DLN: 93493282003449 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization THE ROSE FOUNDATION FOR COMMUNITIES D Employer identification number B Check if applicable ☐ Address change THE ENVIROMENT 94-3179772 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 201 4TH STREET SUITE 102 ☐ Amended return □ Application pending (510) 658-0702 City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA $\,\,$ 94607 G Gross receipts \$ 4,652,603 Name and address of principal officer H(a) Is this a group return for TIM LITTLE □Yes ☑No subordinates? 201 4TH STREET SUITE 102 H(b) Are all subordinates OAKLAND, CA 94607 ☐ Yes ☑No included? Tax-exempt status **☑** 501(c)(3) □ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW ROSEFDN ORG L Year of formation 1992 M State of legal domicile CA Summary 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 Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 22 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 9,713,465 4,392,206 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 341,135 216,877 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 15,100 43,520 4,652,603 10,069,700 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 6,455,671 5,210,426 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 698,997 769,349 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶276,087 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 293,934 373,412 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 7,448,602 6,353,187 19 Revenue less expenses Subtract line 18 from line 12 . 2,621,098 -1,700,584 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 9,556,971 7,091,834 1,511,765 21 Total liabilities (Part X, line 26) . 2,106,744 22 Net assets or fund balances Subtract line 21 from line 20 . 7,450,227 5,580,069 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 2019-10-09 Signature of officer Sign Here TIM LITTLE Executive Dir Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P01809278 Paid self-employed Firm's name MAZE & ASSOCIATES Firm's EIN ▶ 94-2590179 **Preparer** Use Only Firm's address ▶ 3478 BUSKIRK AVE STE 215 Phone no (925) 930-0902 PLEASANT HILL, CA 945234346

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions) .

Cat No 11282Y

Form 990 (2018)

☑ Yes ☐ No

| 990 (2018) | | | | | Page 2 |
|------------------------|--|---|--|--|--|
| rt III Statement | of Program Service | e Accomplis | hments | | |
| Check if Sche | edule O contains a resp | onse or note to a | any line in this Part III | | 🗆 |
| Briefly describe the o | organization's mission | | • | | |
| UPPORT GRASSROOTS | S INITIATIVES TO INSP | IRE COMMUNIT | ACTION TO PROTECT | THE ENVIRONMENT, CONSUMERS | AND PUBLIC HEALTH |
| | | | | | |
| Did the organization | undertake any significa | ant program ser | vices during the year w | hich were not listed on | |
| the prior Form 990 o | or 990-EZ? | | | | 🗌 Yes 🗹 No |
| If "Yes," describe the | ese new services on Scl | nedule O | | | |
| Did the organization | cease conducting, or n | nake significant | changes in how it cond | ucts, any program | |
| services? | | | | | 🗌 Yes 🗹 No |
| If "Yes," describe the | ese changes on Schedu | le O | | | |
| Section 501(c)(3) ar | nd 501(c)(4) organizatio | ons are required | to report the amount | | |
| (Code |) (Expenses \$ | 5,355,395 | ıncludıng grants of \$ | 5,056,526) (Revenue \$ |) |
| See Additional Data | | | | | |
| (Code |) (Expenses \$ | 231,958 | ıncludıng grants of \$ | 153,900) (Revenue \$ |) |
| See Additional Data | | | | | |
| (Code |) (Expenses \$ | 223,674 | ıncludıng grants of \$ |) (Revenue \$ |) |
| See Additional Data | | | | | |
| Other program servi | ces (Describe in Sched | ule O) | | | |
| (Expenses \$ | inc | uding grants of | \$ |) (Revenue \$ |) |
| Total program ser | vice expenses ▶ | 5,811,0 | 27 | | |
| | Check if Sche Briefly describe the of UPPORT GRASSROOTS Did the organization the prior Form 990 of If "Yes," describe the Did the organization services? If "Yes," describe the Describe the organiz Section 501(c)(3) ar expenses, and rever (Code See Additional Data (Code See Additional Data (Code See Additional Data Other program servic (Expenses \$ | Check if Schedule O contains a responsibility describe the organization's mission UPPORT GRASSROOTS INITIATIVES TO INSPOND Did the organization undertake any signification the prior Form 990 or 990-EZ? | Check if Schedule O contains a response or note to a Briefly describe the organization's mission UPPORT GRASSROOTS INITIATIVES TO INSPIRE COMMUNITY Did the organization undertake any significant program service prior form 990 or 990-EZ? | Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission UPPORT GRASSROOTS INITIATIVES TO INSPIRE COMMUNITY ACTION TO PROTECT Did the organization undertake any significant program services during the year we the prior Form 990 or 990-EZ? | Check if Schedule O contains a response or note to any line in this Part III |

| Pai | tiv 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)? 🕏 | 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 | 3 | | No |
| | 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 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 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 " | 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 | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | | |
| 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 🕏 | 11b | | No |
| С | 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 | 11c | | 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 🕏 | 11d | | 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 2 | 12a | 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 |
| | 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 | | |
| 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 | | No |

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Part V

Νo

Nο

No

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36

37

38

24

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1a

Yes

Yes

| 1 (4) | Checklist of Required Schedules (continued) | | Yes | No |
|-------|---|-----|-----|----|
| | | | res | NO |
| 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? <i>If "Yes," complete Schedule J</i> | 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 | | 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 | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| | 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, Part 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 | | No |
| 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 | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |

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

Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

All Form 990 filers are required to complete Schedule O

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

12b

13b

13c

13a

14a

14b

15

Nο

No

Nο

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(29) qualified nonprofit health insurance issuers.

the following

13

Section C. Disclosure

Page 6

Νo

Νo

Nο

Νo

Nο

Nο

Nο

Nο

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7a

7b

8a

8b

10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

16h

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

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Yes

Yes

| antvi | Governance, management, and Disclosure For each Tes Tesponse to lines 2 | | | | ror i | a iv | о г | esp | onse | to II | ines |
|---------|---|----|--|--|-------|------|-----|-----|------|-------|----------|
| | 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI | | | | | | | | • | | ✓ |
| ection | n A. Governing Body and Management | | | | | | | | | | |
| | | | | | | | | | Υe | es | No |
| .a Ente | r the number of voting members of the governing body at the end of the tax year | 12 | | | | 11 | | | | | |

| | coon in coroning 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 busine officer, director, trustee, or key employee? | | | 2 | Yes | |
| - | Did the appropriate delegate control area propriate district and propriate district. | | | 1 | | |

| 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 busine officer, director, trustee, or key employee? | ss rela | tionship with any other | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other process. | | | 3 | | No |

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in

Did the process for determining compensation of the following persons include a review and approval by independent

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

and branches to ensure their operations are consistent with the organization's exempt purposes?

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .

Did the organization have a written whistleblower policy?

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official

only) available for public inspection. Indicate how you made these available. Check all that apply ☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

▶TIM LITTLE 201 4TH STREET SUITE 102 OAKLAND, CA 94607 (510) 658-0702

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . .

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Did the organization become aware during the year of a significant diversion of the organization's assets? .

Did the organization have members or stockholders?

10a Did the organization have local chapters, branches, or affiliates? .

Each committee with authority to act on behalf of the governing body? .

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 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 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours | | ne b | ox, ι n of | t ch unle ficei | ss pers | son | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|--------------------------------------|---|-----------------------------------|-----------------------|---------------|-----------------------|------------------------------|--------|---|--|--|
| | for related organizations below dotted line) | individual trustee or director | Institutional Trust⊬ë | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| (1) JILL RATNER | 40 00 | × | | × | | | | 65,000 | 0 | 6,000 |
| PRESIDENT | 0 00 | | | | | | | 03,000 | 0 | 0,000 |
| (2) KEVIN HENDRICK Vice President | 1 00 | Х | | х | | | | 0 | 0 | 0 |
| (3) AMY LYONS | 1 00 | | | | | | | | | |
| TREASURER | 0 00 | Х | | Х | | | | 0 | 0 | 0 |
| (4) MARYBELLE NZEGWU Director | 1 00 | Х | | | | | | 0 | 0 | 0 |
| (5) NANCY BERLIN | 1 00 | | | | | | | | | _ |
| DIRECTOR | 0 00 | X | | | | | | 0 | 0 | 0 |
| (6) ELLEN HAUSKENS | 1 00 | | | | | | | | | |
| DIRECTOR | 0 00 | Х | | | | | | 0 | 0 | 0 |
| (7) DAVID MICHELFELDER DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 |
| (8) CINDY TSAI SCHULTZ DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (9) ALLAN RAMO DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (10) KYLE LIVIE DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (11) TIM LITTLE Executive Dir | 40 00 | | | х | | | | 120,000 | 0 | 47,691 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | Form 990 (2018) |

