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### DLN: 93493320141826

# Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private ▶ Do not enter social security numbers on this form as it may be made public

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service foundations)

For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015 C Name of organization THE ROSE FOUNDATION FOR COMMUNITIES D Employer identification number Address change AND THE ENVIRONMENT 94-3179772 Name change Doing business as Initial return Final E Telephone number Number and street (or P O box if mail is not delivered to street address) 1970 BROADWAY SUITE 600 return/terminated (510)658-0702 Amended return City or town, state or province, country, and ZIP or foreign postal code Application pending OAKLAND, CA 946122218 **G** Gross receipts \$ 7,602,359 Name and address of principal officer **H(a)** Is this a group return for TIM LITTLE subordinates? Yes 🗸 1970 BROADWAY Νo SUITE 600 H(b) Are all subordinates ΓYes Γ No OAKLAND, CA 946122218 included? Tax-exempt status **√** 501(c)(3) 4947(a)(1) or If "No," attach a list (see instructions) 501(c)( ) **◀**(insert no ) **H(c)** Group exemption number ▶ Website: ► WWW ROSEFDN ORG L Year of formation 1992 M State of legal domicile CA ✓ Corporation Trust 1 Briefly describe the organization's mission or most significant activities TO SUPPORT GRASSROOTS INITIATIVES TO INSPIRE COMMUNITY ACTION TO PROTECT THE ENVIRONMENT, CONSUMERS, AND PUBLIC HEALTH Activities & Governance 2 Check this box ► 🕝 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a). 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 9 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 27 6 5.0 **6** Total number of volunteers (estimate if necessary) . . . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 5,756,107 5,473,392 Ravenue Program service revenue (Part VIII, line 2g) 16,868 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 184,624 132,814 24,941 24,269 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 5,965,000 5,648,015 12) 13 6,996,847 4,127,862 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 700,630 674,350 5 - 10) Professional fundraising fees (Part IX, column (A), line 11e) . 0 16a b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  172,754 299,170 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 301,676 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 7,999,153 5,101,382 19 Revenue less expenses Subtract line 18 from line 12 -2,034,153 546,633 Net Assets or Fund Balances End of Year Beginning of Current Year 20 Total assets (Part X, line 16) . 10,124,840 7,340,733 21 Total liabilities (Part X, line 26) . 4,726,174 1,448,205 5,398,666 5,892,528 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2016-11-15 Signature of officer Sign Here TIM LITTLE EXECUTIVE DIRECTOR

Firm's name ► THE HENRY LEVY GROUP

Firm's address ► 5940 COLLEGE AVE STE F

OAKLAND, CA 946181385

Preparer's signature BETH ATTEBERY

Type or print name and title

**Paid** 

**Preparer** 

Use Only

Print/Type preparer's name BETH ATTEBERY

Check [

self-employed

Firm's EIN > 94-3194056

Phone no (510) 652-1000

P01466121

2016-11-15

. Tyes No

2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by

### expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, 16,868) THE ROSE FOUNDATION FOR COMMUNITIES AND THE ENVIRONMENT BELIEVES IN THE POWER OF INFORMED COMMUNITY INVOLVEMENT COMMUNITY GRANTMAKING PROGRAMS ARE DESIGNED TO BUILD AND MAINTAIN A BRIDGE BETWEEN THE COMMUNITY AND ORGANIZED PHILANTHROPY, AND TO STRATEGICALLY SUPPORT PROJECTS AND ORGANIZATIONS THAT PROTECT THE NATURAL ENVIRONMENT, PUBLIC HEALTH, AND COMMUNITY AND CONSUMER RIGHTS, PROMOTE COLLABORATION BETWEEN LABOR, ENVIRONMENTAL, BUSINESS, CONSUMER AND SOCIAL INTERESTS, CULTIVATE A NEW GENERATION OF ENVIRONMENTAL STEWARDS AND SOCIAL POLICY LEADERS, AND, RESPECT THE INALIENABLE RIGHTS PROTECTED BY OUR NATION'S CONSTITUTION, AND THE ESSENTIAL HUMAN RIGHTS TO CLEAN AIR, CLEAN WATER, AND INDIVIDUAL DIGNITY AND PRIVACY

- 4b (Code ) (Expenses \$ 284,177 including grants of \$ 246.783 ) (Revenue \$ THE GRASSROOTS FUND SUPPORTS SMALL GRASSROOTS GROUPS THROUGHOUT GREATER NORTHERN CALIFORNIA THAT ARE TACKLING TOUGH ENVIRONMENTAL PROBLEMS INCLUDING TOXIC POLLUTION, URBAN SPRAWL, SUSTAINABLE AGRICULTURE, CLIMATE CHANGE, ENVIRONMENTAL DEGRADATION OF OUR RIVERS AND WILD PLACES. AS WELL AS, OF OUR COMMUNITIES AND OUR HEALTH. THE FUND WORKS TO STRENGTHEN THE GRASSROOTS BASE OF THE ENVIRONMENTAL THAT MANY FOUNDATIONS HAVE PROBLEMS REACHING
- MOVEMENT WITH STRATEGICALLY TARGETED GRANTS AND A CAPACITY BUILDING TRAINING PROGRAM FOR GRANTEES THE GRASSROOTS FUND IS SUPPORTED BY NUMEROUS FOUNDATIONS AND HELPS BRIDGE THE GAP BETWEEN ORGANIZED PHILANTHROPY AND SMALL, COMMUNITY-BASED ENVIRONMENTAL ORGANIZATIONS (Code ) (Expenses \$ 18,118 including grants of \$ ) (Revenue \$ NEW VOICES ARE RISING WORKS WITH OAKLAND HIGH SCHOOL STUDENTS FROM LOW- INCOME COMMUNITIES AND COMMUNITIES OF COLOR THAT SUFFER DISPROPORTIONATELY FROM TOXIC POLLUTION AND RELATED ILLNESS THE NEW VOICES PROGRAM BUILDS OUR STUDENTS' CONFIDENCE, DEVELOPS THEIR LEADERSHIP AND ANALYTICAL SKILLS, TEACHES THEM ACTIVIST SKILLS, AND TRAINS THEM TO LEAD THEIR GENERATION'S FIGHT FOR ENVIRONMENTAL JUSTICE, CLIMATE PROTECTION AND COMMUNITY RESILIENCE PROGRAM COMPONENTS INCLUDE A SUMMER LEADERSHIP ACADEMY, SCHOOL TERM FELLOWSHIPS.
- INTERNSHIPS WITH CLIMATE JUSTICE NON-PROFITS AND BUSINESSES. AND FIELD TRIPS TO EXPLORE ENVIRONMENTAL CAREERS AND VOLUNTEER OPTIONS 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$

4.676.070

Total program service expenses ▶

Page 2

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\bf 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$ $2$	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6	Yes	
7		7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 뉯	10	Yes	
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11</b> b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	<b>11</b> c	•	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 💆	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24</b> c		
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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25h		No.

c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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 Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	

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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Palt I	25a		No
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 Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No

Nο

Nο

Νo

Νo

Νo

Nο

Nο

Nο

Νo

Νo

28c

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35a

35b

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Yes

Form 990 (2015)

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 💆 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

29

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Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		enteck in senedule o contains a response of note to any line in this	- uic	<b>v</b>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	32		. 55	
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		'' L		tors and reportable			
C		ie organization comply with backup withholding rules for reportable payments to ig (gambling) winnings to prize winners?	• •		<b>1</b> c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and					
	Tax S	tatements, filed for the calendar year ending with or within the year covered					
	•	s return	2a	27	24	V	
b		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
32		the organization have unrelated business gross income of \$1,000 or more during		,	3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b		110
		y time during the calendar year, did the organization have an interest in, or a si					
74		a financial account in a foreign country (such as a bank account, securities acc					
	accou	nt)?			4a		No
b		s," enter the name of the foreign country 🕨					
		nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and I	Financial Accounts			
	(FBAF			_			
		he organization a party to a prohibited tax shelter transaction at any time durin			5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
C	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
<b>.</b> -	D	hh		0	5c	V	
ьа		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a	Yes	
b	-	s," did the organization include with every solicitation an express statement th					
	were r	not tax deductible?			6b	Yes	
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution		d partly for goods and	7a	Yes	
		es provided to the payor?			71-	V	
		s," did the organization notify the donor of the value of the goods or services pi			7b	Yes	
С		e organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	ty for	which it was required to	<b>7</b> c		Νo
d		s," indicate the number of Forms 8282 filed during the year	7d				
		· · · · · · · · · · · · · · · · · · ·					
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
_	Didth	o organization during the year new promitime, directly or indirectly, on a person	nal b	onefit contract?	7e 7f		No
		ne organization, during the year, pay premiums, directly or indirectly, on a perso organization received a contribution of qualified intellectual property, did the o			/1		NO
g	requir			ation the Form 6699 as	7g		
h	Ifthe	organization received a contribution of cars, boats, airplanes, or other vehicles	, did t	the organization file a			
	Form	1098-C?			7h		
8	•	oring organizations maintaining donor advised funds.	cinaca	holdings at any time			
		donor advised fund maintained by the sponsoring organization have excess but the year?			8		No
Qa	Did th	e sponsoring organization make any taxable distributions under section 4966	,		9a		No
		ie sponsoring organization make any taxable distributions under section 4500. Ie sponsoring organization make a distribution to a donor, donor advisor, or rela		ercon?	9b		No
10		on <b>501(c)(7) organizations.</b> Enter	iceu p	CISOII.	30		1110
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
,	faciliti		00		<b> </b>		
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources					
	agains	st amounts due or received from them)..........[	11b				
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If"Ye	s," enter the amount of tax-exempt interest received or accrued during the	_				
	year		12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the	organization licensed to issue qualified health plans in more than one state? <b>N</b>	nte c	ee the instructions for			
-		onal information the organization must report on Schedule O	J. C. 3	ee die maductions tol	13a		
b		the amount of reserves the organization is required to maintain by the states	<u>.</u> .				
		ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	13c				
14a	Did th	e organization receive any payments for indoor tanning services during the tax	year	?	14a		Νo
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion in	Schedule O	14b		

