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# Form **990**

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

2015

Open to Public Inspection

	TOT LITE	ZUIJ Caleli	aar year, or tax year beginning	, 2015, and end			,		
В	Check if ap	plicable	C Name of organization Rosedale Development	Association	n, Inc.	D Employe	r identific	ation number	
	Addre	ss change	Doing business as			48-0	88641	.3	
	Name	change	Number and street (or P O box if mail is not delivered to street addre	ss) Room	n/suite	E Telephor	e number		
	Initial	return	1403 Southwest Boulevard			(913	) 677	7-5097	
	H	eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code	e		(320	,		
	H	ded return	Kansas City	KS 66103		G Gross red	coints S	269,423.	
	H	ation pending	F Name and address of principal officer	K3 00103	H(a) is this a				XNo
	⊔ <sup>Афрію</sup>	auon pending	· ·		10/65	-		Yes	H <sub>No</sub>
			Dan DeMaria 1403 Southwest Blvd Kansas (		If 'No,' at	tach a list (se	e instructi	ons)	□
<u> </u>		empt status		947(a)(1) or 527	_				
J	Websi	ite: ► ro	sedale.org		H(c) Group ex		_		
K		organization	X Corporation Trust Association Other ►	L Year of forma	tion 1978	M St	ate of legal	domicile KS	
Pa		Summar			_				
	1	=	e the organization's mission or most significant activities	<i>-</i>			-	y Develop	ment
ģ			land use planning, crime reductio						
Activities & Governance			ogramming, supporting neighborhoo						
Ĕ		ncern	s.						
ŏ			If the organization discontinued its operations of the continued its operations of the continued its operations.	or disposed of more	than 25% of	its net ass	ets.		
5			ing members of the governing body (Part VI, line 1a)			L	3		14
S			ependent voting members of the governing body (Part V			1	4		14
itie			of individuals employed in calendar year 2015 (Part V, li	ne 2a)		L	5		17
ਂਵੇਂ			of volunteers (estimate if necessary)			L	6		<u>350</u>
ď			d business revenue from Part VIII, column (C), line 12				7a 7b		0.
	D Ne	et unrelated	business taxable income from Form 990-T, line 34				/D		0.
			and south (Best VIII by Ali)		Pri	ior Year	-	Current Yea	_
Đ.			and grants (Part VIII, line 1h)		<u> </u>	311,08		258,	
⊈U≀Revenue		-	ce revenue (Part VIII, line 2g)			15,80	)2.	11,	<u> 149.</u>
ev			come (Part VIII, column (A), lines 3, 4, and 7d)		-				
J			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
<b>%</b>			- add lines 8 through 11 (must equal Part VIII, column	(A), line 12)		326,88	36.	269,	<u>423.</u>
વં≀			nılar amounts paid (Part IX, column (A), lines 1-3)						
<b>=</b> 1			o or for members (Part IX, column (A), line 4)						
≥s	<b>15</b> Sa	alaries, othe	compensation, employee benefits (Part IX, column (A),	lines 5-10)		146,02	21.	159,	702.
e worder Expenses	<b>16</b> a Pr	ofessional f	undraising fees (Part IX, column (A), line 11e)						
- be	b To	tal fundrais	ng expenses (Part IX, column (D), line 25)	5- 2-04-					
Ď			es (Part IX, column (A), lines 11a-11d, 11f-24e)	CEIVED	7	144,6	7 1	179,	992
		•	s Add lines 13-17 (must equal Part IX, column (A), line	25)	2[ ├──	290,69			
3			expenses Subtract line 18 from line 12		⊀I ├───			339,	
<b>`</b>		everiue iess	expenses Subtract line to nont line 12 149 140 4	0 7 2016 C	+	36,19		-70, End of Yea	
ts or	<b>20</b> To	stal accote (	Part X, line 16)	٥		of Current			
Bals	20 To		(Part X, line 26)	DEN. UT	- i	256,43		204,	
Not Assets Fund Balan	21   10				—— نہ	15,09		_	427.
_			fund balances. Subtract line 21 from line 20	<del> </del>		241,34	10.	171,	<u>069.</u>
Pa	rt II	Signatur	e Block						
Unde	er penalties	of perjury, I dec	are that I have examined this return, including accompanying schedules ar r (other than officer) is based on all information of which preparer has any	nd statements, and to the b	est of my knowle	dge and belie	f, it is true,	correct, and	
		l.	A A A A						
		Sum du	e of officer			<u> </u>	6-	2016.	
Siç	gn	Signatu	e of officer		Date	•			
He	re		DeMaria		Treas	urer			
			print name and title						
		Print/Type p	eparer's name	Date	١٠	Check X	lf PT	IN	
Pa	id	Lisa P	. Gioia, CPA	08/23	/16	self-employed	P(	00350492	
	eparer	Firm's name	Lisa A. Gioia, CPA						
	e Only	Firm's addre				Firm's EIN 🏲	23-2	754265	
	•		Kansas City MC	64154-1408		Phone no		587-925	<u> </u>
May	v the IRS	discuss the	return with the preparer shown above? (see instruction		<u>′. l'</u>				No

Form 990 (2015)