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|-------------------------------------|---|-----------------------------------|-----------------------|-----------|-------------------------|------------------------------|--------|---|--|---|
| Part VII Section A. Officers, Direc | tors, Trustees | , Key I | Empl | loye | es, | and I | High | nest Compensate | d Employees (co | ntinued) |
| (A) Name and Title | (B) Average hours per week (list any hours | than o | ne b | ox, un of | t che inles ficer | and a | on | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | (F) 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) | 2/1099-MISC) | organization and related organizations |
| | | | | | | | | | | |

| 41. Cal. Takal | • | | | _ | | |
|----------------|---|---|--|----------|--|--|
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | ग | | ii ed | | |
| | | - | | ٠, ١ | | |

| c T | Fotal from continuation sheets to Part VII, Section A ► Fotal (add lines 1b and 1c) | | | |
|-----|--|---|-----|--|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 | | | |
| | | | Yes | |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | |

| | Fotal from continuation sheets to Part VII, Section A ▶ Fotal (add lines 1b and 1c) | | | 53,691 |
|---|--|---|-----|--------|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 1 | | | |
| | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No |
| 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 J for such individual | | | |
| | maviauai | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for | | | |

| 2 Total number of individuals (including but not limited to those listed above) who received more than \$10 of reportable compensation from the organization ► 1 | 00,000 | | | |
|--|--------|---|-----|----|
| | | | Yes | No |
| Did the organization list any former officer, director or trustee, key employee, or highest compensated line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 3 | | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | the | | | |
| Illulviqual | | 4 | Yes | |

| | | | Yes | No | | |
|---|--|---|-----|----|--|--|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | | No | | |
| 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 J for such individual | | | | | |
| | municular | 4 | Yes | | | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule 1 for such person | 5 | | No | | |

| Section B. Independent Contractors | | | | | | |
|------------------------------------|--|---|-----|----|--|--|
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No | | |
| 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 J for such individual | 4 | Yes | | | |
| | line la ⁷ If "Yes," complete Schedule J for such individual | 3 | | No | | |

| | | • | | 110 | | | |
|----|--|-----|-----|-----|--|--|--|
| 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 J for such individual | | | | | | |
| | | _ 4 | Yes | | | | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No | | | |
| Se | Section B. Independent Contractors | | | | | | |
| | | | 1 | | | | |

| | Individual | 4 | Yes | | | | | |
|------------------------------------|---|---|-----|--|--|--|--|--|
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | | | | | | |
| Section B. Independent Contractors | | | | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year | | | | | | | |

| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No | | | |
|----|--|---|--|----|--|--|--|
| Se | Section B. Independent Contractors | | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year | | | | | | |

| Se | Section B. Independent Contractors | | | | | | |
|----|--|-----------------------------|----------------------------|--|--|--|--|
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year | | | | | | |
| | (A) Name and business address | (B) Description of services | (C) Compensation | | | | |
| | | | | | | | |

| 2 | Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization \blacktriangleright 0 | eceived more than \$100,000 of | |
|---|--|--------------------------------|-------------|
| | | | F 000 (2010 |

| Part | VIII Statement of Revenue | | | | | | rage 3 |
|---|---|--------------------|-------------------------|-----------------------------|--|--|--|
| | Check if Schedule O contains a | respo | onse or note to an | y line in this Part VIII | | | <u> </u> |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| | 1a Federated campaigns | 1 a | 13,387 | | revenue | | 1 312 314 |
| nts | b Membership dues | 1 b | | | | | |
| Sra not | c Fundraising events | 1c | | | | | |
| ß, (An | d Related organizations | 1d | | | | | |
| Gifts, Grants illar Amounts | e Government grants (contributions) | 1e | 69,158 | | | | |
| ıs, | f All other contributions, gifts, grants, | | | | | | |
| tio er S | and similar amounts not included above | 1 f | 4,309,661 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g Noncash contributions included | | | | | | |
| Contr and (| ın lınes 1a - 1f \$ | | | | | | |
| <u>ರ ಕ</u> | h Total. Add lines 1a-1f | • | > | 4,392,206 | | | |
| Пė | | | Busines | s Code | | | |
| ven | 2a | | | | | | |
| a <u>₹</u> | b ———————————————————————————————————— | _ | | | | | |
| Ŋ. | с — | | | | | | |
| 32 | d ———————————————————————————————————— | _ | | | | | |
| ran | f All other program service revenue | _ | | | | | |
| Program Service Revenue | 9Total. Add lines 2a-2f | | _ | 0 | | | |
| _ | 3 Investment income (including divide | | interest and other | . 1 | | | |
| | sımılar amounts) | • | · | 216,877 | · · | | |
| | 4 Income from investment of tax-exe | | | | | | |
| | 5 Royalties | | (II) Personal | > | 1 | | |
| | 6a Gross rents | | (ii) i ci soriai | \dashv | | | |
| | | | | _ | | | |
| | b Less rental expenses | | | | | | |
| | c Rental income or (loss) | | | 7 | | | |
| | d Net rental income or (loss) | | | _ , | | | |
| | (ı) Securit | | (II) Other | | | | |
| | 7a Gross amount from sales of | | | | | | |
| | assets other than inventory | | | | | | |
| | · | | | _ | | | |
| | b Less cost or other basis and sales expenses | | | | | | |
| | C Gain or (loss) | | | \dashv | | | |
| | d Net gain or (loss) | • | > | | | | |
| a . | 8a Gross income from fundraising even (not including \$ | ents of | | | | | |
| Other Revenue | contributions reported on line 1c) | ٠. | J | | | | |
| eve | See Part IV, line 18 | a | 42,02 | 0 | | | |
| r R | b Less direct expensesc Net income or (loss) from fundrais | b ına ev | ents | | | | |
| the | 9a Gross income from gaming activities | | | | | | |
| 0 | See Part IV, line 19 | _ |] | | | | |
| | b Less direct expenses | a b | | \dashv | | | |
| | c Net income or (loss) from gaming | | les \blacktriangleright | | | | |
| | 10a Gross sales of inventory, less returns and allowances | | | | | | |
| | returns and anowances | а | } | | | | |
| | ${f b}$ Less cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of | ınvent | | | | | |
| | Miscellaneous Revenue | | Business Code | 1,500 | 1,500 | | |
| | 11aRETURN OF NET FUNDS | | | 1,500 | 1,500 | | |
| | b | | | | | | |
| | | | | | | | |
| | c | | | + | | | |
| | | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | • | 1,500 | | | |
| | 12 Total revenue. See Instructions | | | | | | |
| | | | • | 4,652,603 | 3 218,377 | I | Form 990 (2018) |

| Form 990 (2018) | | | | Page 10 |
|--|------------------------|------------------------------------|---|----------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co | olumns All other orga | nizations must comp | olete column (A) | |
| Check if Schedule O contains a response or note to any | line in this Part IX . | | | 🗆 |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 5,210,426 | 5,210,426 | - | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 185,000 | 92,500 | 46,250 | 46,250 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 415,213 | 207,607 | 103,803 | 103,803 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 0 | | | |
| 9 Other employee benefits | 120,188 | 60,094 | 30,047 | 30,047 |
| 10 Payroll taxes | 48,948 | 24,474 | 12,237 | 12,237 |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0 | | | |
| b Legal | 0 | | | |
| c Accounting | 0 | | | |
| d Lobbying | 0 | | | |
| e Professional fundraising services See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 116,758 | 81,239 | 22,239 | 13,280 |

0

0

0 122,047

0

0

0 0

3,352

7,621

23,268

17,571

12,695

8,801

7,927

6,353,187

18,717

59,462

20,951

1,438

3,591

17,571

4,612

5,690

2,655

5,811,027

6,544

33,455

2,405

1,149

2,120

1,932

1,685

2,207

266,073

3,851

29,130

904

765

1,910

23,268

6,151

1,426

3,065 276,087

Form 990 (2018)

29,112

24,260

| - | key employees | 200,000 | 52,000 | |
|---|--|---------|---------|--|
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | |
| 7 | Other salaries and wages | 415,213 | 207,607 | |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 0 | | |
| | Other confers bonefits | 120 199 | 60.004 | |

12 Advertising and promotion .

18 Payments of travel or entertainment expenses for any

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

federal, state, or local public officials .

