • • • • • • • • • • • • • • | | | | -·· · · · · · · · · · · · · · · · · · · |
| | Accounting | 2,100. | | 2,100. | |
| | i Lobbying | | | | |
| • | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| | Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion | 300. | | 300. | |
| 13 | Office expenses | | | | . , |
| 14 | Information technology | | | | |
| | 9, | | | | · |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings Interest | | | | |
| 21 | Payments to affiliates | | | | · · · · · · · · · · · · · · · · · · · |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| | 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) | | | | |
| a | Administrative Overhead | 16,294. | | 16,294. | |
| | Office Overhead | 1,849. | | 1,849. | |
| | Sculpture Maintenance | 500. | | | |
| | Filing Fees | | | 500. | |
| | | 10. | | 10. | |
| | All other expenses | -20. | · · · · · · · · · · · · · · · · · · · | -20. | |
| 25 | Total functional expenses Add lines 1 through 24e | 248,733. | 227,700. | 21,033. | 0. |
| 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 ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 3,730 1 25,381. 2 Savings and temporary cash investments 2 139,720 215,483. 3 Pledges and grants receivable, net 3 4 Δ Accounts receivable, net 1,292 1,292 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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) Complete Part II of Schedule L 6 Notes and loans receivable, net 11,071 7 11,283 Я Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 10 b **b** Less accumulated depreciation 10 c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 500 500. 15 Other assets See Part IV, line 11 110,009. 15 110,009 16 Total assets. Add lines 1 through 15 (must equal line 34) 266,322. 16 363,948 17 Accounts payable and accrued expenses 17 147,500 18 Grants payable 115,300 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 1,125 1,625 26 Total liabilities. Add lines 17 through 25 26 116,425 149,125 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 29 õ Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. FUZD Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 149,897 214,823. 33 Total net assets or fund balances 149,897 33 214,823.

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34

Total liabilities and net assets/fund balances

363, 948. Form **990** (2013)

34

266,322

| | n 990 (2013) Riverfront Park Community Foundation | 84-1526370 |) | Pa | ige 12 | | |
|-----|--|---------------|----------------|---------------------------------------|-----------------|--|--|
| Pai | t XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3. | 13,6 | 559. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 24 | 48,7 | 733. | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | (| 64,9 | 926. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | $\overline{1}$ | 49,8 | 397. | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. | | |
| 10 | 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | | | | | | |
| Pai | t XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | * | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | 7 | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | | | | |
| 2 8 | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | X | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both | viewed on a | | £. | 2 43. | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 1.50.51 | * <u>* ^ ^ </u> | | |
| ı | Were the organization's financial statements audited by an independent accountant? | | 2 b | | Х | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a subasis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis | eparate | 7.00 | | 5 to 1 | | |
| | | | `= : | · · · · · · · · · · · · · · · · · · · | ا ـ ـ ـ ـ ـ | | |
| (| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audit, | 2 c | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | 7 | 93. | | |
| 3 8 | 3 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? | | | | | | |
| ı | b if 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require | d audit | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3 b | | | | |
| BAA | · · | | Form | 990 (| (2013) | | |

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

| Riverfront Park Community Foundation 84 | -1526370 |
|--|--|
| Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account | |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. | |
| | and other accounts |
| | 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 advised funcare the organization's property, subject to the organization's exclusive legal control? | S Yes No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | nly ng Yes No |
| Part II 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) Preservation of an historically i | • |
| Protection of natural habitat Preservation of a certified history | ric 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 last day of the tax year | n easement on the |
| | at the End of the Tax Year |
| a Total number of conservation easements | |
| b Total acreage restricted by conservation easements | |
| c Number of conservation easements on a certified historic structure included in (a) | |
| | |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization du tax year ► | ring 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 of violation | ıs, |
| and enforcement of the conservation easements it holds? | Yes No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ | |
| Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$ | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B and section 170(h)(4)(B)(ii)? |)(ı) Yes No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization. | balance sheet, and anization's accounting for |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar | Assets. |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. | |
| 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public in Part XIII, the text of the footnote to its financial statements that describes these items | |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se following amounts relating to these items | alance sheet works of art, rvice, provide the |
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶\$ |
| (ii) Assets included in Form 990, Part X | ►\$ 110,008. |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide amounts required to be reported under SFAS 116 (ASC 958) relating to these items | |
| a Revenues included in Form 990, Part VIII, line 1 | ► \$ |
| b Assets included in Form 990, Part X | ►\$ |