Form	1990 (2015) Rosedale Development Association, Inc.	48-0886413	Page 2
Par		<del>-</del>	
	Check if Schedule O contains a response or note to any line in this Part III		
1	Bnefly describe the organization's mission.		
	Neighborhood and Community Development	<b></b>	
	through land use planning, crime reduction, public space involvem	ent,	
	See Form 990, Page 2, Part III, Line 1 (continued)	<b></b> _	_ <b>_</b>
2	Did the organization undertake any significant program services during the year which were not listed on the program services.	nor	<b>—</b>
	Form 990 or 990-EZ?	· · · · · · Yes	X No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth and revenue, if any, for each program service reported	s measured by expens ners, the total expense:	es s,
4 a	(Code ) (Expenses \$ 158,567. including grants of \$ 223.) (Re	evenue \$	223.)
	Rosedale Healthy Kids - community based collaborative effort to reduce		
	the community. Accomplishments include: organized community events incl		
	bike-in movie, Healthy Kids Carnival, RISE, International Walk to School Day		
	sent 60 students to week-long overnight summer camp; operated commu		
	for free bike repairs to community; constructed and maintained 4 mi		
	walking trail (Rozarks); supported access to healthy food through community		
	and the Rosedale Farmers Market. Collaborated with Healthy Commu		
	Initiative. Expanded participation in youth programs and communi		
	interest in Jewin Paragraph and Communication	: 57_32-33-101	
		· <b>-</b>	
		· <b>-</b>	
		· <del></del> -	
4 b	(Code: ) (Expenses \$ 12,841. including grants of \$ 0.) (Re	evenue \$	0.)
	Youth Programs - Provided leadership and community volunteer prog		
	1,600 area youth through 18 programs and events. Programs includ		
	Summer Youth Employment, Excellence in Education, Youth Sports le		
	the Noble Prentis Garden Club.		
4 c	(Code) (Expenses \$ 103,027. including grants of \$ 0.) (Re	evenue \$ 1	0,926.)
	Community Outreach - provided a variety of resources to over 14,0		
	residential, business and institutional community members includi		
	services, crime reduction, improvement of housing stock and urban		
	Sent community survey to 6100 residents and businesses of Rosedal		
	participated in Rosedale Master Plan Update Advisory Committee.		
		. <b></b>	
	to dozens of crime and code related issues, 20 development issues and companies and social modes interactions and messages respecting contractions.		
	emails and social media interactions and messages requesting serv		
	Provided minor home repairs to 15 families and referred additional families to		
	home repairs. Led advocacy effort with Rosedale Ridge residents		
	Provided healthcare enrollment assistance to families and individuals as	an Allordable	care Act
	See Form 990, Page 2, Part III, Line 4c (continued)	<del>-</del>	<del>-</del>
	Other program services (Describe in Schedule O )		<del> </del>
→u	(Expenses \$ including grants of \$ ) (Revenue \$		1
40	Total program service expenses > 274,435.	· · · · · · · · · · · · · · · · · · ·	
BAA	TEEA0102 10/12/15	Forr	n <b>990</b> (2015)

Page 3

Pantive Checklist of Required Schedules No Yes s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . 2 Х 3 Х 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 . . . . . . Х 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, Х 6 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III 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 Х services? If 'Yes,' complete Schedule D, Part IV . . . . . 9 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 X 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 X Х Х 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 Schedule D, Parts XI, and XII. Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . . Х 12 b Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b Х Х 15 Х 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) Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 19 Х

Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H . . . . . . . . . 20a Х **b** If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . . 20b Х 21 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 Х 23 24a Х **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . . 24h 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 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ 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 Х 25b Χ 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 of any of these persons? If 'Yes,' complete Schedule L, Part III. 27 Х <del>نگ</del> 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 . . . Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . . Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II . . Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . Х 35a 35b 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 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 

# Form 990 (2015) Rosedale Development Association, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . . . . .

	Check it Schedule O Contains a response or note to any line in this Part V	· · ·		للن
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	··· • • • • • • • • • • • • • • • • • •		:	
	c 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			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	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		Х
	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		
4	<b>a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
	b If 'Yes,' enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			<del></del>
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	<b>b</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		<u> </u>
6	a 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		х
	b If '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).		*	
i	a 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 a	`	X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с	-	x
•	d If 'Yes,' indicate the number of Forms 8282 filed during the year	1	۽ در	<u></u>
1	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	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
_	h 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. Did a donor advised fund maintained by the sponsoring			
_	organization have excess business holdings at any time during the year?	8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			<u>-</u>
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		<b></b>
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 Ь		
	Section 501(c)(7) organizations. Enter	- 1	*	
	a Initiation fees and capital contributions included on Part VIII, line 12	1	,	
11	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   10 b   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 )	, 12 a		<u></u>
	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	128		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	]	Ì	
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		J
	Note. See the instructions for additional information the organization must report on Schedule O.	.54		
	b Enter the amount of reserves the organization is required to maintain by the states in	1		
	which the organization is licensed to issue qualified health plans	*		
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
ΔΔ			990 (3	2015)

Form 990 (2015) Rosedale Development Association, Inc. 48-0886413 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. 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 . . . . . 1 a 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 . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents Χ Did the organization become aware during the year of a significant diversion of the organization's assets? . . 5 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . . 8 h Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Х b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 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? . . . . Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . . . . . . 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х 13 Х Х 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? 15 a Х 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records 1403 Southwest Blvd

(913) 677-5097 Kansas City 66103

Organization

Form <b>990</b> (2015)	Rosedale Development Association, Inc.	48-0886413	_ Page
Pant VIII Com Inde	pensation of Officers, Directors, Trustees, Key Employees, Highest C pendent Contractors	ompensated Employe	es, and
Check	s if Schedule O contains a response or note to any line in this Part VII		L

## 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.

		i		(C)						
(A) Name and Title	(B) Average hours per	thar	one i s both dire	do no box, u an of ector/	t che inless ficer truste	e)	n	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any) hours for related organiza- tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_(1) Zach_Flanders Board Member	1.00	х						0.	0.	0.
(2) Cheryl Gibson Board Member		Х			ı			0.	0.	0.
(3) John Hornbeck Board Member	1.00	Х						0.	0.	0.
_(4)_Carroll_O'Neal Board Member	1.00	Х						0.	0.	0.
(5) Gretchen Patch Board Member	1.00	х						0.	0.	0.
(6) Rick Rehorn Board Member	1.00	Х						0.	0.	0.
_(7)_Theresa_Reyes-Cummings Board Member	1.00	Х						0.	0.	0.
(8) Daniel Serda Board Member	1.00	Х						0.	0.	0.
(9) Bob Spaniol Board Member	1.00	Х		-				0.	0.	0.
(10) Charles Stewart Board Member	1.00	Х						0.	0.	0.
(11) Bob Roddy President	2.00	Х		Х				0.	0.	0.
(12) Mark Mohler Vice-President	1.00	Х		х				0.	0.	0.
(13) Karen Johnson Secretary	1.00	Х		х			-	0.	0.	0.
(14) Dan DeMaria Treasurer	1.00	Х		х	•			0.	0.	0.