	,			
Part VI	Governance,	Management,	and	Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management					
	- · ·				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	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	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a busi other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the prior Form 990 wa		4		No
5	Did the organization become aware during the year of a significant diversion of the organization	ganızatıon's assets?	. :	5		Νo
6	Did the organization have members or stockholders?			6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?			'a		No
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?		olders, <b>7</b>	'b		No
8	Did the organization contemporaneously document the meetings held or written actio year by the following	ns undertaken during i	the			
а	The governing body?		8	Ba	Yes	
b	Each committee with authority to act on behalf of the governing body?		8	3b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, worganization's mailing address? If "Yes," provide the names and addresses in Schedule (			9		No
Se	ection B. Policies (This Section B requests information about policies not r	equired by the Inte	rnal Rev	enu	ie Cod	e.)
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			0a	Yes	<b>No</b> No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activa ffiliates, and branches to ensure their operations are consistent with the organization		s,	0a 0b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activ	n's exempt purposes?	s,		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with the organizatio Has the organization provided a complete copy of this Form 990 to all members of its	n's exempt purposes? governing body befor	s,	0Ь		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activa filliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?	n's exempt purposes? governing body befor orm 990	re filing . 1:	0Ь		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the actraffiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form	n's exempt purposes? governing body befor orm 990	e filing 1: 1: give	0b 1a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the actraffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?	n's exempt purposes? governing body befor orm 990	s, 10 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	0b 1a 2a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the actraffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the second compliance of the process.	n's exempt purposes? governing body befor	s, 10 11 12 12 12 12 12 12 12 12 12 12 12 12	0b 1a 2a 2b	Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the actraffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the schedule O how this was done.	n's exempt purposes? governing body befor orm 990 ninterests that could on the policy? If "Yes," de	1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1	0b 1a 2a 2b	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the actraffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the in Schedule O how this was done.  Did the organization have a written whistleblower policy?	n's exempt purposes?  governing body befor  orm 990  uniterests that could of the policy? If "Yes," de	1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1	0b 1a 2a 2b 2c	Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the actraffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review	n's exempt purposes? governing body before orm 990 interests that could of the policy? If "Yes," de	s, 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0b 1a 2a 2b 2c	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the actraffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the	n's exempt purposes? governing body befor orm 990 interests that could go the policy? If "Yes," de	s, 10 se filing 1:	00b 11a 22a 22b 22c 33	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the actra affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with tin Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	n's exempt purposes? governing body befor orm 990 interests that could go the policy? If "Yes," de	s, 10 se filing 1:	00b  11a  22a  22b  2c  .3  .4	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the actraffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with tin Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.	n's exempt purposes? governing body befor orm 990 interests that could go the policy? If "Yes," de wand approval by deliberation and deci	s, 10 s s, 11 s sion?  . 11 sion? . 12 swith a	00b 11a 22a 22b 22c .3 .4	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the actraffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with tin Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take	n's exempt purposes? governing body befor form 990 form interests that could go the policy? If "Yes," de form and approval by deliberation and deci	s, 10 se filing 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	0b  1a  2a  2b  2c  .3  .4  5a	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the actra affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revie independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	n's exempt purposes? governing body befor form 990 form interests that could go the policy? If "Yes," de form and approval by deliberation and deci	s, 10 se filing 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	00b  11a  22a  22b  2c  33  44  55a	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the actraffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990 to the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the interest policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	n's exempt purposes? governing body befor form 990 form interests that could go the policy? If "Yes," de form and approval by deliberation and deci	s, 10 se filing 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	0b  1a  2a  2b  2c  .3  .4  5a	Yes Yes Yes Yes Yes Yes	No

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - $\overline{\checkmark}$  O wn website  $\overline{\checkmark}$  A nother's website  $\overline{\checkmark}$  U pon request  $\overline{\ }$  O ther (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 ►THE ORGANIZATION 1970 BROADWAY SUITE 600 OAKLAND, CA 94612 (510) 658-0702

Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a 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, or 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

	(B)	1						(5)	<b>/-</b> >	(=)
(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers	than on is	one bot rect	not bo: h ar or/ti	chec x, unle n offic rustee	ess er e)	( <b>D)</b> Reportable compensation from the organization (W- 2/1099-	( <b>E)</b> Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) JILL RATNER	40 00	×		x				79,000	0	5,000
PRESIDENT				Ĺ				79,000	0	3,000
(2) KEVIN HENDRICK VICE PRESIDE	1 00	×		×				8,730	0	0
(3) NANCY BERLIN DIRECTOR	1 00	x						0	0	0
(4) MICHELLE CHAN TREASURER	1 00	×		х				0	0	0
(5) ELLEN HAUSKENS DIRECTOR	1 00	x						0	0	0
(6) DAVID MICHELFELDER DIRECTOR	1 00	x						0	0	0
(7) INA BENDICH DIRECTOR	1 00	x						0	0	0
(8) CINDY TSAI SCHULTZ DIRECTOR	1 00	×						0	0	0
(9) AMY LYONS DIRECTOR	1 00	×						0	0	0
(10) KYLE LIVIE DIRECTOR	1 00	×						0	0	0
(11) TIM LITTLE EXECUTIVE DI	40 00			x				120,000	0	45,045
(12) KARLA JAMES MANAGING DIR	40 00			х				92,215	0	9,267

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued
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	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( :han ( on is	ne b both	oox, an	heck unless officer stee)	5	<b>(D)</b> Reportable compensation from the organization (W-	from related - organizations (W-	<b>(F)</b> Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
1b	Sub-Total			٠.	<u>.                                    </u>		. ▶			<u> </u>	
c	Total from continuation sh	eets to Part VII, S	ection /	١.			. ▶				
d	Total (add lines 1b and 1c)	<u> </u>					<b>&gt;</b>		299,945		59,312

3	on line 1a? If "Yes," complete Schedule I for such individual			
	on time 1a / 11 res, complete schedule / 101 such mulvidual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual		V	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	4	Yes	
•	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

**Section B. Independent Contractors** 

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
(A) Name and business address	(B) Description of services	(C) Compensation					

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

Total number of independent contractors (including but not limited to those listed above) who received more than 100,000 of compensation from the organization

Yes

No

Form 99								Page <b>9</b>
Part V	1111	Statement o						_
		Check if Schedu	lle O contains a respons	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ ည	1a	Federated camp	paigns 1a					
Grants	ь	Membership du	es <b>1b</b>					
ns, Gifts, Similar A	С	Fundraising eve	ents <b>1c</b>	7,161				
	d	Related organiz	ations <b>1d</b>					
	e	Government grants	s (contributions) <b>1e</b>	185,576				
	f		ons, gifts, grants, and <b>1f</b>	5,280,655				
tributio Other	g	similar amounts no Noncash contribution	ons included above	7 740				
Contri and O	-	1a-1f \$		7,740	5 472 202			
<u> </u>	h	Total. Add lines	s 1a-1f	•	5,473,392			
ŧ		CA 5111 (TD 0111451) T.		Business Code				
Program Service Revenue	2a b	CA ENVIRONMENTA  METROPOLITAN TR			14,868			14,868
o≛ o±	C	METROPOLITAN TR	ANSPORTATION C		2,000			2,000
ř Š	d							
<i>3</i> 5	e							
gran	f	All other progra	ım service revenue					
Æ	g	Total. Add lines		•	16,868			
	3	Investment inc	ome (including dividend	s, interest,	·			145 276
	4		ar amounts) tment of tax-exempt bond p		145,276			145,276
	5		· · · · · · · ·					
		·	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,923,195					
	ь	Less cost or other basis and	1,935,657					
		sales expenses						
	c d	Gain or (loss)	-12,462 s)		-12,462	-12,462		
Other Revenue		Gross income fi events (not incl \$	rom fundraising luding ,161 reported on line 1c)	,				
er			a	34,297				
Ö		-	penses <b>b</b> loss) from fundraising e	18,687	15,610			18,427
	9a		rom gaming activities	vents p	15,010			10,127
	ь	less directexi	penses b					
	l	-	loss) from gaming activ	ities				
	10a	Gross sales of i	unventory less	•				
		returns and allo	wances . a					
	l	Less cost of go	oods sold . . <b>b</b> [ loss) from sales of inve	ntory ▶				
	۲	Miscellaneous		Business Code				
	11a	MISCELLANEO			5,445			5,445
	ь	RETURN OF NE	T FUNDS		3,886			3,886
	c							
	d	All other revenu	L					
	е	Total. Add lines		· · · •	9,331			
	12	Total revenue.	See Instructions	· · · •	5,648,015	-12,462		189,902

## Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part 1)								

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,966,891	3,966,891		
2	Grants and other assistance to domestic individuals See Part IV, line 22	160,971	160,971		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	291,215	176,532	60,687	53,996
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	248,157	150,431	51,714	46,012
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	28,869	17,500	6,016	5,353
9	Other employee benefits	63,764	38,653	13,288	11,823
10	Payroll taxes				
		42,345	25,670	8,824	7,851
11	Fees for services (non-employees)				
a	Management				
b	Legal	24,799		24,799	
c	Accounting	23,674		23,674	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	19,435		19,435	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	81,226	49,238	16,928	15,060
12	Advertising and promotion				
13	Office expenses	26,611	10,139	2,967	13,505
14	Information technology				
15	Royalties				
16	Occupancy	71,582	44,968	11,975	14,639
17	Travel	31,252	26,631	2,804	1,817
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,625	2,595	15	15
23	Insurance	2,828	43	2,785	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES AND SUBSCRIPTIONS	10,949	4,207	4,580	2,162
b	EQUIPMENT MAINTENANCE	2,553	1,532	511	510
c	BANK AND CREDIT CARD FEES	1,636	69	1,556	11
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,101,382	4,676,070	252,558	172,754
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

(B) End of year

1.487.861

157,236

72,000

272

9,745

3.715

5,609,704

7,340,733

1,176,870

205,250

37,058

1,448,205

1,359,275

4,515,573

5,892,528

7,340,733

Form 990 (2015)

17,680

29,027

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**10**c

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(A)

Beginning of year

3.537.427

109,107

72,000

259,188

6,340

6,140,226

10,124,840

3,131,193

1,529,498

42,228

4,726,174

865,127

17,679

4,515,860

5.398.666

10,124,840

23,255

35 389

31,674

10a

**10**b

352

Form 990 (2015)

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Part X	Balance	Shoo
Full	Dalance	Jiiee

1

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10a

b

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Net Assets or Fund Balances

Part X	Balance	Sheet
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Part X B	alance	Sheet
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- - Check if Schedule O contains a response or note to any line in this Part X . . .

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

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 . . . . . . .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation . Investments—publicly traded securities .

Intangible assets . . . . .