| Schedule D (Form 990) 2013 Riverfront Park Community Foundation 84-1526370 | | | | | | | | | |
|---|-----------------------|------------------------------------|---------------------------------|------------------------------|-----------------------|----------------------|--|--|--|
| Part III Organizations Mainta | ining Collection | s of Art, Histo | rical Treasures, o | Other Similar Ass | ets (contin | ued) | | | |
| Using the organization's acquisition items (check all that apply) | i, accession, and oth | er records, check an | y of the following that a | re a significant use of its | collection | | | | |
| a Public exhibition | | d Loan o | r exchange programs | | | | | | |
| b Scholarly research | | e Other | | | | | | | |
| c Preservation for future generations | | | | | | | | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII See Part XIII | | | | | | | | | |
| 5 During the year, did the organiza to be sold to raise funds rather t | tion solicit or recei | ve donations of art, | historical treasures, o | or other similar assets | ☐Yes | XNo | | | |
| | Arrangements | Complete if the | ganization's collection | swered 'Ves' to For | <u> </u> | | | | |
| Part IV Escrow and Custodia line 9, or reported an | amount on Forr | n 990, Part X, I | ine 21 | | | | | | |
| 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? | | | | | | | | | |
| b If 'Yes,' explain the arrangement | in Part XIII and co | mplete the followin | g table | , | | | | | |
| | | | | | Amount | | | | |
| c Beginning balance | | | | 1 c | | | | | |
| d Additions during the year | | | | 1 d | | | | | |
| e Distributions during the year | | | | 1 e | | | | | |
| f Ending balance | OO |) Dad V I.a. 212 | | 1f | TV-a | No | | | |
| 2 a Did the organization include an a b If 'Yes,' explain the arrangement | | | ion has boon provided | Lun Dart VIII | Yes | ⊢ No | | | |
| bili res, explain the attangement | III Fall Alli Check | nere ii ine explain | ion has been provided | THIT AIL AIL | | | | | |
| Part V Endowment Funds. C | complete if the c | rganization ans | swered 'Yes' to Fo | rm 990. Part IV. lin | e 10. | | | | |
| | (a) Current year | (b) Prior year | (c) Two years back | | (e) Four year | ars back | | | |
| 1 a Beginning of year balance | , , , | | | | | | | | |
| b Contributions | | | | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | | | |
| d Grants or scholarships | - | - | | | 1 | | | | |
| e Other expenditures for facilities | | | | | | | | | |
| and programs | | | | | _ | | | | |
| f Administrative expenses | | | | | | | | | |
| g End of year balance | | un and halanse (line | 1 | | | | | | |
| 2 Provide the estimated percentag | | _ | e ig, column (a)) neid | as | | | | | |
| a Board designated or quasi-endown | | % | | | | | | | |
| b Permanent endowment | _ _ | % | | | | | | | |
| c Temporarily restricted endowmer The percentages in lines 2a, 2b, | | | | | | | | | |
| • | | | | | | | | | |
| 3 a Are there endowment funds not in to organization by | the possession of the | organization that ar | e held and administered | d for the | Yes | No | | | |
| (i) unrelated organizations | | | | | 3a(i) | 1 | | | |
| (ii) related organizations | | | | | 3a(ii) | | | | |
| b If 'Yes' to 3a(ii), are the related | organizations listed | as required on Sch | nedule R? | | 3b | | | | |
| 4 Describe in Part XIII the intender | • | | | | L | | | | |
| Part VI Land, Buildings, and | | | | | | | | | |
| Complete if the organ | ızatıon answere | d 'Yes' to Form | 990, Part IV, line | 11a. See Form 990 |), Part X, I | ine 10. | | | |
| Description of property | | est or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book | value | | | |
| 1 a Land | | | | | | | | | |
| b Buildings | | | | | | | | | |
| c Leasehold improvements | | | | | | | | | |
| d Equipment | | | | | | | | | |
| e Other | | | | | | | | | |
| Total. Add lines 1a through 1e (Colum | nn (d) must equal F | orm 990, Part X, c | olumn (B), line 10(c)) | > | | 0. | | | |
| BAA | | <u> </u> | | Schedu | ule D (Form 99 |) 0) 2013 | | | |