Pant VIII Section A. Officers, Directors, Ti	rustees, (B)	Key	En		oye C)	es,	and	a Hignest Con	ipensated Emp	oloyees (continuea)
(A) Name and title	Average hours per week (list any hours for related organiza	box	, unle	Pos heck ss pe	ition more erson directi	than of the both or/trust Highest co	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	- tions below dotted line)	trustee	al trustee		yee	Highest compensated employee				
(15) Heidi Holliday Executive Director	40.00			х				44,558.	0.	1,457.
(16)										
(17)		1			-					
(18)		-				•				
(19)										
(20)		-			_				<u></u>	
(21)										
(22)										
(23)		<del>                                     </del>				-		_		
(24)	<del> </del>	<del>                                     </del>								
(25)									-	
1 b Sub-total			• •	• •	• •	<del></del>	<b>&gt;</b>	44,558.	0.	1,457.
c Total from continuation sheets to Part VII, Sect							<b>►</b>	14.550	-	1 457
d Total (add lines 1b and 1c)							eive	44,558. d more than \$100,0	0.000 of reportable co	
nom the organization										Yes No
3 Did the organization list any former officer, directed on line 1a? If 'Yes,' complete Schedule J for such.										<b>3</b> X
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater	than \$150,	000?	If 'Y	'es'	com	plete	Scl	hedule J for		
such individual	compensat	ion fr	om a	any	unre	lated	org	ganization or individ		4 X
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	complete S	ched	iule .	J for	suc	n pei	rson	<u> </u>		<b>5</b>   X
Complete this table for your five highest compensation from the organization. Report compensation.	ated indepe ensation fo	nden r the	t cor cale	ntrac nda	ctors r yea	that ar en	rec ding	eived more than \$1 with or within the	100,000 of organization's tax y	ear
(A) Name and business add	ress							(B) Description of	f services	(C) Compensation
						•				
		-								
					1 .			\	- AL - 342 501	
Total number of independent contractors (including \$100,000 of compensation from the organization)	but not lin  ► 0	nited	to th	iose	IISTE	eo ab	ove	y wno received mo	re inan	

	•		_			To	(A) otal re		Э		Rela ex fur	(B) ated emp actio vent	n n		Unr bus	C) elate ines /enu	s		Reve uded der s	from	n tax ons
and Other Similar Amounts	1 a	Membership dues	ons)		0. 0. 0. 30,610. 227,506. 1,000.		258	,27	4.												
ž	٠,		,		Business Code																
ĕ	١.	70:00 T 1 7 0 0 T 1 1 0 0 T 1 1 1 1 1 1 1 1 1 1 1 1				<b></b> -		,00		├			000.				<u>0.</u>	<del> </del>			0
Se.	ָר	55.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.					/	,71		-			710.	<del> </del>			<u>0.</u>	$\vdash$			0
Ž	`	Garden and other p	<u>rogram</u>	<u>rees</u>	900009			43	9.	├			439.	İ			0.	<del> </del>			0
Ñ	ء ا									-								$\vdash$			
gra	ř	All other program service								<del>                                     </del>								$\vdash$			
P.	l	Total. Add lines 2a-2f					11	,14	<u> </u>		,	*		-	~	۵.	§ 1	<u> </u>			
	_	Investment income (inclu						, 17	<u> </u>	<u> </u>								<del> </del>			
	4 5	other similar amounts) . Income from investment Royalties	of tax-exe	mpt b	ond proceeds								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				;		4	¥;	*
b Members c Fundraisi d Related of e Governmen f All other co similar amo g Noncash of h Total. Ad c Garden d Fall other g Total. Ad c Garden d Net renta c Rental inco d Net renta c Rental inco d Net renta c Rental inco d Net gain b Less cost c Gain or (I d Net gain c Ress inco c Rental inco d Net gain b Less. dire c Net incon g a Gross inc c Net incon loa Gross sal and allow b Less cost c Net incon loa Gross sal and allow b Less cost c Net incon loa Gross sal and allow b Less cost c Net incon d Net gain d All other	Gross rents	_			a~gs		***	*				7				97		<del></del>		nto	
	l b	Less rental expenses				,			1		4	,,	* *		4.		•	>*	,	•	
	۰ ا	Rental income or (loss)					; %	.,	****	,	15			3;	<u> </u>		. <u></u>	<u> </u>			
	d	Net rental income or (los	s)							L											
	7 a	Gross amount from sales of assets other than inventory	(ı) Secui	nties	(ii) Other	- Es	; > \	, »	,	>	*	"3	,	*	, ja , ja	74	*			•	
		Less cost or other basis and sales expenses		-		is:	^98 g	<b>*</b> .*	Mt 3	*3	*	***		<i>\$</i> ,	*	bde;				·	•
		:Gaɪn or (loss) .... [ I Net gaɪn or (loss)....			<u> </u>		->					<u> </u>	<u> </u>	<u> </u> -				<u></u>		3,	<u> </u>
		-						-	-	-								├			
Revenue	8 a	Gross income from fundr (not including. \$ of contributions reported See Part IV, line 18	on line 1c	0 <b>.</b> ).	a					**	,*	*	,		>	4	,				
e	l b	Less. direct expenses			b				*			,	*		<		,		,	•	*
됐		Net income or (loss) from										9					<del></del>				
•		Gross income from gamı See Part IV, line 19	ng activitie	es	a		<del></del>					•	*						5	<b>,</b>	
	b	Less: direct expenses .			b										à				ſ		
	c	Net income or (loss) from	n gamıng a	activiti	es									<u> </u>							
		Gross sales of inventory, and allowances		•	а				:								3				
	b	Less cost of goods sold			b													<u> </u>		,	
	C	Net income or (loss) from		nvent	ory ►									<u></u>				<u> </u>			
	L	Miscellaneous Revenu	ie .		Business Code													<u> </u>			
	11 a	<b>-</b>																<u> </u>			_
	b	`								<u> </u>	_			<u> </u>				<del>                                     </del>			
	C				<del></del>		_	•										<u> </u>			
		All other revenue								ļ				<u> </u>			<del>_</del>	<u> </u>			
		Total. Add lines 11a-11d	1							i .				l .				1			

12 Total revenue. See instructions . . . . . . . . . . . . .

11,149.