22 Depreciation, depletion, and amortization .

19 Conferences, conventions, and meetings

21 Payments to affiliates

expenses on Schedule O)

c Printing and Publications

e All other expenses

d DUES, SUBSCRIPT, & PROF DEV

25 Total functional expenses. Add lines 1 through 24e 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)

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

a EVENTS

b TRAINING

14 Information technology

20 Interest

Page **11**

7.091.834

47.610

1.511.765

791.194

15.338

4,773,537

5,580,069

7,091,834

Form **990** (2018)

15

16

9.556.971

50.064

2.106.744

1.313.315

6,119,752

7,450,227

9,556,971

17,160

25

26

27

28

29

30

31 32

33

34

Form 990 (2018)

15

16

26

27

28

29

31

32

33

34

Fund Balances

Assets or 30

Net

Other assets See Part IV, line 11 .

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

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

| | Beginning of year | | End of year |
|---|-------------------|---|-------------|
| 1 Cash-non-interest-bearing | 182 | 1 | 180 |
| 2 Savings and temporary cash investments | 4,125,397 | 2 | 1,452,613 |
| 3 Pledges and grants receivable, net | 590,047 | 3 | 88,937 |
| 4 Accounts receivable, net | | 4 | 0 |
| 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | 0 |
| section 4958(f)(1)), persons described in section 4958(c)(3)(B), and | | | |

| Assets | 6 7 8 | trustees, key employees, and highest compensations and other receivables from other disquals section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations Part II of Schedule L | ated er ified pe on 4958 ations ((see in | nployees Complete ersons (as defined under 8(c)(3)(B), and of section 501(c)(9) estructions) Complete | | 5 6 7 8 | 0 0 0 |
|--------|-------|--|---|---|-----------|------------------|-----------|
| _ | 9 | Prepaid expenses and deferred charges | | | 23,537 | 9 | 10,950 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 45,547 | | | |
| | b | Less accumulated depreciation | 10 b | 37,712 | 5,997 | 10c | 7,835 |
| | 11 | Investments—publicly traded securities . | | | 4,700,272 | 11 | 5,403,051 |
| | 12 | Investments—other securities See Part IV, line | 111,539 | 12 | 128,268 | | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | 0 |
| | 14 | Intangible assets | | | | 14 | 0 |

12,044 30,013 17 17 Accounts payable and accrued expenses Grants payable . . 2,026,667 18 1,321,111 18 19 Deferred revenue . 19 131.000 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Liabilities persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a No

3b

Form 990 (2018)

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

Additional Data

Software ID: 18007218

Software Version: 2018v3.1 **EIN:** 94-3179772

Name: THE ROSE FOUNDATION FOR COMMUNITIES

THE ENVIROMENT

Form 990 (2018)

WATER, AND INDIVIDUAL DIGNITY AND PRIVACY

Form 990, Part III, Line 4a:

THE ROSE FOUNDATION FOR COMMUNITIES AND THE ENVIRONMENT BELIEVES IN THE POWER OF INFORMED COMMUNITY INVOLVEMENT COMMUNITY GRANT MAKING 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 NATIONS CONSTITUTION, AND THE ESSENTIAL HUMAN RIGHTS TO CLEAN AIR, CLEAN

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 MOVEMENT WITH

STRATEGICALLY TARGETED GRANTS AND A CAPACITY BUILDING TRAINING PROGRAM FOR GRANTES. THE GRASSROOTS FUND IS SUPPORTED BY NUMEROUS

FOUNDATIONS AND HELPS BRIDGE THE GAP BETWEEN ORGANIZED PHILANTHROPY AND SMALL, COMMUNITY-BASED ENVIRONMENTAL ORGANIZATIONS THAT MANY

Form 990, Part III, Line 4b:

FOUNDATIONS HAVE PROBLEMS REACHING

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 GENERATIONS 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

Form 990, Part III, Line 4c:

| SCHEDULE A (Form 990 or 990EZ) | | | plete if the o | Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form | ion 501(c)(3) empt charitable 990 or Form 99 | organization or trust. 90-EZ. | a section | 2018 Open to Public |
|---|---|-----------------------------|---|---|--|-------------------------------------|---------------------------------|---------------------------|
| epartment of the sternal Revenue Stame of the c | eruce | n n | ► Go to | www.irs.gov/Forms | 990 for the late | est information | Employer identific | Inspection |
| HE ROSE FOUND HE ENVIROMENT | ATION FOR (| COMMUNITIES | 5 | | | | | ation number |
| | | r Public C | harity Stat | us (All organization | s must comple | ete this part.) S | 94-3179772 See instructions. | |
| ne organizatio | n is not a p | rivate foun | dation because | e it is (For lines 1 thro | ugh 12, check o | nly one box) | | |
| 1 | church, con | vention of d | churches, or as | ssociation of churches | described in sec | tion 170(b)(1) | (A)(i). | |
| 2 | school desc | rıbed ın se d | tion 170(b)(| 1)(A)(ii). (Attach Sch | nedule E (Form 9 | 990 or 990-EZ)) | | |
| 3 🗌 A | hospital or | a cooperativ | ve hospital ser | vice organization desci | rıbed ın section | 170(b)(1)(A)(| iii). | |
| | medical res me, city, ai | | nization operat | ed in conjunction with | a hospital descr | ibed in section : | 170(b)(1)(A)(iii). E | inter the hospital's |
| | | on operated). (Comple | | t of a college or univer | rsity owned or o | perated by a gov | ernmental unit descr | bed in section 170 |
| | | • • • | , | governmental unit de | scribed in secti | on 170(b)(1)(A | ı)(v). | |
| | | | mally receives vi). (Complete | a substantial part of it Part II) | s support from a | a governmental u | ınıt or from the gener | al public described ii |
| B | community | trust descri | bed in sectio i | 170(b)(1)(A)(vi) | (Complete Part I | Π) | | |
| | | | | escribed in 170(b)(1) ee instructions Enter | | | | lege or university or |
| fro | om activitie: vestment in | s related to come and u | its exempt fur inrelated busir | (1) more than 331/3% actions—subject to certiess taxable income (learning) | taın exceptions, | and (2) no more | than 331/3% of its s | upport from gross |
| | • | | | d exclusively to test for | r public safety | See section 509 | (a)(4). | |
| | ore publicly | supported | organizations : | d exclusively for the be described in section 5 the type of supporting | 09(a)(1) or se | ction 509(a)(2 |). See section 509(a | |
| Ty | pe I. A supganization(| pporting org s) the powe | anızatıon oper | ated, supervised, or co | ontrolled by its s | supported organiz | zation(s), typically by | |
| m | anagement | of the supp | | ervised or controlled in ation vested in the sand C. | | | - ' ' ' | _ |
| | | | | supporting organizations) You must com | | | | ated with, its |
| ☐ Ty | pe III nor | n-functiona tegrated T | ally integrate he organizatio | d. A supporting organi n generally must satis rt IV, Sections A and | zation operated fy a distribution | in connection wi requirement and | th its supported orga | |
| : Ch | eck this bo | x if the orga | anızatıon recei | ved a written determir | nation from the I | | pe I, Type II, Type II | I functionally |
| | - | | on-functionally organizations | integrated supporting | organization | | | |
| | | | | pported organization(| | animation lists 1 | (w) Amount of | (vi) Amount of |
| | ame of supported (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization in your governing document? | | (v) Amount of monetary support (see instructions) | other support (se instructions) | | | | |
| | | | | | Yes | No | | |
| | | | | | | | | |
| tal | | | | | | | | |
| | k Deductio | n Act Noti | ce, see the T | nstructions for | I Cat No 1128! | 5F ! | Schedule A (Form 9 | 90 or 990-FZ) 20 |