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Νo

Nο

Form 990 (2015)

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

**Employer identification number** 

94-3179772

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

# **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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Part I

1

2 3

990EZ)

SCHEDULE A

Name of the organization

AND THE ENVIRONMENT

THE ROSE FOUNDATION FOR COMMUNITIES

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

(Form 990 or

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% 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 331/3% of its support

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A.	Public	Support
------------	--------	---------

12

	conon in rubile support	1	Т				
1	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
•	fiscal year beginning in) F Gifts, grants, contributions, and						
1	membership fees received (Do	3,756,236	5,569,582	8,092,657	5,764,129	5,473,392	28,655,996
	not include any unusual grants )	3,730,230	3,303,302	0,052,007	3,701,123	3,1,3,332	20,033,330
2	Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit						
	to the organization without						
	charge						
4	<b>Total.</b> Add lines 1 through 3	3,756,236	5,569,582	8,092,657	5,764,129	5,473,392	28,655,996
5	The portion of total contributions	, ,	, ,	, ,	, ,	, ,	
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						4,876,888
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
ŭ	from line 4						23,779,108
S	ection B. Total Support					<u>.</u>	
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> Total
10)	fiscal year beginning in) 🕨 📗	(8)2011	(6)2012	(6)2013	(u)2014	(6)2013	(1)1 ocai
7	A mounts from line 4	3,756,236	5,569,582	8,092,657	5,764,129	5,473,392	28,655,996
8	Gross income from interest,						
	dividends, payments received on	23,878	35,779	194,887	305,810	145,276	705,630
	securities loans, rents, royalties	25,070	33,773	151,007	303,010	113,276	705,050
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or					25,199	25,199
	not the business is regularly					20,233	
	carried on						
10	Other income Do not include						
	gain or loss from the sale of	585	795	16,262	14,279	31,044	62,965
	capital assets (Explain in Part	303	,,,,	10,202	11,273	31,011	02,303
	VI)						
11	Total support. Add lines 7						29,449,790
	through 10						

80 740 % 14

3.253

# Section C. Computation of Public Support Percentage

Gross receipts from related activities, etc (see instructions)

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) Public support percentage for 2014 Schedule A, Part II, line 14 83 710 %

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 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 b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and **stop here.** The organization qualifies as a publicly supported organization

▶ 🗸

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge <b>Total.</b> Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	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)						
L3	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>		,	,,,	,		<b>▶</b> □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					<b>▶</b> □
b	33 1/3% support tests—2014.If the					-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V )			
Se	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 described in section	2		
3a	509(a)(1) or (2)  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	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	<b>3</b> c		
<b>4</b> 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 organization?	4b		
_	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  Did the organization support any foreign supported organization that does not have an IRS determination under	15		 
C	organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	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 Part VI, 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 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		
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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	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 II of Schedule L (Form 990)	8		
<b>9</b> 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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	<b>10</b> a		
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)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	116		1

each of the supported organizations? Provide details in Part VI

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

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection 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		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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	By reason of the relationship described in (2), did the organization's supported organizations have a significant 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		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	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 <b>Part VI</b> 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		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	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 production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)				
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furthe excess of income from activity	A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exemp							
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	quired)						
6 Other distributions (describe in Part VI) See instru	ictions						
· · · · · · · · · · · · · · · · · · ·	20010115						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		T	T				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1 Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
<b>3</b> Excess distributions carryover, if any, to 2015							
a							
b							
<u>c</u>							
d From 2013							
e From 2014							
f Total of lines 3a through e  g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7 \$							
Applied to underdistributions of prior years							
<b>b</b> Applied to 2015 distributable amount							
c 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 zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c							
8 Breakdown of line 7							
a							
b							
<b>c</b> Excess from 2013							
<b>d</b> From 2014							
<b>e</b> From 2015							
			(F 000 000 F7) /2.01 F				

Return Reference	Explanation
PART II. LINE 10	MISCELLANEOUS INCOME 31 921

### DLN: 93493320141826

Employer identification number

94-3179772

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

Department of the Treasury Internal Revenue

Name of the organization

AND THE ENVIRONMENT

Part I-A

THE ROSE FOUNDATION FOR COMMUNITIES

## **Political Campaign and Lobbying Activities**

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

▶ 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

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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 Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 2 3	Provide a description of the org Political expenditures Volunteer hours	ganization's direct and indirect po	litical campaign act	tivities in Part IV ▶	\$			
Par	t I-B Complete if the or	ganization is exempt und	er section 501(	c)(3).				
1	Enter the amount of any excise	=	under section 495	5 •	\$			
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955 ►	\$			
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	4720 for this year?		☐ Yes ☐ No			
<b>4</b> a	Was a correction made?				⊤Yes			
b	If "Yes," describe in Part IV				,			
Par	t I-C Complete if the or	ganization is exempt und	er section 501(	c), except section 50	1(c)(3).			
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$			
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to	o other organization	s for section 527 ▶	\$			
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b ►	¢			
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes No			
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to organization made payments. For each organization listed, enter the amount paid from the filing organization's full amount of political contributions received that were promptly and directly delivered to a separate political organiseparate segregated fund or a political action committee (PAC). If additional space is needed, provide information							
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			
2								
3								
4								
5								
6								
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or	990-EZ.	Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015			

Subtract line 1g from line 1a  $\,$  If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

(150% of line 2d, column (e))

Grassroots lobbying expenditures

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Α	Check	▶	Г	$\overline{}$ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EII
				expenses, and share of excess lobbying expenditures)

N,

		oying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	1,060		
b	Total lobbying expenditures to influence a legi	2,486		
c	Total lobbying expenditures (add lines 1a and	3,546		
d	Other exempt purpose expenditures		5,097,836	
e	Total exempt purpose expenditures (add lines	5,101,382		
f	Lobbying nontaxable amount Enter the amoun	405,069		
	If the amount on line 1e, column (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 over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess 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		

j	If there is an amount other than zero on either line 1h reporting section 4911 tax for this year?	or line 11, did the	_	Form 4720 Yes No	,			
4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
	Lobbying Expendi	tures During 4	4-Year Avera	ging Period				
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> ⊤otal		
2a	Lobbying nontaxable amount	400,709	419,156	549,958	405,069	1,774,892		
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,662,338		
_с	Total lobbying expenditures	10,134	65,516	49,642	3,546	128,838		
		I			1			

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total				
2a	Lobbying nontaxable amount	400,709	419,156	549,958	405,069	1,774,892				
ь	Lobbying ceiling amount (150% of line 2a, column(e))					2,662,338				
с	Total lobbying expenditures	10,134	65,516	49,642	3,546	128,838				
d	Grassroots nontaxable amount	100,177	104,789	137,490	101,267	443,723				
e	Grassroots ceiling amount					665 585				

9,912

60,380

665,585

Return Reference

	filed Form 5768 (election under section 501(h)).	,			<b>/</b> b>
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)
ctiv	ıty	Yes	No	An	nount
1	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	163			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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				
а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	<b>01</b> (c	)(5), c	or sec	ction
			_		Yes N
L	Were substantially all (90% or more) dues received nondeductible by members?		_	1	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
3					
3	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				III-A,
ar	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				III-A,
ar 1	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C			III-A
ar 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	1 2a			III-A
a L 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	No" C			III-A
ar L a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	1 2a 2b 2c			III-A
ar 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1 2a 2b			111-A,
1 2 a	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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	2a 2b 2c 3			111-A,
3 Par 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1 2a 2b 2c			III-A,

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**SCHEDULE D** 

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990,

OMB No 1545-0047

DLN: 93493320141826

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public Department of the ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ . Treasury **Inspection** Internal Revenue Service

TH	THE OF THE OF GRAND FOR COMMUNITIES  D THE ENVIRONMENT			ad a case	number	
		Advised Funds or Other Similar F		or Accounts.		
	complete if the organization unswert	(a) Donor advised funds	(b)	Funds and other ac	counts	
1	Total number at end of year	5				
2	Aggregate value of contributions to (during year)	318,620			5,1	54,772
3	Aggregate value of grants from (during year)	502,870			3.4	64,021
4	Aggregate value at end of year	907,618			3,1	01,021
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	<u> </u>	nor advı		Yes	□No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for a	any othe	r purpose	Yes	┌ No
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes"	on Forr	n 990, Part IV, lır	ne 7.	
1	Purpose(s) of conservation easements held by th	11,77				
	Preservation of land for public use (e g , recreducation)  Protection of natural habitat	Preservation of		rically important lan		
	Preservation of open space	·				
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in	the form	n of a conservation		
	easement on the last day of the tax year	·				
				Held at the End	of the	Year
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easeme		2b			
<b>c</b>	Number of conservation easements on a certified	, ,	2c			
d	Number of conservation easements included in (or historic structure listed in the National Register		2d			
3	Number of conservation easements modified, traitax year	nsferred, released, extinguished, or terminal	ted by th	ie organization durin	ig the	
4	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>				
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	3 '	ndling of	Yes	┌ No	,
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfor	cing con:	servation easement	s durin	g the
	<b>&gt;</b>					
7	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of violations, and enforcing	conserva	ation easements du	ring the	year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^{7}$	ne 2(d) above satisfy the requirements of se	ection 17	70(h)(4) <b>Yes</b>	∏ No	,
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia			5	
Pai		tions of Art, Historical Treasures,	, or Oth	her Similar Ass	ets.	
<b>1</b> a	Complete if the organization answere  If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education	, or rese	arch in furtherance		с
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education	statem	ent and balance she		с
	(i) Revenue included on Form 990, Part VIII, line :	L	<b>&gt;</b> \$			
	ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, he following amounts required to be reported under S		for finan			
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		