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). (A) Total expenses (D) Fundraising (B) (C) Do not include amounts reported on lines Program service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . . . . . . . . . . . . Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members . . . . . . Compensation of current officers, directors, 3,451 6,672 trustees, and key employees 46,015 35,892 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described ın section 4958(c)(3)(B)..... Other salanes and wages . . . . . . . . 44. 97,840 83,875 13,921 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).... 1,475 1,284 190 Other employee benefits . . . . . . Payroll taxes . . . . . . . . . . . . 14,372 11,960 2,111 301 Fees for services (non-employees) 0 21,790 21,790 e Professional fundraising services See Part IV, line 17 . g Other (If line 11g amount exceeds 10% of line 25, column 49. 67,765 1,016 (A) amount, list line 11g expenses on Schedule O) . . 68,830 Advertising and promotion . . . . . . 195 4,560 4,363 26,756 22,656 3,248 852. 13 Office expenses . . . . . . . . . Information technology . . . Royalties 15 277 12,192 10,149 1,766 97 42. 17 982 843 Payments of travel or entertainment expenses for any federal, state, or local Conferences, conventions, and meetings . . . 19 20 Interest Payments to affiliates . . . . 21 22 Depreciation, depletion, and amortization . . . 3,252 2,709 466 77. 694 99 5,018 4,225 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 ·š expenses on Schedule O) . . . . . . 27.269 0 a Program supplies/expense 27,269 9,343 1,445 7,889 9. 274,435. 60,055 5,204. 25 Total functional expenses Add lines 1 through 24e. . 339,694. 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). . . . . .

Form 990 (2015) Rosedale Development Association, Inc.

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u></u>	<u>.</u>	<u> </u>
-	•		(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	117,759.	1	115,942.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	72,513.	3	47,339.
	4	Accounts receivable, net	20,915.	4	970.
	5	Loans and other receivables from current and former officers, directors,		444-1176-2	Satisfaction in Company and Applicate least of
	3	trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
		ļ.		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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	4,943.	8	5,943.
As	9	Prepaid expenses and deferred charges		9	680.
_	•		3,426.	-	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2	,	, ^
		Complete Part VI of Schedule D	36,874.	10 c	33,622.
	11	Investments — publicly traded secunties	30,074.	11	33,022.
	12	Investments – other securities See Part IV, line 11	-	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)	256 420	16	204 406
	17	Accounts payable and accrued expenses	256,430. 14,481.	17	204,496. 30,927.
	18	Grants payable	14,401.	18	30, 521.
l	19	Deferred revenue	609.	19	2,500.
İ	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	•	21	
Liabilities	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	4 §
ן⊏	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	· · ·	25	
- 1	26	Total liabilities. Add lines 17 through 25	15,090.	26	33,427.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			* * * *
8		lines 27 through 29, and lines 33 and 34.	. *		* *
ě	27	Unrestricted net assets	94,078.	27	62,377.
쿒	28	Temporarily restricted net assets	147,262.	28	108,692.
핗	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.	* * *		
ဖွ	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥8	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>e</u>	33	Total net assets or fund balances	241,340.	33	171,069.
	34	Total liabilities and net assets/fund balances	256,430.	34	_204,496.
BA					Form <b>990</b> (2015)

Forn	n <b>990</b> (2015) Rosedale Development Association, Inc. 48	<u>-088</u>	6413		Pa	ige 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			• • •	· · ·	<u>·    </u>
1	Total revenue (must equal Part VIII, column (A), line 12)			2	69,4	23.
2	Total expenses (must equal Part IX, column (A), line 25)		_	3.	39 <b>,</b> 6	594.
3	Revenue less expenses Subtract line 2 from line 1				70,2	271.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	41,3	<u>340.</u>
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	<u> </u>			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u> </u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
7	column (B))	10		1	71,C	169.
Pa	TXII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u></u>	للن
					Yes	No
1	Accounting method used to prepare the Form 990:			; *	. 4	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			٠.	, - <u>*</u>	*
2 :	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 reviewed on	2		100	. ş	34
	separate basis, consolidated basis, or both:	a		*		i `
	Separate basis Consolidated basis Both consolidated and separate basis					<u> </u>
1	Were the organization's financial statements audited by an independent accountant?			2 b	Х	ĺ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			. , 🗱	J- 3, 5	4
	basis, consolidated basis, or both			9	(A)	
	X Separate basis Consolidated basis Both consolidated and separate basis			ائت شا	ر <sup>ان</sup> <del>اه</del>	<u> </u>
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auterous or compilation of its financial statements and selection of an independent accountant?	dıt,		2 c	Х	
-	If the organization changed either its oversight process or selection process during the tax year, explain			Š	,∜	*
	ın Schedule O			<u> </u>	manusia shara	
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	e 		3 a		Х
1	f 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audıt				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3 b		
BAA				Form	990 (	2015)

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

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Ros	edale Development Ass	sociation. Inc	1.			48-088641	3				
Par				omplete	this p						
,,	organization is not a private foundat		<del></del>								
1	A church, convention of church	hes, or association of o	churches described in se	ction 17	0(b)(1)(	A)(i).					
2	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 99	0 or 990-	EZ))						
3	A hospital or a cooperative hos					).					
4	A medical research organization	on operated in conjunc	ction with a hospital desc	nbed in s	ection	170(b)(1)(A)(iii) Enter tl	ne hospital's				
	name, city, and state										
5	An organization operated for the 170(b)(1)(A)(iv). (Complete P		or university owned or o	perated b	y a gov	ernmental unit described	in section				
6	A federal, state, or local gover	nment or governmenta	al unit described in <b>secti</b> o	on 170(b)	)(1)(A)(\	<b>/</b> ).					
7	An organization that normally in section 170(b)(1)(A)(vi).		part of its support from a	governm	nental u	nit or from the general pu	ıblıc described				
8	A community trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II)								
9	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
10	An organization organized and	l operated exclusively	to test for public safety \$	See <b>sect</b> i	ion 509	(a)(4).					
11	An organization organized and or more publicly supported org	janizations described i	n section 509(a)(1) or se	ection 50	)9(a)(2).	See section 509(a)(3).					
а	□ · ·	tion operated, supervisegularly appoint or elec	sed, or controlled by its si	upported	organiz	ation(s), typically by givi	ng the supported tion. <b>You must</b>				
b	Type II. A supporting organiza management of the supporting must complete Part IV, Section	ı organization vested ii									
С	Type III functionally integrat organization(s) (see instruction					functionally integrated w	ith, its supported				
đ	Type III non-functionally inte functionally integrated The organization instructions) You must comp	ganization generally m	ust satisfy a distribution i								
е	[7]	ion received a written	determination from the IF	RS that it	ıs a Typ	oe I, Type II, Type III fund	ctionally				
f	Enter the number of supported or	,									
g	Provide the following information a	about the supported or	ganızatıon(s).				<u> </u>				
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organizatio in your go docum	n listed verning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
(B)											
	···										
C)					·						
D)											
<u>-,                                     </u>											
E)											
Γotal					į						

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

Schedule A (Form 990 or 990-EZ) 2015

48-0886413

Rosedale Development Association, Inc.