Schedule A (Form 990 or 990-EZ) 2018

Page 2

| | (Complete only if you ch | ecked the box or | n line 5, 7, 8, or | 9 of Part I or If | the organization | n failed | to qualify | under Part |
|-----|--|-----------------------------|-----------------------|---------------------------------|----------------------|----------------------|-------------|------------|
| | III. If the organization fa | | | | | | 1 | , |
| _ | Section A. Public Support | , , | | , , | 1 | | | |
| | Calendar year | (2) 2014 | (b) 201E | (a) 2016 | (d) 2017 | (a) | 2010 | (f) Total |
| | (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2 | 2010 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received (Do not | 5,764,129 | 5,473,392 | 5,628,292 | 9,713,465 | 4 | 4,392,206 | 30,971,484 |
| _ | include any "unusual grant ") | | | | | | | |
| 2 | Tax revenues levied for the | | | | | | | 0 |
| | organization's benefit and either paid to or expended on its behalf | | | | | | | U |
| 3 | The value of services or facilities | | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | | 0 |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 5,764,129 | 5,473,392 | 5,628,292 | 9,713,465 | | 4,392,206 | 30,971,484 |
| 5 | The portion of total contributions by | -,, | -,, | -,, | -,, | | , , , , , , | |
| • | each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included on | | | | | | | 0 |
| | line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 | | | | | | | 20.074.404 |
| | from line 4 | | | | | | | 30,971,484 |
| | Section B. Total Support | | | | | | | |
| | Calendar year | (a)2014 | (b) 2015 | (c)2016 | (d)2017 | (e)2 | 018 | (f)Total |
| | (or fiscal year beginning in) ► | | | | | | | |
| 7 | Amounts from line 4 | 5,764,129 | 5,473,392 | 5,628,292 | 9,713,465 | | 4,392,206 | 30,971,484 |
| 8 | • | | | | | | | |
| | dividends, payments received on | 305,810 | 145,276 | 274,044 | 341,135 | | 216,877 | 1,283,142 |
| | securities loans, rents, royalties and | · | ŕ | , i | <i>'</i> | | · | , , |
| _ | income from similar sources | | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the | | 25,199 | 2,635 | 15,100 | | 1,500 | 44,434 |
| | business is regularly carried on | | 23,199 | 2,033 | 13,100 | | 1,500 | 44,434 |
| 10 | | | | | | | | |
| 10 | or loss from the sale of capital | 14,279 | 31,044 | 41,322 | | | | 86,645 |
| | assets (Explain in Part VI) | 1 .,2.5 | 02/01. | ,- | | | | 55,510 |
| 11 | | | | | | | | 22 225 725 |
| | 10 | | | | | | | 32,385,705 |
| 12 | Gross receipts from related activities, | etc (see instruction | ns) | | | 12 | | |
| 13 | First five years. If the Form 990 is fo | or the organization's | s first, second, thir | d, fourth, or fifth | tax year as a sect | on 501(| c)(3) orga | nization, |
| | check this box and stop here | | | | | | | |
| _ | Section C. Computation of Public | | | | | | | |
| | Public support percentage for 2018 (lir | <u> </u> | | olumn (f)) | | 14 | | 95 630 % |
| | Public support percentage for 2017 Sc | | | (177 | | 15 | | 96 100 % |
| | | | | n line 12 and line | 14 : 22 1/20/ - | | book the b | |
| 16 | a 33 1/3% support test—2018. If the | | | | 14 IS 33 1/3% OF | more, c | neck this b | |
| | and stop here. The organization quali 33 1/3% support test—2017. If th | | | | nd line 15 is 33 1/. | 3% or m | nore. check | ▶ ✓ |
| . ' | box and stop here. The organization | = | | | | | | ▶ □ |
| | a 10%-facts-and-circumstances test | quaiiiies as a publ | anization did not o | anization hack a how on line | 13 162 or 16h | and line | 14 | - - |
| 17 | is 10% or more, and if the organizatio | | | | | | | |
| | in Part VI how the organization meets | | | | | | | |
| | - | and ruces and circle | amstances test I | ne organization q | aamics as a public | , Juppi | J. CCG | ⊾ □ |
| | organization 10%-facts-and-circumstances tes | st— 2017. If the ord | ganization did not | check a box on lin | e 13, 16a, 16b. oi | ⁻ 17a, aı | nd line | |

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

| Р | art IIII Support Schedule for | Organization | s Described in | Section 509(a | a)(2) | | |
|---------|--|------------------------|----------------------------|----------------------|--------------------|-------------------|----------------|
| | (Complete only if you c | hecked the box | on line 10 of Pa | art I or if the or | ganization failed | | er Part II. If |
| | the organization fails to | qualify under | the tests listed b | pelow, please co | omplete Part II.) |) | |
| Se | ection A. Public Support | | T | Г | | | 1 |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| - | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | |
| | not an unrelated trade or business | | | | | | |
| 4 | under section 513 Tax revenues levied for the | | | | | | |
| - | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| • | the organization without charge | | | | | | |
| 6 72 | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and | | | | | | |
| / a | 3 received from disqualified persons | | | | | | |
| ь | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of | | | | | | |
| | \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| Se | ection B. Total Support | | | | | | |
| | Calendar year | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 0 | (or fiscal year beginning in) ► Amounts from line 6 | | | . , | | | |
| L0a | Gross income from interest, | | | | | | |
| LUa | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and | | | | | | |
| | income from similar sources | | | | | | |
| Ь | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, | | | | | | |
| | 1975 | | | | | | |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 is fo | r the organization | ı ı's fırst, second. th | urd, fourth, or fift | h tax vear as a se | ction 501(c)(3) o | rganization. |
| | check this box and stop here | . | , | ,,, | , | | ▶ □ |
| Se | ection C. Computation of Public | Support Perce | ntage | | | | |
| 15 | Public support percentage for 2018 (lin | e 8, column (f) d | ıvıded by line 13, | column (f)) | | 15 | |
| 16 | Public support percentage from 2017 S | ichedule A, Part I | II, line 15 | | | 16 | |
| Se | ection D. Computation of Investi | ment Income | Percentage | | | | |
| 17 | Investment income percentage for 201 | | | lıne 13, column (f |)) | 17 | |
| 18 | Investment income percentage from 2 | 017 Schedule A, | Part III, line 17 | | | 18 | |
| | 331/3% support tests—2018. If the | | • | on line 14, and lir | ne 15 is more than | | e 17 ıs not |
| | more than 33 1/3%, check this box and | | | | | | ▶□ |
| | 33 1/3% support tests—2017. If the | | | | | | |
| J | not more than 33 1/3%, check this box | - | | | • | | ▶ □ |
| 20 | Private foundation. If the organization | - | - | | | | ▶□ |

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? | | |
|---|---|---|--|
| | If "No," describe in Part VI 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За 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 Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b 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 sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

| Pa | art IV Supporting Organizations (continued) | | | | | | |
|----|---|--------|---------|----|--|--|--|
| | cupper unit of game and (community) | | Yes | No | | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | | | | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | | | | |
| u | governing body of a supported organization? | 11a | | | | | |
| h | A family member of a person described in (a) above? | 11b | | | | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11c | | | | | |
| | Section B. Type I Supporting Organizations | 110 | | | | | |
| | 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such | | | | | | |
| | powers during the tax year | 1 | | | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization | | | | | | |
| | - | | | | | | |
| 5 | section 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 | | 163 | NO | | | |
| _ | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | | | | |
| S | Section 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | | | | |
| | | | | | | | |
| 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 Part VI the role the organization's supported organizations played in this regard | 3 | | | | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction) | ions) | | | | | |
| | a The organization satisfied the Activities Test Complete line 2 below | | | | | | |
| | b | | | | | | |
| | c | ınstru | ctions) | | | | |
| 2 | Activities Test Answer (a) and (b) below. | | | | | | |
| | · , · , | | Yes | No | | | |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | | | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | 20 | | | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | 3a | | | | | |
| | b 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 | 26 | | | | | |

| m | |
|------------------|--|
| /I) See | |
| ıgh E | |
| (B) Current Year | |
| (optional) | |

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2018

Page 6

| | Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in | | |
|----------|---|----------------|--|
| ~ | | (A) Prior Year | |

| | instructions. All other Type III non-functionally integrated supporting organiza | tions i | must complete Sections A | through E |
|---|--|---------|--------------------------|-------------|
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) C (o |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |

4 5

Add lines 1 through 3

Depreciation and depletion 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) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

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

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

b Applied to 2018 distributable amount

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016.

Schedule A (Form 990 or 990-EZ) (2018)

d Excess from 2017. e Excess from 2018.