Cat No 52283D

Schedule D (Form 990) 2015

b Contributions  c Net investment earnings, gains, and losses d Grants or scholarships  Other expenditures for facilities and programs  1,335 1,319 12,590 2,459 2,4  f Administrative expenses  1,000 565 2,599 3 1,319 12,590 2,459 2,4	Par	t III	Organizations Maintaining (continued)	Collections of Ar	t, His	torio	al T	reas	ures,	or Ot	her Sim	ilar A	sset	ts	
The preservation for future generations  4. Provice a cescination of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  5. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assess to be sold to raise funds rather than to be maintained as part of the organization's collection?	3			ession, and other reco	rds, ch	neck a	ny of	the fo	llowing	that an	e a sıgnıfı	cant us	e of ı	ts	
Scholarly research   Scholar	а		Public exhibition		d		Loa	n or e	xchange	progra	ams				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part XII Excrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 Part X, line 21.  Is 1s the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is 1s the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is 1s the organization and part XIII and complete the following table  Complete in form 990, Part X, line 21.  Is 1s the organization include an amount on Form 990, Part X, line 21., for escrow or custodial account liability? Yes No  Distributions during the year  In 1d	b		Scholarly research		е	Г	Oth	er							
Part XIII  Soluting the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rether than to be maintained as part of the organization's collection?  Part XV Excrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 Part X, line 21.  Is its the organization an agent, thustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  In 21.  Is it is the organization an agent, thustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  In 21.  In 21.  In 21.  In 21.  In 22.  In 22.  In 22.  In 22.  In 23.  In 24.  In 25.  In	С		Preservation for future generations												
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table  1c Beginning balance  1d Additions during the year  1d Additions during the year  1e Distributions during the year  1f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? "Yes No  1 If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII □  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance (a)Curring year (b)Prioryear 1 (c)Trust years beet (d)Trust years beet (d)Trust years beet (d)Trust years	4			s collections and expl	aın hov	w they	furth	er the	organiz	atıon's	exempt p	ourpose	ın		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  It is the organization the arrangement in Part XIII and complete the following table  Amount  Amount  Amount  Amount  Distributions during the year  Distributions during the year  Distributions during the year  Ending balance  Distributions during the year  Ending balance  In If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	5											┌ Yes	5	┌ No	
b If "Yes," explain the arrangement in Part XIII and complete the following table  Beginning balance  Additions during the year  Ending balance  1 t	Pa	rt IV	Complete if the organization a		Form	990,	Part	IV, lı	ne 9, a	r repo	orted an	amoun	t on	Form	990,
d Additions during the year  d Distributions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII □  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  c Net investment earnings, gains, and losses  d Grants or scholarships	1a			todian or other interm	iediary	for co	ntrib	utions	or othe	er asse	ts not	┌ Yes	•	┌ No	
d Additions during the year  d Distributions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII □  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  c Net investment earnings, gains, and losses  d Grants or scholarships	b	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fol	lowing	tabl	e				A m	ount		
Ending balance   1	c			·		Ī				1c					
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	A d	ditions during the year							1d					
Discription include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Dis	tributions during the year							1e					
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Calcument year   (b)Pnor year   b (c)Two years back   (d)Three years back   (e)Four years back   (	f	End	ding balance							1f					
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Calcument year   (b)Pnor year   b (c)Two years back   (d)Three years back   (e)Four years back   (	<b>2</b> a	Did th	ne organization include an amount oi	n Form 990, Part X, III	ne 21,	for es	crow	orcus	todial a	ccount	: liability?				
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Contributions   Complete   Contributions   Complete   Contributions   Contri															
(a)Current year   (b)Pnor year   b (c)Two years back   (d)Three years back   (e)Four years   (e)Four	ь	If"Ye													
1a     Beginning of year balance     17,679     15,866     23,247     22,542     24,6       b     Contributions     1,000     565       c     Net investment earnings, gains, and losses     -448     2,132     5,208     2,599     3       d     Grants or scholarships     .     .     .     .       e     Other expenditures for facilities and programs     1,335     1,319     12,590     2,459     2,4       f     Administrative expenses     .     .     .     .       g     End of year balance     15,898     17,679     15,866     23,247     22,5       2     Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as       a     Board designated or quasi-endowment ►       b     Permanent endowment ►     100 000 %       c     Temporarily restricted endowment ►       The percentages on lines 2a, 2b, and 2c should equal 100 %       3a     Are there endowment funds not in the possession of the organization that are held and administered for the organization with the possession of the organization of line repair that the intended uses of the organization should be repaired to the possession of the organization should be repaired to the possession of the organization should be repaired to the possession of the organization should be repaired to the possession of the possession of the organization should be repaired to the possession of t	Pa	rt V	Endowment Funds. Comple												
to Net investment earnings, gains, and losses  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  1,335  1,319  12,590  2,459  2,4  f Administrative expenses  g End of year balance  15,898  17,679  15,866  23,247  22,5  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶  b Permanent endowment ▶ 100 000 %  c Temporarily restricted endowment ▶  The percentages on lines 2a, 2b, and 2c should equal 100 %  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  2 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) (investment) Cost or other basis (b) Accumulated (c) depreciation (d) Book value (d) Boo	_				<b>(b)</b> Pn			b (c)⊤			<b>d)</b> Three yea		(e)F	our yea	
c Net investment earnings, gains, and losses  d Grants or scholarships		_	- ·	17,679			_		2.	3,24/					24,655
d Grants or scholarships	b	Cont.	ributions			1	,000					202			
e Other expenditures for facilities and programs  1,335  1,319  12,590  2,459  2,4  f Administrative expenses  g End of year balance  15,898  17,679  15,866  23,247  22,5  22,5  24  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  Board designated or quasi-endowment ▶  b Permanent endowment ▶ 100 000 %  C Temporarily restricted endowment ▶  The percentages on lines 2a, 2b, and 2c should equal 100 %  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  (ii) related organizations  b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  Cost or other basis (c) depreciation (other)  1a Land  1.335  1,319  12,590  2,459  2,45  2,50	c			-448		2	,132			5,208		2,599			363
and programs  1,335  1,319  12,590  2,459  2,459  2,469  4 Administrative expenses  Individual sequence in the current year end balance (line 1g, column (a)) held as  Board designated or quasi-endowment ▶  Permanent endowment ▶ 100 000 %  The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.  Description of property  (a) (investment) Cost or other basis (c) depreciation (d)Book value (d)Book value (c) depreciation (d)Book value (d)Book va	d	Gran	ts or scholarships												
g End of year balance 15,898 17,679 15,866 23,247 22,5  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶  b Permanent endowment ▶ 100 000 %  c Temporarily restricted endowment ▶  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	е		·	1,335		1	,319		1	2,590		2,459			2,475
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶  b Permanent endowment ▶ 100 000 %  c Temporarily restricted endowment ▶  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	f	A dmı	nistrative expenses												1
Board designated or quasi-endowment ►  b Permanent endowment ► 100 000 %  C Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	g	End o	of year balance	15,898		17	,679		1.	5,866		23,247			22,542
b Permanent endowment ► 100 000 %  C Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	2	Provi	de the estimated percentage of the o	current year end balar	nce (lır	ie 1g,	colun	nn (a)	) held a	5					
Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	а	Board	l designated or quasi-endowment 🕨												
The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	b	Perm	anent endowment ▶ 100 000 %												
reganization by  (i) unrelated organizations	c		·	should equal 100%											
(i) unrelated organizations	3a	A re th	nere endowment funds not in the pos	session of the organi	zation	that a	re hel	ld and	admını	stered	for the		_		
(ii) related organizations		_	·									_		Yes	
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?			-						•					$\longrightarrow$	
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.  Description of property  Cost or other basis (a) (investment)  Land	h	. ,	3											-+	110
Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.  Description of property  Cost or other basis (a) (investment)  Cost or other basis (other)  Accumulated (c)depreciation (d)Book value (c)depreciation (c)depreciation (d)Book value (d)Book va	4							•	•	•		٠			
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.  Description of property  Cost or other basis (a) (investment)  Cost or other basis (other)  Accumulated (c)depreciation  (d)Book value (c)depreciation	Pa														
(a) (investment) Cost or other basis (c) depreciation				inswered 'Yes' to Fo	<u>orm 9</u>										
1a Land			Description of property		(a)									( <b>d</b> )Boo	k value
						•			(ot	her)	+ -		$\perp$		
n Bulldings					·						+		+		
					·  -						-		$\perp$		
c Leasehold improvements			•		·						+		+		
d Equipment					·  -					25.20			574		2715
					·   X. colu	mn (B)	), line	10(c)	)				5/4		3,715

(a) Description of security or categor (including name of security)	ry	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			Cost of the of year market vara
(2)Closely-held equity interests (3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form 990	, Part IV, line 11c. <sub>S</sub> ,	ee Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
			Cost of end-of-year market valu
	I		
Tetal (Column (h) must equal Form 000, Part V, col (P) line 12.)	<b>.</b>		
Part IX Other Assets. Complete if the organization		Form 990, Part IV, line	11d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line	11d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizate (a) Des	tion answered 'Yes' on F	Form 990, Part IV, line	
(a) Des  (a) Des  Total. (Column (b) must equal Form 990, Part X, col (B) line	tion answered 'Yes' on Fiscription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organizat	e 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organizat	tion answered 'Yes' on Fiscription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	e 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15 )	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15 )	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15 )	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15 )	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15 )	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15 )	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	e 15 )	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15 )	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15 )	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15 )	'Yes' on Form 990,	(b) Book value

Schedule D (Form 990) 2015

1

2

Part XIII

information

LINE 4

Return Reference

SCHEDULE D, PAGE 2, PART V,

5,620,413

а	Net unrealized gains (losses) on investments 2a -53,966		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-27,602
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,648,015
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	5,648,015
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	5,122,546
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	-	3,122,340
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	21,164
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,101,382
_		3	5,101,362
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)............. <b>4b</b>		
c	Add lines <b>4a</b> and <b>4b</b>	4c	

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

### **Supplemental Information**

AWARD

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .

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

Explanation

OUR PERMANENTLY RESTRICTED FUNDS SUPPORT THE ANTHONY GRASSROOTS

ENVIRONMENTAL PRIZE WHICH RECOGNIZES AN OUTSTANDING EXAMPLE OF GRASSROOTS ENVIRONMENTAL ACTIVISM IN CALIFORNIA OVER THE PREVIOUS YEAR WITH A 1,000 CASH

Schedule D (Form 990) 2015

5,101,382

Schedule D (Form 990) 2015						
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DEPRECIATION DIFFERENCE 2,477 FUNDRAISING EXPENSE 18,687					
	•					

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DLN: 93493320141826

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Name of the organization **Employer identification number** THE ROSE FOUNDATION FOR COMMUNITIES AND THE ENVIRONMENT 94-3179772 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising Yes No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to fundraiser have ındıvıdual from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? No Yes Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

Part II	Fundraising	<b>Events</b>

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events
		(event type)	SILENT AUCTION (event type)	(total number)	(add col (a) through col (c))
<b>K</b> IIe					
Reversie	1 Gross receipts	32,135	9,323		41,458
Œ	2 Less Contributions	1,091	6,070		7,161
	3 Gross income (line 1 minus line 2)	31,044	3,253		34,297
	4 Cash prizes				
	5 Noncash prizes				
S	<b>6</b> Rent/facility costs	3,000			3,000
euse	7 Food and beverages	9,617			9,617
Expenses	8 Entertainment				
Direct	9 Other direct expenses		6,070		6,070
ã	10 Direct expense summary Add lines 4	through 9 in column (d	)		18,687
	11 Net income summary Subtract line 1	0 from line 3, column (c	1)	•	15,610
Pal	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	<b>(c)</b> O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Expenses	2 Cash prizes				
	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	<b>6</b> Volunteer labor	Yes%   No	├ Yes <u> </u>	│ Yes <u></u> %	
	7 Direct expense summary Add lines 2	through 5 ın column (d	1)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organizates as the organization licensed to conduct				Yes
b	If "No," explain				
10a					
	If "Yes," explain		maea or terminatea aufilig	, the tax year	⊤Yes  No
_	100/ Onp.diii				