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 I fithe organization fails to qualify under the tests listed below, please complete Part III )

Calendar year (or fiscal year beginning in) -	Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Manual manual grants   Manua	Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
organization's benefit and eather paid to or expended eather paid to organization without charge.  4 Total, Add limes 1 through 3 . 235,753 . 185,295 . 202,109 . 311,084 . 258,274 . 1,192,515 . The portion of total contributions by each person count or publicly supported organization) included on line 1 organization and the contributions of the expense of the paid to expense of the expense of the expense of the paid to expense of the expense of t	1	membership fees received (Do not	235,753.	185,295.	202,109.	311,084.	258,274.	1,192,515.
facilities furnished by a governmental unit to the general sum to the general sum to the governmental sum to the general sum to the governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions) and the support of the support of the governmental contributions and the support person from interest, davidends, payments received on securities (ears, rents, royalties and income from series, solvaties and income from unrelated on securities (ears, rents, royalties and income from unrelated on securities (ears, rents, royalties and income from unrelated on securities (ears, rents, royalties and income from unrelated on securities (ears, rents, royalties and income from unrelated on the surface of	2	organization's benefit and either paid to or expended						
5 The portion of total contributions by each person (other than a governmental until or publicly supported into the subsequence of the amount shown on line 11, column (f)	3	facilities furnished by a governmental unit to the						
contributions by each person (other than a governmental unit or publicly supported unit of publicly supported unit of publicly support and that exceeds 2% of the amount shown on line 11, column (f)	4	Total. Add lines 1 through 3	235,753.	185,295.	202,109.	311,084.	258,274.	1,192,515.
Section B. Total Support  Calendar year (or fiscal year peginning in) - (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total peginning in) - (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total peginning in) - (a) 2015 (f)	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount			, .		*	92.987.
Calendar year (or fiscal year beginning in) -  7 Amounts from line 4	6	Public support. Subtract line 5	,	* *		v &	· · · · · ·	
7 Amounts from line 4	Sec	tion B. Total Support						
8 Gross income from interest, dividends, payments received on securities loars, rents, royalties and income from similar sources.  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
dividends, payments received on secunties (oars, rents, royalties and income from similar sources	7	Amounts from line 4	235,753.	185,295.	202,109.	311,084.	258,274.	1,192,515.
9 Net income from unrelated business activities, whether or not the business is regularly carned on	8	dividends, payments received on securities loans, rents, royalties and income from	0	0.	0.	-		0.
garn or loss from the sale of capital assets (Explain in Part VI )  11 Total support. Add lines 7 through 10	9	business activities, whether or not the business is regularly						
Total support. Add lines 7 through 10	10	gain or loss from the sale of capital assets (Explain in						
Section C. Computation of Public Support Percentage	11		, ž, š	*		\$ \$	· .	1,192,515.
Section C. Computation of Public Support Percentage  14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	186,358.
Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	13							
Public support percentage from 2014 Schedule A, Part II, line 14								
16 a 33-1/3% support test − 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
and stop here. The organization qualifies as a publicly supported organization								-
and stop here. The organization qualifies as a publicly supported organization	16 a	<b>33-1/3% support test</b> — <b>2015.</b> If the and <b>stop here</b> . The organization of	the organization die jualifies as a public	d not check the box ly supported organ	k on line 13, and lir nization	ne 14 is 33-1/3% c	r more, check this	box X
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	b	33-1/3% support test — 2014. If the and stop here. The organization of	he organization did qualifies as a public	not check a box o cly supported organ	n line 13 or 16a, a nization	nd line 15 is 33-1/	3% or more, check	this box
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	17 a	or more, and if the organization me	eets the 'facts-and-	cırcumstances' tes	t, check this box a	nd <b>stop here.</b> Exp	lain in Part VI how	· —
		or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' test	circumstances' tes The organization	t, check this box a qualifies as a publ	nd <b>stop here.</b> Exp licly supported org	laın ın Part VI how anızatıon	the ▶
		Private toundation. If the organiz	ation did not check	a box on line 13, 1	ıba, 16b, 17a, or 1 ———			

| Support Schedule for Organizations Described in Section 509(a)(2)
| Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II I fithe organization fails to qualify under the tests listed below, please complete Part II )

Sec	tion A. Public Support	_									
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total			
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')										
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or business under section 513					<del></del>					
<b>4</b> 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
_	organization without charge										
	Total. Add lines 1 through 5										
t	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										
	Add lines 7a and 7b						+				
8	Public support. (Subtract line 7c from line 6)	garantig so was the f	<del>€-</del> - <del>**</del> - *	grange digner than "and "and and digner	55* − 10* ° 5> 3		n -12 /	<del></del>			
Sec	tion B. Total Support			- '							
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total			
9	Amounts from line 6										
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
c	: Add lines 10a and 10b							·			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					··· - <u></u>					
	Total support. (Add lines 9, 10c, 11, and 12)										
	First five years. If the Form 990 is organization, check this box and st	top here	<u></u>	hird, fourth, or fifth	tax year as a sect	on 501(c)(3	) 				
	tion C. Computation of Pul										
	Public support percentage for 2015						15	96			
_	Public support percentage from 20						16	<del></del>			
	tion D. Computation of Inv										
	Investment income percentage for						17	9			
18	Investment income percentage from	m 2014 Schedule A	A, Part III, line 17				18	ુ			
	<b>33-1/3% support tests — 2015.</b> If is not more than 33-1/3%, check the	nis box and stop he	ere. The organizat	ion qualifies as a p	ublicly supported o	organization		▶ 📋			
	b 33-1/3% support tests — 2014. 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										