Additional Data

Software ID: 18007218
Software Version: 2018v3.1

EIN: 94-3179772

me: THE ROSE E

Name: THE ROSE FOUNDATION FOR COMMUNITIES
THE ENVIROMENT

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

Facts And Circumstances Test

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493282003449

Open to Public

Department of the Treasury Internal Revenue 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

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

| • | 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 | | | | | | | |
|--------|--|---|--|--|-------|--|------------------------------------|--|
| | 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 | | | | | | | |
| • | Section 501(c)(3) organizations that | have NOT filed Form 5768 (election un | der section 501(h) |)) Complete Part II-B D | o no | t complete Pa | art II-A | |
| | e organization answered "Yes" or oxy Tax) (see separate instruction: | n Form 990, Part IV, Line 5 (Proxy Tax s), then | () (see separate II | istructions) or Form 95 | 90-E | Z, Part V, IIn | e 35c | |
| | Section 501(c)(4), (5), or (6) organiz | rations Complete Part III | | | | | | |
| | me of the organization E ROSE FOUNDATION FOR COMMUNITIES | | | Employer id | entii | fication num | nber | |
| | E ENVIROMENT | | | 94-3179772 | | | | |
| Pai | rt I-A Complete if the organ | nization is exempt under sectio | n 501(c) or is | a section 527 orga | niza | tion. | | |
| 1 | Provide a description of the organ "political campaign activities") | ızatıon's dırect and ındırect political can | npaign activities in | Part IV (see instruction | s for | definition of | | |
| 2 | Political campaign activity expend | itures (see instructions) | | • | \$. | | | |
| 3 | Volunteer hours for political camp | • | | | | | | |
| | | nization is exempt under sectio | . , , , | | | | | |
| 1 | , | x incurred by the organization under se | | • | \$. | | | |
| 2 | • | x incurred by organization managers ur | | • | \$. | | | |
| 3 | If the organization incurred a sect | ion 4955 tax, did it file Form 4720 for t | his year? | | | ☐ Yes | ☑ No | |
| 4a | Was a correction made? | | | | | ☐ Yes | ☑ No | |
| b | | nization is exempt under sectio | n F01(c) over | ent section E01(c)(| 2 \ | | | |
| | | <u> </u> | | | | | | |
| 1 2 | , , | ed by the filing organization for section anization's funds contributed to other o | <u>"</u> | | ۶. | | | |
| 2 | function activities | anization's funds contributed to other of | rganizations for se | ection 327 exempt | \$. | | | |
| 3 | Total exempt function expenditure | es Add lines 1 and 2 Enter here and or | Form 1120-POL, | line 17b ► | \$. | | | |
| 4 | Did the filing organization file For | m 1120-POL for this year? | | | | ☐ Yes | □ No | |
| 5 | organization made payments For of political contributions received | employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC) If additional space is needed, | ount paid from the ed to a separate p | filing organization's fun- olitical organization, suc | ds A | Iso enter the | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | | (e) Amount of contributions and promp directly deliving separate p | received otly and vered to a | |
| | | | | | | organization enter | If none, | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 1 | | | | | | | | |
| 5 | | | | | | | | |
| 5 | | | | | | | | |
| or l | Paperwork Reduction Act Notice, see t | he instructions for Form 990 or 990-EZ. | Cat | No 500845 Schedule | C (Fo | rm 990 or 990 | D-EZ) 2018 | |

Grassroots nontaxable amount 101,267 122,168 125,501 110,159 459,095

Grassroots ceiling amount

688,643

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

Grassroots lobbying expenditures 1,060 885 2,265 1,401

Schedule C (Form 990 or 990-EZ) 2018

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

No

Yes

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 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 political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE D | Supplemental Finan

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

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

OMB No 1545-0047

2018

DLN: 93493282003449

Open to Public Inspection

Cat No 52283D Schedule D (Form 990) 2018

Department of the Treasury Internal Revenue Service

(Form 990)

| tem | ial Revenue Service | gov/rormsso for the latest information. | Inspection |
|----------|--|--|---|
| THE | me of the organization E ROSE FOUNDATION FOR COMMUNITIES E ENVIROMENT | | Employer identification number 94-3179772 |
| | Organizations Maintaining Donor Adv Complete if the organization answered "Yo | | I . |
| | complete if the organization unovered | (a) Donor advised funds | (b)Funds and other accounts |
| | Total number at end of year | 9 | (-) |
| <u>.</u> | Aggregate value of contributions to (during year) | 555,640 | 3,340,039 |
| ı | Aggregate value of grants from (during year) | 1,094,226 | 1,050,667 |
| Ĺ | Aggregate value at end of year | 529,567 | 1,030,007 |
| | Did the organization inform all donors and donor advis- | | bused funds are the |
| • | organization's property, subject to the organization's e | xclusive legal control? | ✓ Yes No |
| į | Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit? | | |
| Pa | rt II Conservation Easements. Complete if t | he organization answered "Yes" on Forn | n 990, Part IV, line 7. |
| | Purpose(s) of conservation easements held by the orga | anization (check all that apply) | |
| | Preservation of land for public use (e.g., recreation | on or education) Preservation of an | historically important land area |
| | Protection of natural habitat | | ertified historic structure |
| | | Freservation of a c | ertined historic structure |
| <u>2</u> | ☐ Preservation of open space Complete lines 2a through 2d if the organization held a | qualified conservation contribution in the for | m of a conservation |
| | easement on the last day of the tax year | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| c | Number of conservation easements on a certified histor | ric structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquistructure listed in the National Register | ured after 7/25/06, and not on a historic | 2d |
| 1 | Number of conservation easements modified, transferr tax year ▶ | ed, released, extinguished, or terminated by t | the organization during the |
| ļ | Number of states where property subject to conservati | on easement is located > | |
| 5 | Does the organization have a written policy regarding t and enforcement of the conservation easements it hold | | of violations, Yes No |
| , | Staff and volunteer hours devoted to monitoring, inspe | ecting, handling of violations, and enforcing co | nservation easements during the year |
| , | Amount of expenses incurred in monitoring, inspecting \$ \\$ | , handling of violations, and enforcing conserv | vation easements during the year |
| 3 | Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(II)^2$ |) above satisfy the requirements of section 17 | 70(h)(4)(B)(ı) |
|) | In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the | | nse statement, and |
| ar | the organization's accounting for conservation easement III Organizations Maintaining Collections | | er Similar Assets. |
| | Complete if the organization answered "Ye | | |
| .a | If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina | r public exhibition, education, or research in f | |
| b | If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items | | |
| (| (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| (| ii)Assets included in Form 990, Part X | | ▶ \$ |
| 2 | If the organization received or held works of art, histor following amounts required to be reported under SFAS | | |
| а | Revenue included on Form 990, Part VIII, line 1 | - | ▶ \$ |
| h | Accets included in Form 900 Part V | | ▶ ¢ |

| Par | t III | Organizations Ma | aintaining Coll | ections of Art, | Histori | ical Tre | asures | s, or Other S | Similar Assets | (contir | nued) | |
|-----|--|--|------------------------------|-------------------------|-------------|------------|----------|-------------------|---------------------------------------|---------|----------|-------------|
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) | | | | | | | | | | | |
| а | | Public exhibition | | | d | | oan or e | exchange progr | ams | | | |
| b | | Scholarly research | | | е | | Other | | | | | |
| С | | Preservation for future | e generations | | | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII | | | | | | | | | | | |
| 5 | Durir | ng the year, did the org ts to be sold to raise fur | | | | | | | | Yes | □ N | 0 |
| Pa | rt IV | Escrow and Cust Complete if the or | | | orm 990 |), Part I | V, line | 9, or reported | | | | |
| | | X, line 21. | | | | , | | | | | · | |
| 1a | | e organization an agent ded on Form 990, Part I | | an or other interme | ediary for | contribu | tions or | other assets n | _ | Yes | □ N | 0 |
| b | If "Y | es," explain the arrange | ement in Part XIII | and complete the | following | table | | | Amou | nt | | _ |
| С | Begir | nnıng balance | | | | | | 1c | | | | |
| d | Addıt | tions during the year | | | | | | 1d | | | | _ |
| е | Dıstr | butions during the year | r | | | | | 1e | | | | |
| f | Endır | ng balance | | | | | | 1f | | | | _ |
| 2a | Did t | he organization include: | an amount on Fo | rm 990, Part X, lin | e 21, for | escrow c | r custo | dial account liab | oılıty? | Yes | □ N | 0 |
| b | If "Ye | es," explain the arrange | ement in Part XIII | Check here if the | explanat | on has b | een pro | vided in Part X | ш 🗆 | | | |
| Pa | rt V | Endowment Fund | ds. Complete ıf | the organization | answei | ed "Yes | " on Fo | orm 990, Part | : IV, line 10. | | | |
| | | | | (a)Current year | (b)P | rıor year | (c)T | Two years back | (d)Three years ba | | our year | s back_ |
| 1a | Beginr | ning of year balance . | | 17,160 | | 16,1 | 62 | 15,898 | 17,6 | 79 | | 15,866 |
| b | Contri | butions | | | | | | | | | | 1,000 |
| c | Net in | vestment earnings, gair | ns, and losses | -479 | 7 | 2,4 | 33 | 1,550 | -4 | 48 | | 2,132 |
| d | Grants | s or scholarships | • | 1,000 | D | | | | | | | |
| е | | expenditures for facilitier of the contract of | es | 343 | 3 | 1,4 | 35 | 1,285 | 1,3 | 35 | | 1,319 |
| f | Admın | istrative expenses . | | | | | | | | | | |
| g | End of | f year balance | | 15,338 | 3 | 17,1 | 60 | 16,163 | 15,8 | 96 | | 17,679 |
| 2 | Provi | ide the estimated perce | ntage of the curre | nt year end baland | ce (line 1 | g, colum | n (a)) h | eld as | | | | |
| а | Boar | d designated or quasi-e | ndowment 🟲 | | | | | | | | | |
| b | Perm | nanent endowment 🕨 | 100 000 % | | | | | | | | | |
| С | Temp | porarily restricted endov | wment 🟲 | | | | | | | | | |
| | The p | percentages on lines 2a | , 2b, and 2c shoul | d equal 100% | | | | | | | | |
| 3a | | there endowment funds nization by | not in the posses | sion of the organiz | ation tha | t are held | d and ac | dministered for | the | [| Yes | No |
| | (i) u | nrelated organizations | | | | | | • | | 3a(i) | | No |
| | | related organizations . | | | | | | | | 3a(ii) | | No |
| | | es" on 3a(II), are the re | | | | | | | | 3b | | No |
| 4 | | ribe in Part XIII the inte | | | owment | funds | | | | | | |
| Рa | rt VI | Land, Buildings, Complete if the or | | | orm 990 | Part I | / line | 11a See Ford | m 990 Part X | line 10 |) | |
| | Descr | ription of property | (a) Cost or oth (investme | er basıs (b) Co. | st or other | | | :) Accumulated de | | | ok value | |
| 1a | Land | | | | | | | | | | | |
| | Buildir | | | | | | | | | | | |
| | | hold improvements | | | | | | | | | | |
| | | ment | | | | | | | | | | |
| | Other | | | + | | 45. | .547 | | 37,712 | | | 7,835 |
| | | lines 1a through 1e (Co | ı olumn (d) must ed | ı Jual Form 990, Par | t X, colui | | | :)) | · · · · · · · · · · · · · · · · · · · | | | 7,835 |