| Part VII Investments - Other Securities. | ommunitely rounds | N/A | 3 |
|--|-----------------------------------|---|---------------------------------------|
| Complete if the organization answered | d 'Yes' to Form 990 | | 90, Part X, line 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-o | f-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | - | |
| (G) | | | |
| (H) | | | |
| (I) | | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 12) | | | |
| Part VIII Investments — Program Related. Complete if the organization answered | d 'Vac' ta Earm 000 | N/A | On Dort V June 12 |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end | of year market value |
| | (b) Book value | (c) Method of Valdation Cost of end- | oryear market value |
| (1) | | | - |
| (2) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | - | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 13) | • | | · · · · · · · · · · · · · · · · · · · |
| Part IX Other Assets. | | | |
| Complete if the organization answered | | , Part IV, line 11d. See Form 99 | |
| (1) Red Forest Sculpture (Public Art) | escription | | (b) Book value |
| (2) Signage | | | 107,706. 2,303. |
| (3) | | ·· · · · · · · · · · · · · · · · · · · | 2,303. |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (| (D) Ima 15) | | 110 000 |
| | B), IIIIe 15) | | 110,009. |
| Part X Other Liabilities. Complete if the organization answered 'Yes' to F | orm 990 Part IV line 11 | e or 11f See Form 990 Part X line 25 | |
| (a) Description of liability | (b) Book value | 0 01 111. 000 101111 000, 1 dit 2, 1110 20 | |
| (1) Federal income taxes | | | |
| (2) Sculpture Maintenance Reserve | 1,62 | 5. | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) (7) | | - | |
| (8) | | \dashv | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 25) | ▶ 1,62 | 5. | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo | ootnote to the organization's fir | ancial statements that reports the organization's | liability for uncertain |
| tax positions under FIN 48 (ASC 740) Check here if the text of the footnote | has been provided in Part XIII | - | |

| Schedule D (Form 990) 2013 Riverfront Park Community Foundation | | Page 4 |
|---|------------------------------|--------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe | r Return. N/A | |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 | - |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a Net unrealized gains on investments 2 a | | |
| b Donated services and use of facilities 2b | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII) | | |
| e Add lines 2a through 2d | 2 e | |
| 3 Subtract line 2e from line 1 | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b. | | |
| b Other (Describe in Part XIII) | | |
| c Add lines 4a and 4b | 4 c | |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Return, N/A | |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a | po, 110tanii 11, 11 | |
| 1 Total expenses and losses per audited financial statements | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | ' - | |
| a Donated services and use of facilities 23 | | |
| b Prior year adjustments 2 b | | |
| c Other losses 2c | | |
| d Other (Describe in Part XIII) | `; | |
| e Add lines 2a through 2d | | |
| 3 Subtract line 2e from line 1 | 3 | |
| | 3 | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4 a | | |
| b Other (Describe in Part XIII) 4b | | |
| c Add lines 4a and 4b | 4 c | |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | |
| Part XIII Supplemental Information. | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide | | 1 |
| Part III, Line 4 - Description Of Organization Collections & How Furthers Exempt Pu | rpose | |
| The Foundation_commissioned_an_artist_to_fabricate_a_sculpture_loc | cated on the west | |
| side of Millennium Bridge in Denver, Colorado on property owned by | <u>/ the Central Plat</u> | <u>tte</u> _ |
| Valley_Metropolitan_District for public_enjoyment and enhancement | of public lands. | |
| | | |
| | | |
| BAA | Schedule D (Form 990) | 2013 |

| OMB No 1545-0047 | 2013 | Open to Public Inspection | Employer identification number | 84-1526370 | | X Yes No | 0 |
|---|--|--|--------------------------------|--------------------------------------|---|---|--|
| Grants and Other Assistance to Organizations, | Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. | Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. | | Riverfront Park Community Foundation | Part I General Information on Grants and Assistance | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States |
| SCHEDULE | (Form 990) | Department of the Treasury Internal Revenue Service | Name of the organization | Riverfront Pa | Part General II | 1 Does the organize the selection crit | 2 Describe in Part I |