Part IV Supporting Organizations
(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	ction A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?	-		-
	If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was	10" /5" 140	********	K Symmetaky
	described in section 509(a)(1) or (2)	2		ļ
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization	,		
	made the determination	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	Зс		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	, ,	, ,	1,
	organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that			,
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the	2,	i v	*
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	- J	<u> </u>
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one			-
	or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6		-
7	(defined in section 4958(c)(3)(Č)), a family member of a substantial contributor, or a 35% controlled entity with			*
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?	,		*
	If Yes,' provide detail in Part VI	9a		ļ. —
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	;		
	answer 10b below	10a		
	<b>b</b> Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	<u> </u>	

Pa	rt IV Supporting Organizations (continued)			,			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
	governing body of a supported organization?	11a					
ı	A family member of a person described in (a) above?	11b	_	<b>_</b>			
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	l				
Sec	tion B. Type I Supporting Organizations						
4	Did the directors to interest or marketokin of one or more augmented organizations have the neglect to regularly appoint		Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities						
	If the organization had more than one supported organization, describe how the powers to appoint and/or remove						
	directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)						
	that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the		* :	<u> </u>			
	supporting organization	2		_			
Sec	tion C. Type II Supporting Organizations						
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	×	*	,			
	of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	· · · · · · · · · · · · · · · · · · ·				
Sec	tion D. All Type III Supporting Organizations	•					
			Yes	No			
		<i>,</i>	i ið	8,1			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ł	**	*			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	232	<u> </u>			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	\$1 ·	3	,			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported						
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2	**********************************				
3							
voice in the organization's investment policies and in directing the use of the organization's income or assets at							
	all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3	***************************************				
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	•		<u></u>			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•					
8	The organization satisfied the Activities Test Complete line 2 below						
ı	The organization is the parent of each of its supported organizations. Complete line 3 below						
(	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions)					
2	Activities Test Answer (a) and (b) below.		Yes	No			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			, .			
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was		<b>,</b>				
	responsive to those supported organizations, and how the organization determined that these activities constituted			ļ			
	substantially all of its activities	2a		├			
1	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of						
	the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the						
	organization's involvement	2b		ļ			
3	Parent of Supported Organizations Answer (a) and (b) below.	*					
á	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of						
	each of the supported organizations? Provide details in Part VI	3a		<b></b>			
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b					
BAA	TEEA0405 10/12/15 Schedule A (Form 990	or 99	)-EZ)	2015			

Schedule A (Form 990 or 990-EZ) 2015 Rosedale Development Association, Inc.

48-0886413

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Schedule A (Form 990 or 990-EZ) 2015 Rosedale Development Association, Inc. 48-0886413 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Pnor Year Section A - Adjusted Net Income (optional) 1 2 3 4 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for 6 7 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1 a 1 b 1 c 1 d e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 5 6 Recoveries of prior-year distributions . . . . . . . . . . . . . . . 7 8 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) . . . . . . . . . 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) . . . . . . . 3 3 Enter greater of line 2 or line 3 . . . . . . . . . . . . . . . . 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 

7 BAA

(see instructions).

Schedule A (Form 990 or 990-EZ) 2015

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization

Sche	dule A (Form 990 or 990-EZ) 2015 Rosedale Development	Association, I	nc. 48-088	16413	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	tions (continued)		
Sec	tion D - Distributions			Current	Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of suppo				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)			<del></del>	
6	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6				
				<del> </del>	
- 8 	Distributions to attentive supported organizations to which the organization Part VI) See instructions.	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
9_	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distribu Amount f	table
1	Distributable amount for 2015 from Section C, line 6				•
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)				
3	Excess distributions carryover, if any, to 2015				
a					
ь	, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·		
С	4 8	* * * •	· · · · · · · · · · · · · · · · · · ·		****
	From 2013		* }		
	From 2014	1 % % , % , .	*.	*	<u> </u>
	Total of lines 3a through e	<u> </u>			
			<u></u>		<u> </u>
	Applied to underdistributions of prior years	, <u> </u>	ur no w	was and assistant	شەپ سىنى <u>گە</u>
	Applied to 2015 distributable amount				
<u>i</u>	Carryover from 2010 not applied (see instructions)				
i	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2015 from Section D,	, >	* * * * * * * * * * * * * * * * * * * *	**	
	line 7 \$	: : * * .	<b>* \ \ \ \ \</b>	, 4 *	% ·'€ %
	Applied to underdistributions of prior years	A company		<u> </u>	<u> </u>
	Applied to 2015 distributable amount	and the first constraints of the name or the december of the second to the second to the		<del></del>	
С	Remainder Subtract lines 4a and 4b from 4				- %
5	Remaining underdistributions for years prior to 2015, if any	, ,			
	Subtract lines 3g and 4a from line 2 (if amount greater than	4%1		•	*
	zero, see instructions)	<u> </u>			<u>a. Ma e</u>
- 	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		· '>		
7	Excess distributions carryover to 2016. Add lines 3j and 4c		1	у	
8	Breakdown of line 7			, λ	, » <sup>§</sup>
а	eg .				
b					
С	Excess from 2013	,			×
	Excess from 2014				
е	Excess from 2015				<del></del>

Schedule A (Form 990 or 990-EZ) 2015

Rosedale Development Association, Inc. 48-0886413

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

#### 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

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

OMB No 1545-0047

pen to Public

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2015

• 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,' on 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. If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), 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. 1 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 the organization under section 4955 . . . . . . . . . . . . . . . . If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . . . . . . . . . No No h 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. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-(a) Name (c) EIN (b) Address (d) Amount paid from filing organization's funds If none, enter-0-(1)(2) (3)(4) (5)(6)