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organize
Department of the

Treasury

Internal Revenue Service

Name of the organization

THE ROSE FOUNDATION FOR COMMUNITIES

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493320141826

Open to Public Inspection

Employer identification number

94-3179772

AND THE ENVIRONMENT							
Part I General Information	on on Grants an	d Assistance					
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organiz</li> </ul>	ward the grants or a	ssistance?			for the grants or assis	stance, and	<b>√</b> Yes
Part III Grants and Other Assista	ance to Domestic O	rganizations and Dome	estic Governments. Com	plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	1, for any recipient
that received more than	\$5,000 Part II car	be duplicated if addit	ional space is needed		_		1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 5	01(c)(3) and goverr	nment organizations li	sted in the line 1 table .			<b>-</b> _	332
<b>3</b> Enter total number of other orga	anızatıons lısted ın t	the line 1 table			<u> </u>	<b>.</b> ▶	3
For Paperwork Reduction Act Notice, see	e the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
1) RESEARCH	4	124,188		FMV	
2) NORCAL GRASSROOTS TRAININ	55	36,783		FMV	

Part IV	Supplemental Informat	ion. Provide the info	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Explanation	on							
LINE 2	ASSIGNEI EVALUAT FOUNDAT REPORT A ROSE FOU THROUGH FOUNDAT GRANT FU	D TO THE PROJECT, PR ION PROCESS - INCLU TON ARE GOVERNED E IT LEAST ANNUALLY U JNDATION AT ANY TIM HOUT THE YEAR BY TEL TON IS ABLE TO ENSU	OOF OF NON-PROFIT DING QUANTITATIVE OF CONTRACTS AMON NTIL ALL GRANT FUND THE UPON THE FOUNDA LEPHONE, EMAIL AND RE THAT GRANT FUND	STATUS, DETAILED FI BENCHMARKS AS APP IG OTHER PROVISIONS OS ARE EXHAUSTED, AI TION'S REQUEST FOU REGULAR MAIL THROW OS ARE PROPERLY EXPE	NANCIAL AND ORGANIZAT: ROPRIATE ALL GRANTS AV 5, THESE CONTRACTS REQUIRI ND GRANTEES ARE REQUIRI INDATION STAFF ALSO MAI JGH THESE ACCOUNTABILI ENDED IF, IN THE ROSE FOU	ECT, DESCRIPTION OF STAFF IONAL INFORMATION, AND THEIR WARDED BY THE ROSE LIRE A NARRATIVE AND FINANCIAL ED TO OPEN THEIR BOOKS TO THE NTAINS CONTACT WITH GRANTEES TY MECHANISMS, THE ROSE JNDATION'S SOLE JUDGMENT, IT TO REQUIRE UP TO A FULL			

### **Additional Data**

818 WEBSTER STREET

OAKLAND, CA 94607

818 WEBSTER STREET

OAKLAND, CA 94607

ASIAN HEALTH SERVICES

Software ID: Software Version:

**EIN:** 94-3179772

Name: THE ROSE FOUNDATION FOR COMMUNITIES

AND THE ENVIRONMENT

(d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Name and address of **(b)** EIN (c) IRC section (g) Description of

organization or government		ıf applıcable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance
ALLIANCE FOR CLIMATE	26-3106566	3	10,000			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

**EDUCATION** 426 17TH STREET SUITE

ENVIRONMENTAL STEWAR

25,000

ASIAN HEALTH SERVICES 94-2235908 20,000

**IENVIRONMENTAL** STEWAR ENVIRONMENTAL

STEWAR

(h) Purpose of grant

or assistance

450 OAKLAND, CA 94612

94-2235908

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance ASIAN HEALTH SERVICES 94-2235908 50,000 CONSUMER RIGHTS 818 WEBSTER STREET OAKLAND.CA 94607 BACK TO NATIVES 61-1523908 20,000 ENVIRONMENTAL RESTORATION STEWAR

PO BOX 10820 SANTA ANA, CA 92711 BAYORG 90-0401015 14,650 ENVIRONMENTAL STEWAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA

94133

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-1734195 115.000 BETTER WORLD GROUP ENVIRONMENTAL 1612 WOLIVE AVENUE 302 STEWAR BURBANK.CA 91506

BOKE/MK, CK 31500					
BETTER WORLD GROUP 1612 W OLIVE AVENUE 302 BURBANK,CA 91506	26-1734195	3	50,220		ENVIRONMENTAL STEWAR
BLACK ORGANIZING PROJECT	46-4578588	3	20,000		ENVIRONMENTAL STEWAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1035 W GRAND AVENUE OAKLAND, CA 94607

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) BLACK ORGANIZING 46-4578588 7.500 ENVIRONMENTAL PRO IECT STEWAR 1035 W GRAND AVENUE OAKLAND, CA 94607 BLACK ORGANIZING 46-4578588 25,000 ENVIRONMENTAL PRO IECT STEWAR 1035 W GRAND AVENUE OAKLAND, CA 94607

BLACK WOMEN FOR 95-4624707 50,000 CONSUMER RIGHTS WELLNESS 4340 11TH AVENUE 2ND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FLOOR

LOS ANGELES, CA 90008

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance BLUE TOMORROW 46-5400758 18,600 ENVIRONMENTAL COMMUNITY SUPPORT PRO STEWAR 510 STATE STREET SUITE 275 SANTA BARBARA, CA 93101 BLUF TOMORROW 46-5400758 26,505 ENVIRONMENTAL COMMUNITY SUPPORT PRO STEWAR 510 STATE STREET SUITE 275 SANTA BARBARA, CA 93101 9,300 BLUE TOMORROW 46-5400758 ENVIRONMENTAL COMMUNITY SUPPORT PRO STEWAR 510 STATE STREET SUITE 275

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SANTA BARBARA, CA

93101

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) BREAST CANCER FUND 94-3155886 70,000 CONSUMER RIGHTS 1388 SUTTER STREET SUITE 400 SAN FRANCISCO, CA 94109 94-2309829 10,000 ENVIRONMENTAL STEWAR

BUTTE ENVIRONMENTAL COUNCIL 116 W SECOND STREET SUITE 3 CHICO,CA 95928

20,000

ENVIRONMENTAL

STEWAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CALIFORNIA INDIAN ENVIRONMENTAL ALL

526 GRAND AVENUE OAKLAND, CA 94610

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CALIFORNIA INDIAN 27-0861293 25,000 ENVIRONMENTAL **ENVIRONMENTAL ALL** STEWAR 526 GRAND AVENUE OAKLAND, CA 94610 CALIFORNIA PRODUCT 77-0695467 19,949 CONSUMER RIGHTS STEWARDSHIP COUN 1822 21ST STREET SUITE 100 SACRAMENTO, CA 95811 CALIFORNIA WATER 30-0006662 16,000 ENVIRONMENTAL IMPACT NETWORK STEWAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

808 ROMERO CANYON ROAD

SANTA BARBARA, CA

93108

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CALIFORNIA WATER 30-0006662 27.000 ENVIRONMENTAL IMPACT NETWORK STEWAR 808 ROMERO CANYON ROAD SANTA BARBARA, CA 93108 CENTER FOR COMMUNITY 33-0562082 31,500 ENVIRONMENTAL ACTION & FNV 1 STEWAR PO BOX 33124 RIVERSIDE, CA 92519 CENTER FOR ENERGY 68-0260751 5,400 ENVIRONMENTAL EFFICIENCY AND RE STEWAR 1100 11TH STREET SUITE

311

SACRAMENTO, CA 95814

(a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CENTER FOR 94-3251981 140,000 CONSUMER RIGHTS ENVIRONMENTAL HEALTH 528 61ST SUITE A OAKLAND, CA 94609 CENTER FOR YOUNG 94-3227681 15,000 HUMAN RIGHTS WOMEN'S DEVELOPMEN SAN FRANCISCO, CA

832 FOLSOM STREET SUITE 700 94107 CENTER ON RACE POVERTY 05-0557231 62,325 ENVIRONMENTAL STEWAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

& THE FNVIR 1999 HARRISON STREET SUITE 650

OAKLAND, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance CENTRAL COAST ALLIANCE 77-0578864 276,000 ENVIRONMENTAL UNITED FOR A STEWAR 2021 SPERRY AVENUE VENTURA CA 93003

V = 11 1 0 101, C11 3 3 0 0 3					
CENTRAL SIERRA ENVIRONMENTAL RESOUR PO BOX 396 TWAIN HARTE,CA 95383	77-0279240	3	13,500		ENVIRONMENTAL STEWAR

31,500

ENVIRONMENTAL

STEWAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CLEAN WATER FUND

OAKLAND, CA 94612

SUITE 200

350 FRANK OGAWA PLAZA

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) COLLECTIVE HERITAGE 85-0432731 20.000 CIVIC ENGAGEMENT INSTITUTE 1607 PASEO DE PERALTA SUITE 3 SANTA FE, NM 87501 COLUMBIA RIVER INTER-93-0695227 30.000 ENVIRONMENTAL TRIBAL FISH CO STEWAR 700 NE MULTNOMAH STREET SUITE 1200

PORTLAND, OR 97232 COMMUNITY WATER 80-0267674 17,500 ENVIRONMENTAL CENTER STEWAR 909 12TH STREET SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

200

SACRAMENTO, CA 95814

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) COMMUNITY WATER 80-0267674 28.000 ENVIRONMENTAL CENTER STEWAR 909 12TH STREET SUITE 200 MER RIGHTS

SACRAMENTO, CA 95814					
CONSUMER ACTION 1170 MARKET STREET SUITE 500	23-7172908	3	45,707		CONSUME
SAN FRANCISCO, CA 94102					

40,000

CONSUMER RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COUNCIL FOR

RESPONSIBLE GENETICS 5 UPTON ROAD SUITE 3 CAMBRIDGE, MA 02140

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance 20-3851259 20,000 DATLY ACTS ENVIRONMENTAL STEWAR ORGANIZATION PO BOX 293 PETALUMA, CA 94953 33-0603114 18,000 FNVIRONMENTAL STEWAR