| Part II Grants and Other Assistance to Governments an | ce to Governme | nts and Organi | d Organizations in the United States. Complete of the organization answered 'Yes' to | ed States. Comple | ite if the organizat | Y, barswered 'Y | /es' to |
|--|---------------------------------------|-------------------------------|--|-----------------------------------|---|--|------------------------------------|
| Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | for any recipient | that received m | ore than \$5,000. P | art II can be duplic | ated if additional | space is needed | : |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non cash assistance | (h) Purpose of grant or assistance |
| (1) Colorado Uplift | | | | | | | Empower urban |
| Denver, CO 80203 | 84-0889330 | | 10,000. | 0 | - | | youth support |
| (2) CU Denver Celebration Success | | | | | | | Funds for |
| <u>Bus_Sch-Campus_Box_165</u> DenverCO_80217 | 84-6005555 | | 000 01 | c | | | student |
| (3) DCDA-Davie CateDart Art | | | .000 '01 | | | | SCHOTOLONINGS |
| 1101_13th_Street | | | | | | | Student Matinee |
| Denver, CO 80204 | 84-0407760 | | 10,000. | 0. | | | sponsor |
| (4) Denver Bike Sharing | | | | | | | |
| | 24-4028327 | | 15,000 | 0 | | | Sponsorship |
| (5) Denver Health Foundation | | | | | | | 4 |
| <u>177_Bannock</u> Street | | | | | | | Triumph Over |
| | 84-1085196 | | 10,000 | 0. | | | Challenge |
| (6) Denver Public School Foundati | | | | | | | |
| 900 Grant Street Suite 503 | | | | | | | Educational |
| Denver, CO 80203 | 84-1224325 | | 10,000. | 0 | | | opportunity |
| 7 Fresh Start, Inc. (SunValley) | | | | | | | Outreach |
| 1633 Fillmore Street #114 | | | | | | | program for Sun |
| Denver, CO 80206 | 84-1266993 | | 10,000. | .0 | | | Valley |
| (8) Hope Center Children's Prgrm | | | | | | | Childhhood |
| 3400 Elizabeth Street | | | | | | | education |
| Denver, CO 80205 | 84-0564484 | | 7,500 | .0 | | | program |
| 2 Enter total number of section 501(c)(3) and government organizati | and government or | | ons listed in the line 1 table | | | A | 12 |
| 3 Enter total number of other organizations listed in the line 1 table | ons listed in the line | 1 table | | | | • | 1 |
| BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | , see the Instructions | for Form 990. | | TEEA3901L 07/12/13 | 07/12/13 | Schedul | Schedule I (Form 990) (2013) |

Schedule I (Form 990) (2013)

Page 2 Schedule I (Form 990) (2013) Grants and Other Assistance to Individuals in the United States. Complete of the organization answered 'Yes' to Form 990, Part IV, line 22 Part III can be duplicated of additional space is needed. (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 84-1526370 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant Riverfront Park Community Foundation (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013) Part IV Part III BAA m 4 S 9

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.

2013

Open to Public

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

| Employer identification number

84-1526370 Riverfront Park Community Foundation Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. The President and Treasurer/Secretary of the Board of Directors both work for the same company, East West Partners. This is largely based on the fact that East West Partners is a developer that has the relationships in place for the Riverfront Park neighborhood of downtown Denver, Colorado. East West Partners will not receive any contracts or compensation. However, East West Partners is reimbursed for administrative overhead. They also provide financial and in-kind donations to the organization. All other Board members are residents/owners in the Riverfront Form 990, Part VI, Line 11b - Form 990 Review Process Board members will review and approve prior to filing. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts Each director, officer, etc., is required to sign an annual statement that such person has received, read, and understands and complies with the conflict of interest policy. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available Annual reports are posted on the organization's website.

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

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Continuation Page

Schedule I Cont (Form 990) 2013 Teacher sponsor Annual program (h) Purpose of Art/education grant or assistance Distribution Child abuse prevention sponsor Employer identification number Part.II幫 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Food 84-1526370 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash 10,000. 45,000. 10,000. 10,000 10,000 TEEA4001L 07/12/13 grant (c) IRC section if applicable 71-0891869 13-3541913 84-0525768 84-1064295 84-1366092 Riverfront Park Community Foundation (b) EIN (a) Name and address of organization or government _ 1610 Little_Raven Street_Suit _ 13123 E. 16th Avenue B390 _ _ __1212_Mariposa_Street_____ __Museum_of_Contemporary_Art_ __1391_Speer_Blvd_Suite_710_ __WeDontWaste.org____ _1485_Delgany_Street. _ Teach for America _Kempe_Foundation_ Denver, CO 80204 Aurora, CO 80045 Denver, CO 80202 Denver, CO 80204 Denver, CO 80202 _ Platte_Forum _ _ Name of the organization