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

Schedule C (Form 990 or 990-EZ) 20	<sup>015</sup> Rosedale De	velopment Assocı	ation, Inc.	48-088	6413 Page <b>2</b>
Part II-A . Complete if section 501	the organization	n is exempt under se	ection 501(c)(3) and	d filed Form 5768 (e	lection under
A Check ► If the filir	ng organization belon	gs to an affiliated group (and	d list in Part IV each affili	ated group member's nan	ne,
address,	, EIN, expenses, and	share of excess lobbying ex	(penditures)		
B Check ► I If the film	ng organization check	ed box A and 'limited contro	ol' provisions apply		
(The term	Limits on Lobbyi 'expenditures' mea	ng Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ires to influence publi	c opinion (grass roots lobby	ıng)	0.	
<b>b</b> Total lobbying expenditu	ires to influence a leg	islative body (direct lobbying	g)	0.	<u></u>
c Total lobbying expenditu	ires (add lines 1a and	1b)		0.	
d Other exempt purpose e	expenditures			339,694.	
e Total exempt purpose ex	xpenditures (add lines	s 1c and 1d)		339,694.	
f Lobbying nontaxable am both columns	nount. Enter the amou	int from the following table i	n 	67,939.	
If the amount on line 1e, col	lumn (a) or (b) is	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$	1,000,000	\$100,000 plus 15% of the excess	s over \$500,000		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess	s over \$1,000,000		
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		* **
Over \$17,000,000		\$1,000,000			
		line 1f)		16,985.	
		nter -0		0.	
i Subtract line 1f from line	1c If zero or less, er	nter -0		0.	
j If there is an amount oth section 4911 tax for this	er than zero on eithe year?	r line 1h or line 1i, did the or	ganızatıon file Form 472	0 reporting	Yes No
(Som	ne organizations tha	4-Year Averaging Period L t made a section 501(h) el is below. See the instructi	ection do not have to d		
	Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total
2 a Lobbying nontaxable amount		0. 0.	0	0	0
amount	<u>'</u>	0. 0.	0.	0.	0.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))	ļ	* * * * *	\$	16 Met 6	0.
	, ,	· ·			
c Total lobbying expenditures		0. 0.	0.	0.	0.
d Grassroots nontaxable amount	<del></del>	0. 0.	0.	0.	0.
e Grassroots ceiling			* *	۶.	
amount (150% of line 2d, column (e))	* *		*	*	0.
f Grassroots lobbying expenditures		0. 0.	0.	0.	0.
BAA				Schedule C (Form	990 or 990-EZ) 2015

Partill-B. Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

· ·	(a	3)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	A	mount	
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					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			و به حد مرد د	<u>/ ,                                 </u>	
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	× .	,		,	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		-**	,,1 , ,15,	10-48	500
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912	*	, ,			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	2,3	, 'R', 'A			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		الكمسمحدد	ā, "Lā	FACES	100
Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
1 Were substantially all (90% or more) dues received nondeductible by members?			1		No
			<u> </u>		
3 Did the organization agree to carry over lobbying and political expenditures from the pnor 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) answered 'Yes.'	(c)(5) Part	, or s III-A,	line 3, i	501(C) S	
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		2b			
<b>c</b> Total		2с			
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			
Partilly 1 Supplemental Information		٠			

Ranti Vivi Supplemental Information

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, lines 1 and 2 (see instructions); and Part II-B, line 1 Also, complete this part for any additional information

#### **SCHEDULE D** (Form 998)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 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

Openio Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Rosedale Development Assoc	iatıon, Inc.		48-0886413	
Pa	Organizations Maintaining Dono	or Advised Funds or O	ther Similar Fu	nds or Accounts.	
	Complete if the organization answ	rered 'Yes' on Form 990,	Part IV, line 6.		
		(a) Donor advised	d funds	(b) Funds and other accounts	_
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year	·			
5	Did the organization inform all donors and donor are the organization's property, subject to the organization				
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or	for any other purpo	ose conferring	
Par	Conservation Easements. Complete if the organization answ	rered 'Yes' on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the	he organization (check all that	apply)		_
	Preservation of land for public use (e.g , rec	reation or education)	Preservation o	f a historically important land area	
	Protection of natural habitat		Preservation o	f a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation	contribution in the fo		
				Held at the End of the Tax Year	
	Total number of conservation easements				
	Total acreage restricted by conservation easeme				_
•	Number of conservation easements on a certified	d historic structure included in	(a)	. 2c	_
C	Number of conservation easements included in ( structure listed in the National Register	(c) acquired after 8/17/06, and	not on a historic	. 2 d	
3	Number of conservation easements modified, tratax year ►	ansferred, released, extinguish	ed, or terminated by	y the organization during the	
4	Number of states where property subject to cons	servation easement is located	•		
5	Does the organization have a written policy rega				
6	and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring,				
_	<b>•</b>	, ,		-	
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, a	and enforcing conse	ervation easements during the year	
8	Does each conservation easement reported on land section 170(h)(4)(B)(ii)?	ine 2(d) above satisfy the requ	rements of section	170(h)(4)(B)(ı) Yes No	
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the conservation easements	s conservation easements in i ne organization's financial stat	ts revenue and expe ements that describ	ense statement, and balance sheet, and es the organization's accounting for	
Par	Organizations Maintaining Colle Complete if the organization answ	ections of Art, Historica ered 'Yes' on Form 990,	I <b>l Treasures, or</b> Part IV, line 8.	Other Similar Assets.	_
1 a	If the organization elected, as permitted under S art, historical treasures, or other similar assets hin Part XIII, the text of the footnote to its financial	eld for public exhibition, educa	tion, or research in a	atement and balance sheet works of furtherance of public service, provide,	_
it	If the organization elected, as permitted under Si historical treasures, or other similar assets held f following amounts relating to these items	FAS 116 (ASC 958), to report for public exhibition, education	in its revenue stater , or research in furth	ment and balance sheet works of art, nerance of public service, provide the	
	(i) Revenue included on Form 990, Part VIII, lin	ne 1		▶ \$	
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$	_
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	historical treasures, or other si 6 (ASC 958) relating to these i	mılar assets for fina tems	ncial gain, provide the following	_
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X			· · · · · · · · · · • • • • • • • • • •	_