DELAMO ACTION COMMITTEE 4542 IRONE AVENUE ROSAMOND, CA 93560 DESCHUTES ESTUARY 27-2317887 10,000 ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RESTORATION TEAM

PO BOX 11093 OLYMPIA, WA 98508

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) EARTH TEAM 68-0347329 14.850 ENVIRONMENTAL 2525 10TH STREET UNIT B STEWAR BERKELEY, CA 94710 **EARTHJUSTICE** 94-1730465 8.000 ENVIRONMENTAL 50 CALIFORNIA STREET STEWAR SUITE 500 SAN FRANCISCO, CA 94111 **EARTHJUSTICE** 94-1730465 10,000 ENVIRONMENTAL STEWAR 50 CALIFORNIA STREET SUITE 500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN FRANCISCO, CA

94111

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) **EARTHJUSTICE** 94-1730465 8.000 ENVIRONMENTAL 50 CALIFORNIA STREET STEWAR SUITE 500 SAN FRANCISCO, CA 04444 ONMENTAL

94111					
EARTHRIGHTS INTERNATIONAL 1612 K STREET NW SUITE 401 WASHINGTON DC 20006	04-3265555	3	12,000		ENVIRO STEWAR

EARTHWORKS 52-1557765 15,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20006

ENVIRONMENTAL 1612 K STREET NW SUITE STEWAR 808

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) EAST BAY COMMUNITY 94-3042565 50,000 CONSUMER RIGHTS LAWCENTER 2921 ADELINE STREET BERKELEY, CA 94703 **ECOLOGICAL RIGHTS** 68-0400522 28,800 ENVIRONMENTAL FOUNDATION STEWAR 94-3252009 15,000 HUMAN RIGHTS

PO BOX 1000 SANTA CRUZ, CA 95061 FLIA BAKER CENTER FOR HUMAN RIGHTS 1970 BROADWAY SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1125

OAKLAND, CA 94612

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) **ENVIRONMENTAL JUSTICE** 20-2539559 41,000 CONSUMER RIGHTS COALITION FOR PO BOX 188911 SACRAMENTO, CA 95818 UMER RIGHTS

ENVIRONMENTAL WORKING GROUP 2201 BROADWAY SUITE 308 OAKLAND,CA 94612	52-2148600	3	90,000		CONSUMER RIGHTS
FOOD & WATER WATCH	32-0160439	3	20,000		ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1616 P STREET NW SUITE

WASHINGTON, DC 20036

300

(a) Name and address of **(b)** EIN (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance FOOTHILL CONSERVANCY 68-0205572 5,500 ENVIRONMENTAL 35 COURT STREET SUITE 1 STEWAR JACKSON, CA 95642 94-2181848 6,454 FRESNO METROPOLITAN ENVIRONMENTAL MINISTRY STEWAR

4270 N BLACKSTONE AVENUE SUITE 212 FRESNO, CA 93726 FRIENDS OF THE FARTH 23-7420660

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BERKELEY, CA 94704

7,000 ENVIRONMENTAL STEWAR 2150 ALLSTON WAY SUITE

240

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FRIENDS OF THE EARTH 23-7420660 42.593 CONSUMER RIGHTS PO BOX 96466 WASHINGTON.DC 200777278 FRIENDS OF THE RIVER 94-2400210 21,500 ENVIRONMENTAL STEWAR 1418 20TH STREET SUITE 100

FOUNDATION SACRAMENTO, CA 95811 FRIENDS OF THE SAN 68-0265026 20,000 ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FRANCISCO ESTUAR

OAKLAND, CA 94604

PO BOX 791

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) GEORGIA WATCH 16-1639971 34,004 CONSUMER RIGHTS 55 MARIETTA STREET NW SUITE 903 ATLANTA, GA 30303 NMENTAL

GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE SUITE A BOULDER,CO 80301	84-1612422	3	10,000		ENVIRONMENTAL STEWAR
GOLDEN GATE SALMON	27-4187163	3	20,000		ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ASSOCIATION INC.

1370 AUTO CENTER DRIVE PETALUMA, CA 94952

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) GREENACTION FOR 43-2050242 20,000 ENVIRONMENTAL HEALTH AND ENVIRONM STEWAR 559 ELLIS STREET SAN FRANCISCO, CA 94109 GREENACTION FOR 43-2050242 25,000 ENVIRONMENTAL HEALTH AND ENVIRONM STEWAR 559 ELLIS STREET SAN FRANCISCO, CA 94109

GREENACTION FOR 43-2050242 7,000 ENVIRONMENTAL HEALTH AND ENVIRONM STEWAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

559 ELLIS STREET SAN FRANCISCO, CA

94109

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) GREENACTION FOR 43-2050242 14,000 ENVIRONMENTAL HEALTH AND ENVIRONM STEWAR 559 ELLIS STREET SAN FRANCISCO, CA 94109 RONMENTAL ٩R

GROUNDSWELL FUND 436 14TH STREET SUITE 723 OAKLAND,CA 94612	47-4003615	3	15,000		ENVIRONMENTAL STEWAR
HAXGEO LLC	47-3854034	3	10,000		ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1463 F REPUBLICAN

SEATTLE, WA 981124157

STREET 182

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant other) or aovernment assistance 45-4714238 17,000 HONOR THE FARTH ENVIRONMENTAL 607 MAIN STREET STEWAR CALLAWAY, MN 56521 IDENTITY THEFT 71-0910445 40,000 CONSUMER RIGHTS RESOURCE CENTER

7,000

ENVIRONMENTAL

ISTEWAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 26833
SAN DIEGO, CA 92196

INDIGENOUS
ENVIRONMENTAL

NETWORK PO BOX 485 BEMIDJI, MN 56619

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) INSTITUTO DE 95-4431992 50,000 CONSUMER RIGHTS EDUCACION POPULAR DEL 1565 W 14TH STREET LOS ANGELES, CA 90015 JUSTICE FOR FAMILIES 45-2625169 10,000 HUMAN RIGHTS

PO BOX 66403 PORTLAND, OR 97290

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5623 46TH AVENUE SW

SEATTLE, WA 98136

10,000 KILLER WHALF TALES 20-0418896 ENVIRONMENTAL

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance KWIAHT 30-0355067 18.900 CONSUMER RIGHTS PO BOX 415 LOPEZ ISLAND, WA 98261 CONMENTAL

LOS PADRES FOREST ASSOCIATION 6755 HOLLISTER AVENUE SUITE 150 GOLETA,CA 93117	77-0011516	3	18,000		ENVIRONMENTAL STEWAR
MADERA OVERSIGHT	26-0478083	4	7,520		ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COALITION

PO BOX 1282

COARSEGOLD, CA 93614

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) MIAMI 65-0350357 50,000 CONSUMER RIGHTS FOUNDATIONLIBRARY FREEDOM PR 40 NW 3RD STREET SUITE 305 MIAMI, FL 33128 MOVEMENT STRATEGY 20-1037643 20,000 ENVIRONMENTAL STEWAR

CENTER 436 14TH STREET FIFTH FLOOR OAKLAND, CA 94612 MOVEMENT STRATEGY 20-1037643 7,500 ENVIRONMENTAL CENTER STEWAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

436 14TH STREET FIFTH

OAKLAND, CA 94612

FLOOR

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) MOVEMENT STRATEGY 20-1037643 25.000 ENVIRONMENTAL CENTER STEWAR 436 14TH STREET FIFTH FLOOR OAKLAND, CA 94612 MOVEMENT STRATEGY 20-1037643 9,750 ENVIRONMENTAL STEWAR 436 14TH STREET FIFTH

ENVIRONMENTAL

STEWAR

15,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CENTER FLOOR OAKLAND, CA 94612 MOVEMENT STRATEGY CENTER

436 14TH STREET FIFTH

OAKLAND, CA 94612

FLOOR

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance 68-0535413 11.000 NATIVE MOVEMENT ENVIRONMENTAL PO BOX 613 STEWAR FLAGSTAFF, AZ 86002 68-0359676 30,000 OCCIDENTAL ARTS AND ENVIRONMENTAL STEWAR

ECOLOGY CENTER
15290 COLEMAN VALLEY
ROAD
OCCIDENTAL, CA 95465

OLYMPIA COALITION FOR 47-1745539 3 10,000

ENVIRONMENTAL
STEWAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1007 ROGERS STREET NW OLYMPIA, WA 98502

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 10.000 ONEBOTHELL 47-3307508 ENVIRONMENTAL PO BOX 1151 STEWAR BOTHELL, WA 98041 20.000 80-0411995 ENVIRONMENTAL STEWAR

ENVIRONMENTAL

STEWAR

ONEFAM 1600 7TH ST OAKLAND, CA 94607 25,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ONEFAM 80-0411995

1600 7TH ST

OAKLAND, CA 94607

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ORANGE COUNTY 33-0847892 27.000 ENVIRONMENTAL COASTKEEPER STEWAR 3151 AIRWAY AVE SUITE F-110 COSTA MESA, CA 92626 RONMENTAL /AR

ORANGE COUNTY	33-0847892	3	8,500		ENVIR
COASTKEEPER					STEWA
3151 AIRWAY AVE SUITE F-					
110 COSTA MESA.CA 92626					

29,500

ENVIRONMENTAL

STEWAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OTTER PROJECT

MONTEREY, CA 93942

PO BOX 269

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-2949686 9.000 ENVIRONMENTAL PESTICIDE ACTION NETWORK NORTH AMER STEWAR 1611 TELEGRAPH AVENUE OAKLAND CA 04613

UAKLAND, CA 94612					
PESTICIDE ACTION NETWORK NORTH AMER 1611 TELEGRAPH AVENUE OAKLAND,CA 94612	94-2949686	3	17,300		ENVIRONMENTAL STEWAR
PESTICIDE ACTION	94-2949686	3	40,500		ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NETWORK NORTH AMER

1611 TELEGRAPH AVENUE OAKLAND, CA 94612

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant other) or aovernment assistance 36-3193323 12,000 POLITICAL RESEARCH HUMAN RIGHTS ASSOCIATES 1310 BROADWAY SUITE 201 SOMERVILLE, MA 02144 94-1646278 17,500 IENVIRONMENTAL

PUBLIC HEALTH INSTITUTEREGIONAL AS ISTEWAR 180 GRAND AVENUE SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

32 BROADWAY SUITE 1801 NEW YORK, NY 10004

750 OAKLAND, CA 94612 RACE FORWARD 94-2759879 30,000 HUMAN RIGHTS

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) RAINFOREST ACTION 94-3045180 12.000 ENVIRONMENTAL NETWORK STEWAR 425 BUSH STREET SUITE 300