| <u> </u> | Form 990) 2018 | | | | Page 3 |
|--|---|-------------|----------------------|-------------------------|--------------------------------------|
| Part VII | Investments—Other Securities. Complete in See Form 990, Part X, line 12. | f the org | ganization answei | ed "Yes" on Form 99 | 0, Part IV, line 11b. |
| | (a) Description of security or category (including name of security) | (| b) Book value | | d of valuation -year market value |
| (1) Financia | derivatives | | | 2031 01 0114 01 | year market raide |
| (2) Closely-(3) Other | held equity interests | • | | | |
| (A) CERTIFIC (B) | CATES OF DEPOSIT | | 40,560 | | С |
| | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 12) | • | | | |
| Part VIII | Investments—Program Related. Complete if the organization answered 'Yes' o | n Form | 990, Part IV, line | 11c. See Form 990, | Part X, line 13. |
| | (a) Description of investment | | (b) Book value | (c) Metho | d of valuation -year market value |
| (1) | | | | Cost of end-of | -year market value |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col (B) line 13) | • | | | |
| Part IX | Other Assets. Complete if the organization answe (a) Descrip | | on Form 990, Part | IV, line 11d See Form 9 | 990, Part X, line 15 (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Colu Part X | mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organizatio | n answe | ered 'Yes' on Form | 990. Part IV. line 1 | ▶ 1e or 11f. |
| | See Form 990, Part X, line 25. (a) Description of liability | | (b) Boo | | |
| 1. (1) Federal : | ncome taxes | | (6) 600 | Value | |
| ACCRUED EX | KPENSES | | | 47,610 | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the tex | (t of the f | ootnote to the orga | 47,610 | ments that reports the |
| | 's liability for uncertain tax positions under FIN 48 (AS | | | | |

Part XI

2

b

5

1

2

c

d

3

4

b c

5

Part XII

Schedule D (Form 990) 2018

Page 4

-293,928

4,652,603

4,652,603

6,353,187

6,353,187

6.353.187

| е | Add lines 2a through 2d |
|---|--|
| 3 | Subtract line 2e from line 1 |
| 4 | Amounts included on Form 990, Part VIII, lii |
| а | Investment expenses not included on Form |
| b | Other (Describe in Part XIII) |
| | |

| d | Other (Describe in Part XIII) |
|---|---|
| e | Add lines 2a through 2d |
| 3 | Subtract line 2e from line 1 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but r |
| а | Investment expenses not included on Form 990, Part V |
| b | Other (Describe in Part XIII) |
| c | Add lines 4a and 4b |

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

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . .

Net unrealized gains (losses) on investments

| | | - 1 | | |
|---|----|-----|--|--|
| Add lines 2a through 2d | | | | |
| Subtract line 2e from line 1 | | | | |
| Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | |
| Investment expenses not included on Form 990, Part VIII, line 7b . | 4a | | | |
| Other (Describe in Part XIII) | 4b | | | |
| Add lines 4a and 4b | | | | |
| Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | | |

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

| 20 | | |
|------|---|--|
| 2d | | |
| | | |
| | • | |
| 4a | | |
| 4b | | |

2a 2b

2c

2d

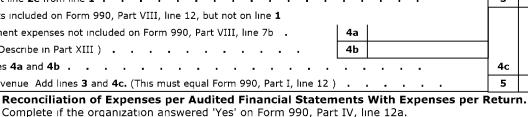
4a

4b

2a

2b

| | | | • | | |
|---|---|---|---|---|--|
| ٠ | | • | • | • | |
| | ı | | | | |
| • | L | | | | |
|) | | | | | |
| | | | | | |
| | | | | | |



-276.433

-17.495

2e

3

2e

3

4c 5

| Total expenses Add lines 5 and | 441 (1113 11143) equal 1 61111 330, 1 411 1, 111 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|--------------------------------|--|
| Part XIII Supplemental Info | ormation |
| | 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 so 2d and 4b. Also complete this part to provide any additional information |
| Return Reference | Explanation |
| See Addıtıonal Data Table | |
| | |
| | |
| | |
| | |
| | |
| | Schedule D (Form 990) 2018 |

| Schedule D (Form 990) 2018 | Page 5 |
|-----------------------------|--------------------|
| Part XIII Supplemental Info | mation (continued) |
| Return Reference | Explanation |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007218
Software Version: 2018v3.1

EIN: 94-3179772

Name: THE ROSE FOUNDATION FOR COMMUNITIES THE ENVIROMENT

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Part V, Line 4 Intended uses of the endowment fund | PART V, LINE 4 INTENDED USES FOR ENDOWMENT FUNDSOUR PERMANENTLY RESTRICTED FUNDS SUPPORT T HE ANTHONY GRASSROOTS ENVIRONMENTAL PRIZE WHICH RECOGNIZES AN OUTSTANDING EXAMPLE OF GRASS ROOTS ENVIRONMENTAL ACTIVISM IN CALIFORNIA OVER THE PREVIOUS YEAR WITH A \$1,000 CASH AWARD |

SCHEDULE G Supplemental Information Regarding (Form 990 or 990-EZ) 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 Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information

2018

DLN: 93493282003449 OMB No 1545-0047

Open to Public

Inspection

| ame of the organization HE ROSE FOUNDATION FOR COMMUN | ITIES | | | | | | entification number |
|---|-------------------|--------------------------|--|--------------------------------------|-------------|---|---|
| HE ENVIROMENT | | | | | | 94-3179772 | . – |
| Part I Fundraising Activitie Form 990-EZ filers are | • | _ | | | orm 990, | Part IV, line | 17. |
| Indicate whether the organization | n raised funds th | nrough an | y of the fo | ollowing activities Check | all that a | pply | |
| a Mail solicitations | | | е | Solicitation of nor | n-governm | ent grants | |
| b Internet and email solicitation | าร | | f | Solicitation of gov | ernment o | grants | |
| c Phone solicitations | | | g | Special fundraisin | g events | | |
| d 🔲 In-person solicitations | | | | | | | |
| Did the organization have a writt or key employees listed in Form 9 | | | | | | · - | es 🗸 No |
| b If "Yes," list the ten highest paid to be compensated at least \$5,00 | | | ndraisers) | pursuant to agreement | s under wh | | |
|) Name and address of individual or entity (fundraiser) | (ii) Activity | fundrai custo cont | Did ser have ody or crol of outions? | (iv) Gross receipts from activity | (or re | nount paid to etained by) isser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| 1 | | Yes | No | | | | |
| | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| otal | | 1 | • | | | | |
| List all states in which the organiza licensing | tion is registere | d or licens | sed to soli | icit contributions or has l | been notifi | ed it is exempt | from registration or |