Schedule D (Form 990) 2015 Rosed	dale Deve	lopmen	t Assocı	ation	, Inc.		48-0886	413		Page 2
Partilla Organizations Mainta									ntinu	ed)
items (check all that apply)										
a Public exhibition			d Loan	or excha	inge programs					
<b>b</b> Scholarly research			e Othe	r		<del></del>				
c Preservation for future genera	itions									
4 Provide a description of the organi Part XIII			•	•	-					
5 During the year, did the organization to be sold to raise funds rather that	on solicit or rei in to be mainta	ceive donat iined as pa	tions of art, hi rt of the orgar	istorical t nization's	reasures, or othe	er sımilar assets 	[	Yes		No
Escrow and Custodia line 9, or reported an a	al Arrangen Imount on F	n <b>ents.</b> C orm 990	omplete if t , Part X, lin	the org ne 21.	anization ans	swered 'Yes'	on Form	990, P	art IV	<i>'</i> ,
1 a Is the organization an agent, truste on Form 990, Part X?	ee, custodian o	or other inte	ermediary for	contribut	ions or other as:	sets not include	d [	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and	complete ti	he following to	able <sup>.</sup>		<del></del>				
							<i>F</i>	Amount		-
c Beginning balance									_	
d Additions during the year						<u> </u>				
e Distributions during the year						<u> </u>				
f Ending balance										
2 a Did the organization include an arr						•	[	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII Che	eck here if t	he explanatio	n has be	en provided on	Part XIII			· · L	╛
					<del>~~</del>					
Pant V Endowment Funds. C	1 -	<del></del>								
	(a) Current	year	<b>(b)</b> Prior yea	er .	(c) Two years bac	k (d) Three	years back	(e) Fou	ır years	back
1 a Beginning of year balance								ļ		
<b>b</b> Contributions										
c Net investment earnings, gains, and losses				_	_					
d Grants or scholarships										
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 ba	alance (line 1	g, colum	n (a)) held as:		_			
a Board designated or quasi-endowr	ment ►		9							
<b>b</b> Permanent endowment ►	<del></del> %									
c Temporarily restricted endowment	<b>-</b>	!	9							
The percentages on lines 2a, 2b, a	and 2c should	egual 100%	, 0							
3 a Are there endowment funds not in organization by	the possessio	n of the org	anization tha	t are held	d and administer	red for the			Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)	-	
` <i>'</i>								<del></del>		
<b>b</b> If 'Yes' on line 3a(ii), are the related	-		-		X'	· · · · · · · ·		30	1	
4 Describe in Part XIII the intended u			endowment	iunas	<del></del>					
Land, Buildings, and Complete if the organiz	•		s' on Form	990, P	art IV, line 11	la. See Form	n 990, Pa	rt X, lin	e 10.	
Description of property			other basis stment)		Cost or other sis (other)	(c) Accumu deprecia	tion	( <b>d</b> ) Bo	ok val	iue
1 a Land					4,516.		)*: <b>T</b>		4,	516.
<b>b</b> Buildings					68,192.	39	,669.		28,	523.
c Leasehold improvements										
d Equipment					14,724.	14	,724.			0.
e Other				I	1,500.	1	917.			583.
Total. Add lines 1a through 1e. (Column		l Form 990	, Part X, colu	mn (B), I					33.	622.
ВАА		<del></del>						le <b>D</b> (For		

Schedule D (Form 990) 2015 Rosedale Developme	ent Association	n, Inc.	48-0886413	Page :
Part VII Investments — Other Securities. Complete if the organization answered "	Ves' on Form 990 i	Part IV line 11h Se	e Form 990 Part X line	e 12
(a) Description of security or category (including name of security)	(b) Book value		iation Cost or end-of-year market v	
(1) Financial derivatives	(-,	(e) manage or total		
(2) Closely-held equity interests		<del></del>		
(3) Other				
(A)				
(8)	<del> </del>			
(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 "	Yes' on Form 990, I	Part IV, line 11c. Se	e Form 990, Part X, line	e 13.
(a) Description of investment	(b) Book value	(c) Method of valuati	on Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)			<del></del>	
(9)				
(10)	_		·····	
Total (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets.		<u>L</u>		
Part IX Other Assets. Complete if the organization answered "	Yes' on Form 990. I	Part IV. line 11d. Se	e Form 990. Part X. line	e 15.
	scription		<b>(b)</b> Bool	
(1)				
(2)				
(3)	<del>.</del>			
(4)				
(5)				
(6)		<del></del>		
(8)				
(9)	·	<del></del>		
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) In	ne 15)			
Part X: Other Liabilities. Complete if the organization answered 'Yes' on F	<del></del> -			
(a) Description of liability	(b) Book value	00010111770	71 dit 74 mio 20	····
(1) Federal income taxes			,	*
(2)				
(3)				
(4)				
(5)				
(6)			•	
(7)				o
(8)	<del></del>	$\overline{}$		
(9) (10)				*}
(11)	<del>                                     </del>		4	
			4	
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 footr		ncial statements that reports the	he organization's liability for uncert	
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote h				<sup></sup> □
RAA	TEFA3303 06/03/15		Schedule <b>D</b> (Form	n 990) 2015

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	269,423.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
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	269,423.
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 4a	* (	
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	269,423.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	339,694.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	, ,	
a Donated services and use of facilities	1	
b Pnor year adjustments		
c Other losses	_	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	. 2 e	
3 Subtract line 2e from line 1	. 3	339,694.
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 4a		
b Other (Describe in Part XIII.)		-
C Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	339,694.
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, Part V, 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 any additional information.

#### **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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Rosedale Development Association, Inc.

Employer identification number

48-0886413

A copy of the Form 990 was distributed to all members of the Board of Directors prior to filing. Members of the Board of Directors were asked to provide comments and questions to the Executive Director, Treasurer and CPA. Members of the Board of Directors approved filing of the Form 990 at a board meeting prior to filing.

Pt VI, Line 11b

The organization's staff maintains forms completed by members of the Board of Directors of potential conflicts and updates this information throughout the year. If questions related to a potential conflict arise, a discussion of such is held at the next meeting of the Board of Directors before any financial decisions are made or related activity begins.

Pt VI, Line 12c

Compensation of the Executive Director is discussed by the Board of Directors as part of the annual budgeting process. During the meeting, proposed compensation is compared to similarly situated employees at comparable not-for-profit organizations using salary surveys and Form The Executive Director's credentials and performance evaluations are also considered. Discussions and decisions are documented.

Pt VI, Line 15a

Compensation for key employees is set based on comparison to similarly situated employees at comparable not-for-profit organizations using salary surveys. Experience and credentials are considered. Decisions are documented in personnel files.

Pt VI, Line 15b

The organization's annual Form 990 is available at quidestar.org. organization's financial statements, governing documents, and conflict of interest policy are provided upon request for business purposes as approved by the Executive Director.

Pt VI, Line 19