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

91-1243957

RE SOURCES FOR

SUSTAINABLE COMMUNIT

2309 MERIDIAN STREET BELLINGHAM, WA 98225

94108					
RE SOURCES FOR SUSTAINABLE COMMUNIT 2309 MERIDIAN STREET BELLINGHAM, WA 98225	91-1243957	3	9,000		ENVIRONMENTAL STEWAR

10,000

ENVIRONMENTAL

STEWAR

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) REGENTS OF THE 95-6006142 15.000 ENVIRONMENTAL UNIVERSITY OF CARIV STEWAR 900 UNIVERSITY AVENUE RIVERSIDE, CA 92521 DATMENTAL

ENVIRONMENTAL

STEWAR

RESIDENTS FOR RESPONSIBLE DESALINAT PO BOX 5422 HUNTINGTON BEACH,CA 926155422	20-3449139	3	12,000				ENVIRO STEWAR
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28,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RIVER PROJECT

BI V D 208

3912 LAUREL CANYON

STUDIO CITY, CA 91604

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) RUCKUS SOCIETY 81-0504390 15.000 ENVIRONMENTAL PO BOX 28741 STEWAR OAKLAND, CA 94604 SAN FRANCISCO 68-0120240 40,000 ENVIRONMENTAL BAYKEEPER STEWAR

785 MARKET STREET SUITE 850 SAN FRANCISCO, CA 94103 SANTA BARBARA 91-2151460 13,500 ENVIRONMENTAL STEWAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHANNELKEEPER 714 BOND AVENUE SANTA BARBARA, CA

93103

(a) Name and address of (b) EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 10,000 SAVE HABITAT AND 91-2032943 ENVIRONMENTAL DIVERSITY OF WELLA STEWAR PO BOX 58963 RENTON, WA 98058 STERRA FUND 68-0485725 40,000 CONSUMER RIGHTS PO BOX 1255 PINE GROVE, CA 95665 SIERRA NEVADA ALLIANCE 77-0343881 5,400 ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 7989

96158

SOUTH LAKE TAHOE, CA

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant other) or aovernment assistance SILENT SPRING INSTITUTE 04-3237106 25,000 CONSUMER RIGHTS 29 CRAFTS STREET NEWTON, MA 02458 80-0764419 10,000 SNO-KING WATERSHED ENVIRONMENTAL STEWAR 7815 NF 192 STREET

ENVIRONMENTAL

ISTEWAR

COUNCIL KENMORE, WA 98028 SOCIAL AND 95-4116679 20,000 FNVIRONMENTAL

FNTRFPRFNF PO BOX 22944 OAKLAND, CA 94609

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SOCIALAND 95-4116679 7,500 ENVIRONMENTAL ENVIRONMENTAL STEWAR ENTREPRENE PO BOX 22944 OAKLAND CA 94609 ONMENTAL

6,500

ENVIRONMENTAL

STEWAR

OAKLAND, CA 34003					
SOCIAL AND ENVIRONMENTAL	95-4116679	3	25,000		ENVIRO STEWAR
ENTREPRENE					
PO BOX 22944					
OAKLAND,CA 94609					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SOLCOMMUNICATIONS

BIG BEND CA, CA 96011

30275 HOT SPRINGS ROAD

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SOUTH YUBA RIVER 68-0171371 25,000 ENVIRONMENTAL CITIZENS LEAGUE STEWAR 313 RAILROAD AVENUE SUITE 101 NEVADA CITY, CA 95959 MENTAL

STILLWATERS ENVIRONMENTAL CENTER 26059 BARBER CUT OFF ROAD NE KINGSTON, WA 98346	91-1959247	3	10,000		ENVIRONM STEWAR
					1

40,000

CONSUMER RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

46-4334785

STORY OF STUFF PROJECT 1442A WALNUT STREET

BERKELEY, CA 94709

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TEENS TURNING GREEN 75-3106659 25,000 CONSUMER RIGHTS PO BOX 1146 ROSS, CA 94957

THIRD SECTOR NEW ENGLAND 89 SOUTH SECOND STREET SUITE 700 BOSTON,MA 02111	04-2261109	3	50,000		CONSUMER RIGHTS
TIDES CENTER	94-3213100	3	20,000		ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

45 MAIN STREET SUITE

BROOKLYN, NY 11201

(a) Name and address of (b) EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance TIDES CENTER 94-3213100 25,000 ENVIRONMENTAL 45 MAIN STREET SUITE 506 STEWAR BROOKLYN, NY 11201 TIDES CENTER 94-3213100 16,500 ENVIRONMENTAL 45 MAIN STREET SUITE 506 STEWAR TRUST FOR 91-2166435 12,500 ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

45 MAIN STREET SUITE 506
BROOKLYN,NY 11201

TRUST FOR 91-2166435 3
CONSERVATION
INNOVATION
20055 DOROTHY STREET
CANYON COUNTRY,CA

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) TRUST FOR 91-2166435 25,000 CONSUMER RIGHTS CONSERVATION INNOVATION 405 14TH STREET SUITE 164 OAKLAND, CA 946122705 ER RIGHTS

UNIVERSITY OF	91-6001537	3	48,184		CONSUMER RIGHTS
WASHINGTON					
FOUNDATION					
PO BOX 359505					
SEATTLE,WA 98195					
UTILITY REFORM NETWORK	23-7351081	3	60,000		CONSUMER RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

785 MARKET STREET SUITE 1400

SAN FRANCISCO, CA

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance 20-0765743 30.000 VERIFIED VOTING CONSUMER RIGHTS FOUNDATION PO BOX 4104 CARLSBAD, CA 920184104 77-0519882 25,000 FNVIRONMENTAL STEWAR

WATSONVILLE WETLANDS 77-0519882 3 25,000 ENVIRONMENTAL STEWAR PO BOX 1239 FREEDOM, CA 950190207 UNIDBEY WATERSHED 91-1656570 3 10,000 ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STEWARDS

PO BOX 617

LANGLEY, WA 98260

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) WHITE FARTH LAND 41-1673625 10,000 ENVIRONMENTAL RECOVERY PROJECT STEWAR 607 MAIN STREET CALLAWAY, MN 56521 RIGHTS

WOMEN'S FOUNDATION OF CALIFORNIA 340 PINE STREET SUITE 302 SAN FRANCISCO, CA 94104	94-2752421	3	20,000		HUMAN RIGHTS
WOMEN'S VOICES FOR THE	81-0501011	3	15,000		ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WOMEN'S VOICES FOR THE FARTH

PO BOX 8743 MISSOULA, MT 59807

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (b) EIN (a) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment other) assistance 81-0501011 50.000 CONSUMER RIGHTS

WOMEN'S VOICES FOR THE FARTH PO BOX 8743

MISSOULA,MT 59807

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

2015

DLN: 93493320141826

OMB No 1545-0047

Int

Schedule J (Form 990)

eas	rtment of the sury nal Revenue Service	► Information about Schedule J (Fo	rm 990	)) and its instructions is at <u>www.irs</u>	<u>gov/form990</u> .	pen t Insp	o Pul ectio	
N a THE	me of the organiz	FOR COMMUNITIES			Employer identificat	ion nui	mber	
		ons Regarding Compensation			94-3179772			
•	Questi	ons Regarding Compensation					Yes	No
_	Chack the appr	replate boy(oc) if the organization prov	udod a	ny of the following to or for a norsen	listed on Form		res	No
.a		ropiate box(es) if the organization prov Section A , line 1a Complete Part III						
	First-clas	s or charter travel	Г	Housing allowance or residence fo	or personal use	ļ	ļ	ļ
	Travel for	companions		Payments for business use of per	sonal residence	ļ	ļ	ļ
	Tax idemi	nification and gross-up payments	Г	Health or social club dues or initia	ation fees	ļ	ļ	ļ
	Discretion	nary spending account	Г	Personal services (e g , maid, cha	uffeur, chef)			 
b		xes in line 1a are checked, did the org				1b		
<u> </u>		ation require substantiation prior to re						
	directors, trust	ees, officers, including the CEO/Exec	utive D	rrector, regarding the items checke	d in line 1a?	2		
3	organization's	, if any, of the following the filing organ CEO/Executive Director Check all the ed organization to establish compensa	at apply	y Do not check any boxes for metho	ods			
	✓ Compensa	ation committee	<b>▽</b>	Written employment contract				
	Independe	ent compensation consultant	<b>~</b>	Compensation survey or study		Ì		Ì
	<b>√</b> Form 990	of other organizations	~	Approval by the board or compens	sation committee			
ŀ	During the year or a related org	r, did any person listed on Form 990, f janization	'art V I	I, Section A, line 1a with respect to	the filing organization	1		
а	Receive a seve	erance payment or change-of-control p	aymen	nt?		4a		Νo
b	Participate in, o	or receive payment from, a supplemen	tal non	qualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	sed co	mpensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item	ın Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	ions mı	ust complete lines 5-9.				
5	•	ted on Form 990, Part VII, Section A, contingent on the revenues of	line 1a	a, did the organization pay or accrue	any			
а	The organization	on?				5a		No
b	Any related org	ganization?				5b		No
	If "Yes," on line	e 5a or 5b, describe in Part III						
•	•	ted on Form 990, Part VII, Section A , contingent on the net earnings of	line 1a	a, did the organization pay or accrue	any			
а	The organization	on?				6a		No
b	Any related org	ganization?				6b		No
	If "Yes," on line	e 6a or 6b, describe in Part III						
•		ted on Form 990, Part VII, Section A , described in lines 5 and 6? If "Yes," do			on-fixed	7		No
3		ints reported on Form 990, Part VII, p nitial contract exception described in				8		No
)	If "Yes" on line	8, did the organization also follow the	rebutt	able presumption procedure describ	oed in Regulations			

section 53 4958-6(c)?