| Sche | dule G (Form 990 or 990-EZ) 2018 | | | | | F | age 3 |
|------|---|---------------------------------------|--|-------|------|-----|--------------|
| 11 | Does the organization conduct gaming | activities with nonmembers? | | | Yes | □No | |
| 12 | Is the organization a grantor, beneficia formed to administer charitable gaming | | of a partnership or other entity | | □Yes | □No | |
| 13 | Indicate the percentage of gaming activ | vity conducted in | | | | | |
| а | The organization's facility | | | 13a | | | % |
| b | An outside facility | | | 13b | | | % |
| 14 | Enter the name and address of the pers | son who prepares the organization's | gaming/special events books and re | cords | | | |
| | Name • | | | | | | |
| | Address ► | | | | | | |
| 15a | Does the organization have a contract virevenue? | with a third party from whom the or | ganization receives gaming | | □Yes | □No | |
| Ь | If "Yes," enter the amount of gaming re amount of gaming revenue retained by | | | e | | | |
| С | If "Yes," enter name and address of the | third party | | | | | |
| | Name • | | | | | | |
| | Address ► | | | | | | |
| 16 | Gaming manager information | | | | | | |
| | Name ► | | | | | | |
| | Gaming manager compensation ▶ \$ | | | | | | |
| | Description of services provided ► | | | | | | |
| | ☐ Director/officer | ☐ Employee | ☐ Independent contractor | | | | |
| 17 | Mandatory distributions | | | | | | |
| а | Is the organization required under state retain the state gaming license? | e law to make charitable distribution | s from the gaming proceeds to | | □Yes | □No | |
| Ь | Enter the amount of distributions required in the organization's own exempt activities. | | her exempt organizations or spent | | 35 | | |
| Pai | | | uired by Part I, line 2b, columns Also provide any additional infor | | | | |
| | Return Reference | | Explanation | | | | |

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493282003449 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number THE ROSE FOUNDATION FOR COMMUNITIES 94-3179772 THE ENVIROMENT Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 141 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

(7) Grantmaker's Description of How Grants are Used

REPORT AT LEAST ANNUALLY UNTIL ALL GRANT FUNDS ARE EXHAUSTED, AND GRANTEES ARE REQUIRED TO OPEN THEIR BOOKS TO THE ROSE FOUNDATION AT ANY TIME UPON THE FOUNDATIONS REQUEST. FOUNDATION STAFF ALSO MAINTAIN CONTACT WITH GRANTEES THROUGHOUT THE YEAR BY TELEPHONE, EMAIL AND REGULAR MAIL THROUGH THESE ACCOUNTABILITY MECHANISMS, THE ROSE FOUNDATION IS ABLE TO ENSURE THAT GRANT FUNDS ARE PROPERLY EXPENDED IF, IN THE ROSE FOUNDATIONS SOLE JUDGMENT. GRANT FUNDS WERE NOT PROPERLY EXPENDED, UNDER OUR GRANT CONTRACTS. WE RETAIN THE RIGHT TO REOUIRE UP TO A FULL REFUND OF THE GRANT

Schedule I (Form 990) 2018

Additional Data

HEALTHY

UNIO

3921 E BAYSHORE ROAD PALO ALTO, CA 94303 AMERICAN CIVIL LIBERTIES

39 DRUMM STREET SAN FRANCISCO, CA 94111

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

94-0279770

| Software ID: | 18007218 |
|-------------------|--|
| Software Version: | 2018v3.1 |
| EIN: | 94-3179772 |
| Name: | THE ROSE FOUNDATION FOR COMMUNITIES THE ENVIROMENT |
| | |

| or government | | п аррпсавіе | grant | assistance | other) | |
|----------------------|------------|-------------|-------|------------|--------|--|
| ACTERRA ACTION FOR A | 23-7064937 | 501(C)(3) | 5,625 | 0 | | |

501(C)(3)

| tı |
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| 56 |
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| |

| g) Description of n-cash assistance | |
|--|--|

(h) Purpose of grant

(d) Amount of cash (e) Amount of non tion

nor

or assistance

ENVIRONMENTAL

CONSUMER PRIVACY

STEWARDSHIP

RIGHTS

42,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance American River Watershed Inst. 94-3326745 501(C)(3) 12.000 Environmental

PO BOX 573 Stewardship COLOMA, CA 95613 AMERICAN RIVERS 23-7305963 501(C)(3) 25,000 ENVIRONMENTAL 1101 14TH STREET NW STE ISTEWARDSHIP

1400

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

WASHINGTON, DC 20005

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 23-7083760 501(C)(3) 9.000 AMERICAN WHITEWATER IENVIRONMENTAL PO BOX 1540 ISTEWARDSHIP

CULLOWHEE, NC 28723 ASSOCIATION OF 82-2960858 501(C)(3) 18,000 TRADITIONAL HE

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

ENVIRONMENTAL ISTEWARDSHIP PO BOX 1113 SEBASTOPOL, CA 95473

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 47-2897704 501(C)(3) 9.825 ENVIRONMENTAL BEAVERS NORTHWEST

15833 11TH AVE NE
SHORELINE, WA 98155

Better World Group Inc 26-1734195 501(C)(3) 25,000 0 Environmental 1612 W Olive Avenue 302 Stewardship

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

Burbank, CA 91506

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-5400758 501(C)(3) 13.950 ENVIRONMENTAL BLUE TOMORROW COMMUNITY SUPPO ISTEWARDSHIP

510 STATE STREET SUITE 275 SANTA BARBARA, CA 93101 California Coastkeeper Allian 95-4834043 501(C)(3) 18.000

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

SACRAMENTO, CA 95814

Environmental 1100 11TH STREET 3RD Stewardship FLOOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CALIFORNIA NATIVE PLANT 94-6116403 501(C)(3) 24,727 ENVIRONMENTAL ARDSHIP

| SOCIE 2707 K STREET SUITE 1 SACRAMENTO, CA 95816 | | | | | | STEWARDSHIP |
|--|------------|-----------|--------|---|--|------------------|
| CALIFORNIA PUBLIC INTEREST | 77-0566513 | 501(C)(3) | 30,000 | o | | CONSUMER PRIVACY |

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

483 NINTH STREET SUITE 100 OAKLAND, CA 94607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 32-0291662 501(C)(3) 10.652 CALIFORNIA STATE IENVIRONMENTAL UNIVERSITY B ISTEWARDSHIP

CONSUMER PRIVACY

RIGHTS

40.000

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

501(C)(3)

9001 STOCKDALE HIGHWAY BAKERSFIELD, CA 93311 CALIFORNIA WESTERN SCHOOL OF

1855 1ST AVE SUITE 102 SAN DIEGO, CA 92101 95-2944594

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance California Wilderness Coaliti 51-0183228 501(C)(3) 35.000 Environmental 1736 FRANKLIN ST 9TH FLOOR Stewardship

ENVIRONMENTAL

ISTEWARDSHIP

24,750

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

501(C)(3)

Oakland, CA 94612

CENTER FOR BIOLOGICAL DIVERSI
PO BOX 710

TUCSON, AZ 85702

27-3943866

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-2311577 501(C)(3) 50.000 CENTER FOR DIGITAL CONSUMER PRIVACY DEMOCRACY RIGHTS

| 1875 K STREET NW 4TH FLOOR WASHINGTON, DC 20037 | | | | | | |
|---|------------|-----------|-------|---|--|------------------------------|
| CENTER FOR SIERRA NEVADA | 68-0108508 | 501(C)(3) | 7,500 | 0 | | ENVIRONMENTAL STEWARDSHIP |

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

PO BOX 603

GEORGETOWN, CA 95634

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 45-1130362 GOV'T 20.000 CITY FABRICK IENVIRONMENTAL 425 EAST 4TH STREET SUITE EI ISTEWARDSHIP LONG BEACH, CA 90802

425 EAST 4TH STREET SUITE E
LONG BEACH, CA 90802

CITY OF AUBURN PARKS
DEPARTME
910 9TH STREET SE

STEWARDSHIP

STEWARDSHIP

STEWARDSHIP

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

AUBURN, WA 98002

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance IRONMENTAL WARDSHIP

CONSUMER PRIVACY

RIGHTS

| CITY OF TUKWILA 6200 SOUTHCENTER BLVD TUKWILA, WA 98188 | 91-6001519 | GOV'T | 25,000 | 0 | | ENVIR STEW |
|---|------------|-------|--------|---|--|---------------|
| | | | | | | |

25,000

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

501(C)(3)

CLASS SIZE MATTERS

124 WAVERLY PLACE NEW YORK, NY 10011 20-2169746

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 52-1043444 501(C)(3) 20.000 Clean Water Fund Environmental 350 Frank Ogawa Plaza Ste Stewardship