7.000

38,045

165.045

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	• •
	_	(ii)	(111)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(I) compensation	compensation	compensation				Form 990

120.000

1 TIM LITTLE

EXECUTIVE DIRECTOR

Schedule J (Form 990) 2015

Return Reference	Explanation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Part IIII Supplemental Inform	nation
Schedule J (Form 990) 2015	Page <b>3</b>

Schedule J (Form 990) 2015

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Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

DLN: 93493320141826 OMB No 1545-0047

2015

Department of the ireasury				n 990 or 990-EZ) <u>10v/form990</u> .	) and its instru	uctions	is at			en to P nspect			
Name of the or THE ROSE FOUND AND THE ENVIROR	ganization ATION FOR CO							ficatio	n numbe	r			
						section 501(c)		(29)	organı	zations			
						, Part IV, line 2		_					
<b>1 (a)</b> Nar	ne of disqual	ified p	erson	(b) R	•	etween disqualii organization	hed person an	a  (	•	cription saction	of	(d) Cor	rected? No
												103	110
											$\dashv$		
	amount of ta:	k incu	rred by orga	nızatıon i	managers or d	isqualified pers	ons during the	e year	under	_			
4958 .	· · · · · · · · · · · · · · · · · · ·	• vifan	 ov on line 2	above r	· · · · ·	the organizatio			•	<ul><li>▶ \$</li><li>▶ \$</li></ul>	-		
			, .	·	<u> </u>			•		- Ψ			
					d Persons. es" on Form 9	90-EZ, Part V ,	line 38a. or Fo	orm 99	0. Par	t IV.lır	ne 26.	or if the	
						ine 5, 6, or 22	,,		,	,	,		
(a) Name of	(b) Relation	ns hip	(c)	(d) Loa	n to	(e)O riginal	(f)Balance	(g)	In	(h	)	(i)Wr	ıtten
interested person	with organizat	ion	Purpose of loan	or from organiza		principal amount	due	defa	ult?	A ppro by boa	ard or	agreer	nent?
				То	From			Yes	No	Yes	No	Yes	No
											┼		
											+		
											+		
											ــــــــ		-
「otal			<b>&gt;</b> \$										
	ants or As	sista	•	efiting :	Interested	Persons.		l					
Co	mplete if th	e org	ganızatıon	answere	ed "Yes" on F	Form 990, Pai							
(a) Name of pers			Relationshi rested pers	•	, , ,	nt of assistance	: <b>(d)</b> ⊤ype	of assı	stance	e (e)	Purpo	se of ass	istance
·		1	organiza										
1) DAN EHRES	MAN		DING BOAF 1BER	RD		1,019	STIPEND &	TRAV	EL				
2) ANUJA MEN	IDIRATTA	FUN	DING BOAF	RD		12	1 STIPEND &	TRAV	EL				
3) BILL CENTE	: D		BER DING BOAL	D		260 STIDEND 8							

MEMBER

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	ation's
				Yes	No
(1) KEVIN HENDRICK	VICE PRESIDENT	8,730	INDEPENDENT CONTRACT		Νo
Part V Sunnlemental Informati	on				

## Drawda additional information for

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART V	JILL RATNER, PRESIDENT, AND TIM LITTLE, EXECUTIVE DIRECTOR, THE CO-FOUNDERS OF THE ORGANIZATION, ARE MARRIED, AND APPLY THEIR COMBINED 65 YEARS OF EXPERIENCE IN ENVIRONMENTAL CONSERVATION, SOCIAL JUSTICE AND NON-PROFIT MANAGEMENT IN THEIR ONGOING LEADERSHIP OF THE ORGANIZATION THEY HAVE BEEN THE PRIMARY AGENTS IN BUILDING THE FOUNDATION'S GRANTAMKING, POLICY AND EDUCATIONAL PROGRAMS, AND HAVE BEEN RECOGNIZED FOR THEIR COMMUNITY SERVICE AND ACCOMPLISHMENTS BY NUMEROUS GOVERNMENTAL, NON-PROFIT AND EDUCATIONAL INSTITUTIONS INCLUDING STANFORD UNIVERSITY, THE UNIVERSITY OF CALIFORNIA, THE CALIFORNIA COASTAL COMMISSION, AND THE SIERRA CLUB IN ADDITION TO HER DUTIES AS PRESIDENT AND IN-HOUSE LEGAL COUNSEL, MS RATNER LEADS THE FOUNDATION'S NEW VOICES ARE RISING YOUTH PROGRAM, A DYNAMIC PARTNERSHIP WITH OAKLAND UNIFIED SCHOOL DISTRICT AND SEVERAL COMMUNITY-ORIENTED INSTITUTIONS INCLUDING THE 6 WINS NETWORK, OAKLAND CLIMATE ACTION COALITION AND DITCHING DIRTY DIESEL NETWORK TO PROVIDE LEADERSHIP DEVELOPMENT, ENVIRONMENTAL JUSTICE AND CIVICS TRAINING FOR AT-RISK YOUTH IN ADDITION TO HIS DUTIES AS CHIEF EXECUTIVE OFFICER, MR LITTLE IS THE FOUNDATION'S PRIMARY GRANTS OFFICER AND HAS DEVELOPED AN INNOVATIVE SUPPLEMENTAL ENVIRONMENTAL PROJECT MODEL WHICH PARTNERS WITH NON-PROFIT ORGANIZATIONS AND GOVERNMENTAL AGENCIES INCLUDING THE CENTRAL VALLEY REGIONAL WATER QUALITY CONTROL BOARD TO SUPPORT WATERSHEDS-ORIENTED GRANTS FUNDS THROUGHOUT CALIFORNIA, WASHINGTON AND OREGON, HE HAS ALSO EXPANDED THE MODEL TO DEVELOP NATIONALLY-ORIENTED CONSUMER PROTECTION FUNDS IN ADDITION TO GRANTMAKING, HE IS RECOGNIZED BY THE GOVERNMENTAL ACCOUNTABILITY OFFICE AS AN EXPERT IN CORPORATE ENVIRONMENTAL LIABILITY DISCLOSURE AND IS THE AUTHOR OF THE FOUNDATION'S ACCLAIMED ENVIRONMENTAL FIDUCIARY SERIES WHICH EXAMINES AND DOCUMENTS THE PRUDENCE OF CONSIDERING ENVIRONMENTAL FACTORS IN INVESTMENT PORTFOLIO MANAGEMENT
	Schedule L (Form 990 or 990-EZ) 2015

DLN: 93493320141826

Open to Public Inspection

Employer identification number

94-3179772

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.

Department of the

Internal Revenue

Name of the organization

AND THE ENVIRONMENT

THE ROSE FOUNDATION FOR COMMUNITIES

Treasury

Service

990 Schedule O, Supplemental Information Return Reference Explanation FORM 990, PART VI JILL RATNER, PRESIDENT, AND TIM LITTLE, EXECUTIVE DIRECTOR, ARE MARRIED FORM 990, PAGE 6, PART VI, LINE 2 JILL RATNER TIM LITTLE PRESIDENT EXEC DIR SEE ADDITIONAL INFORMATION.

990 Schedule O, Supplemental Information

FORM 990, PAGE 6, PART	THE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE FORM 990 BY E-MAIL PRIOR TO FILING THE BOARD
VI, LINE 11B	MEMBERS ARE ENCOURAGED TO REVIEW THE FORM AND PROVIDE FEEDBACK

Explanation

FORM 990, PAGE 6, PART VI. LINE 12C EREST AND WHISTLEBLOWER POLICIES

Return Reference

THE AUDIT COMMITTEE SHALL ANNUALLY REPORT TO THE BOARD ON ANY INSTANCES OF CONFLICT OF INT FREST DISCLOSURE AND ANY ACTIONS TAKEN AS A RESULT. ENFORCEMENT OF THE CONFLICT OF INTERES. T POLICY IS MONITORED BY THE ROSE FOUNDATIONS COMPLIANCE OFFICER, WHO ALSO CHAIRS THE FOUN DATIONS AUDIT COMMITTEE. THE AUDIT COMMITTEE CHAIR REPORTS TO THE ROSE FOUNDATION BOARD AN NUALLY ON THE STATUS OF ALL INTERNAL CONTROLS. INCLUDING IMPLEMENTATION OF CONFLICT OF INT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	ROSE FOUNDATION COMPENSATION POLICY FOR THE EXECUTIVE DIRECTOR OR ANY OTHER OFFICER REQUIRES THAT A COMPREHENSIVE SURVEY OF SALARY COMPS IS PREPARED FOR, AND REVIEWED BY, THE PERSONNEL COMMITTEE ALL COMPENSATION ISSUES RELATED TO THE EXECUTIVE DIRECTOR OR OTHER OFFICERS RECEIVE AN INTERESTED DIRECTOR LEVEL OF SCRUTINY AND MUST BE APPROVED BY DISINTERESTED PERSONS ON THE BOARD COMPENSATION FOR OTHER TOP MANAGEMENT OR KEY EMPLOYEES IS DETERMINED BY THE EXECUTIVE DIRECTOR, AND POLICY REQUIRES CONSIDERATION OF A COMPREHENSIVE SURVEY OF APPLICABLE SALARY COMPS DETAILED COMPENSATION RECORDS ARE MAINTAINED ON ALL EMPLOYEES AND DIRECTORS, AND THESE RECORDS ARE KEPT FOR SEVERAL YEARS AS DESCRIBED IN THE DOCUMENT RETENTION POLICY
FORM 990, PAGE 6, PART VI, LINE 15B	ROSE FOUNDATION COMPENSATION POLICY FOR THE EXECUTIVE DIRECTOR OR ANY OTHER OFFICER REQUIR ES THAT A COMPREHENSIVE SURVEY OF SALARY COMPS IS PREPARED FOR, AND REVIEWED BY, THE PERSO NNEL COMMITTEE ALL COMPENSATION ISSUES RELATED TO THE EXECUTIVE DIRECTOR OR OTHER OFFICER S RECEIVE AN INTERESTED DIRECTOR LEVEL OF SCRUTINY AND MUST BE APPROVED BY DISINTERESTED P ERSONS ON THE BOARD COMPENSATION FOR OTHER TOP MANAGEMENT OR KEY EMPLOYEES IS DETERMINED BY THE EXECUTIVE DIRECTOR, AND POLICY REQUIRES CONSIDERATION OF A COMPREHENSIVE SURVEY OF APPLICABLE SALARY COMPS DETAILED COMPENSATION RECORDS ARE MAINTAINED ON ALL EMPLOYEES AND DIRECTORS, AND THESE RECORDS ARE KEPT FOR SEVERAL YEARS AS DESCRIBED IN THE DOCUMENT RETE NTION POLICY

990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990, PAGE 6,	AUDITS AND FORM 990 FILINGS ARE AVAILABLE ON OUR WEBSITE OUR FORM 990 IS ALSO AVAILABLE ON
PART VI, LINE 19	GUIDESTAR ORG ALL OTHER GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE BY REQUEST

FORM 990. PART XI CURRENT YEAR AUDIT -TAX DEPRECIATION DIFFERENCE - 772

990 Schedule O, Supplemental Information

Return Reference Explanation