200 Oakland, CA 94612

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

UKIAH, CA 95482

CLOUD FOREST INSTITUTE 77-0480093 501(C)(3) 20.000 FNVTRONMENTAL PO BOX 1435 ISTEWARDSHIP

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 68-0368798 501(C)(3) 10.500 Coastal Watershed Council Environmental 107 Dakota Avenue Suite 4 Stewardship Santa Cruz, CA 95060

107 Dakota Avenue Suite 4
Santa Cruz, CA 95060

COMMON COUNSEL 94-3214166 501(C)(3) 503,589 0 Environmental Stewardship

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

1624 FRANKLIN STREET 1022 OAKLAND, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 94-2914745 501(C)(3) 40.000 COMMUNITY ALLIANCE WITH IENVIRONMENTAL FAMIL STEWARDSHIP PO BOX 363

FNVTRONMENTAL

ISTEWARDSHIP

15.000

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

501(C)(3)

DAVIS, CA 95617
COMMUNITY PARTNERS

10900 MULHALL STREET

EL MONTE, CA 91730

95-4302067

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance Conservation Action Fund for 74-3166298 501(C)(3) 34.000 Environmental 540 Pacific Avenue Stewardship

Santa Rosa, CA 95404 CONSERVATION LANDS 20-8924520 501(C)(3) 20,000 FOUNDATION

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

DURANGO, CO 81301

ENVIRONMENTAL ISTEWARDSHIP 835 E 2ND AVE 314

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance ENVIRONMENTAL ISTEWARDSHIP

ENVIRONMENTAL

STEWARDSHIP

| COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 94559 | 94-2322399 | 501(C)(3) | 10,000 | 0 | |
|---|------------|-----------|--------|---|--|
| DAILY ACTS | 20-3851259 | 501(C)(3) | 23,000 | 0 | |

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

PO BOX 293

PETALUMA, CA 94953

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance

Environmental

Stewardship

| Dellums Institute for Social 5938 Chabot Road Oakland, CA 94618 | 47-5589873 | 501(C)(3) | 261,570 | 0 | | Human Rights |
|---|------------|-----------|---------|---|--|--------------|
| Oakialiu, CA 34010 | | | | | | |
| | | | | | | |

25,000

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

501(C)(3)

Delridge Neighborhoods Develo

4408 Delridge Way SW

Seattle, WA 98106

91-1741016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

| Deschutes Estuary Restoration PO Box 11093 Olympia, WA 98508 | 27-2317887 | 501(C)(3) | 20,550 | 0 | | Environmental Stewardship |
|--|------------|-----------|--------|---|-----|------------------------------|
| DUWAMISH RIVER CLEANUP | 20-4629856 | 501(C)(3) | 25,000 | 0 | I . | ENVIRONMENTA |

COALLI ISIEWAKUSHII 210 S HUDSON ST SUITE 332

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

SEATTLE, WA 98134

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance IRONMENTAL

Stewardship

| EARTH ISLAND INSTITUTE 2150 ALLSTON WAY SUITE 460 BERKELEY, CA 94704 | 94-2889684 | 501(C)(3) | 18,500 | 0 | | STEWARDSHIP |
|--|------------|-----------|--------|---|--|---------------|
| EarthCorps | 91-1592071 | 501(C)(3) | 32,500 | 0 | | Environmental |

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

6310 NF 74th St Suite 201F

Seattle, WA 98115

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 93-0386858 501(C)(3) 25,000 EARTHRISE LAW CENTER AT IENVIRONMENTAL 1 514470 CTELLABORIUM

Stewardship

| EarthTeam | 68-0347329 | 501(C)(3) | 15,000 | 0 | | Environmental |
|---|------------|-----------|--------|---|--|---------------|
| 10015 SW TERWILLIGER BLVD PORTLAND, OR 97219 | | | | | | STEWARDSHIP |

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

1301 South 46th St Build 155

Richmond, CA 94804

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0466959 501(C)(3) 6.000 ENVIRONMENTAL EBBETTS PASS FOREST WATCH ISTEWARDSHIP

PO BOX 935 SAN ANDREAS, CA 95249 EEL RIVER RECOVERY 47-4811332 501(C)(3) 5.500 IENVIRONMENTAL PROJECT STEWARDSHIP

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

PO BOX 214 LOLETA, CA 95551

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

| 1718 CONNECTICUT AVE NW 200 WASHINGTON, DC 20009 | | | | | | |
|--|------------|-----------|--------|---|--|--------|
| ELECTRONIC PRIVACY INFORMATIO | 52-2225921 | 501(C)(3) | 50,000 | 0 | | RIGHTS |

ELKHORN SLOUGH 94-2823247 501(C)(3) 24,800 ENVIRONMENTAL FOUNDATION STEWARDSHIP PO BOX 267

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

MOSS LANDING, CA 95039

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance **ENDANGERED SPECIES** 52-2235210 501(C)(3) 15.000 **IENVIRONMENTAL** VARDSHIP

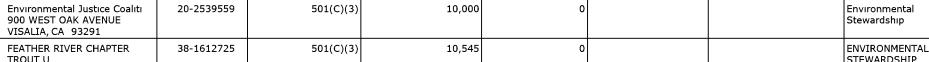
| COALITION POST OFFICE BOX 65195 WASHINGTON, DC 20035 | | , , , , | | | | STEWAI |
|--|------------|-----------|--------|---|--|--------|
| ENVIRONMENTAL DEFENSE | 77-0061994 | 501(C)(3) | 20,000 | 0 | | ENVIRO |

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

SANTA BARBARA, CA 93101

RONMENTAL CENTER STEWARDSHIP 906 GARDEN STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance Environmental Justice Coaliti 20-2539559 501(C)(3) 10.000 Environmental 900 WEST OAK AVENUE Stewardship VISALIA, CA 93291



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

PO BOX 278 GRAEAGLE, CA 96103

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 FEATHER RIVER LAND TRUST 68-0449687 501(C)(3) 22.500 IENVIRONMENTAL RDSHIP

Stewardship

| PO BOX 1826 75 COURT | | | | | | STEWARDSHIP |
|------------------------------|------------|-----------|-----------|---|--|---------------|
| STREET | | | | | | |
| QUINCY, CA 95971 | | | | | | |
| Fresno Building Healthy Comm | 81-3711032 | 501(C)(3) | 1,316,997 | 0 | | Environmental |

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

Fresno, CA 93727

4949 E Kings Canyon Road

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 EDIENDS OF BALLONA OF 2264072 E01/C1/21 10 000 IENVIRONMENTAL VARDSHIP

Stewardship

| WETLANDS 211 CULVER BLVD SUITE N PLAYA DEL REY, CA 90293 | 95-3264072 | 501(C)(3) | 18,000 | 0 | | STEWA |
|--|------------|-----------|--------|---|--|-------|
| | | | | | | |

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

PO Box 2053

Bothell, WA 98041

Friends of North Creek Forest 27-5439187 501(C)(3) 25,000 Environmental

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 94-3317442 501(C)(3) 15.000 FRIENDS OF PERALTA IENVIRONMENTAL HACIENDA H STEWARDSHIP

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

501(C)(3)

2465 34TH AVENUE OAKLAND, CA 94601 FRIENDS OF SAUSAL CREEK

OAKLAND, CA 94602

PO BOX 2737

91-2147216

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

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

1101 15th St NW 11th Floor

Washington, DC 20005

| FRIENDS OF THE DUNES 750 SAND HILL ROAD CRESCENT CITY, CA 95531 | 68-0373871 | 501(C)(3) | 11,000 | 0 | | ENVIRONMENTAL STEWARDSHIP |
|---|------------|-----------|--------|---|--|------------------------------|
| Friends of the Earth | 23-7420660 | 501(C)(3) | 25,000 | 0 | | Environmental |

Stewardship

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 77-0389436 501(C)(3) 8.020 Friends of the Invo Environmental 819 North Barlow Lane Stewardship

ENVIRONMENTAL

ISTEWARDSHIP

819 North Barlow Lane
Bishop, CA 93514

FRIENDS OF THE LOS 95-4171497 501(C)(3) 25,000 0

ANGELES RI
570 W AVENUE 26 250

LOS ANGELES, CA 90065

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) Amount 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 other) or government assistance 94-2400210 501(C)(3) 18.000 Friends of the River Environmental 1418 20th Street Suite 100 Stewardship

 1418 20th Street Suite 100
 Stewardship

 Sacramento, CA 95811
 FRIENDS OF THE SANTA
 77-0358888
 501(C)(3)
 6,000
 0
 ENVIRONMENTAL STEWARDSHIP

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

660 RANDY DRIVE NEWBURY PARK, CA 91320

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance ironmental

Stewardship

| Futurewise 816 2nd Avenue Suite 200 Seattle, WA 98104 | 91-1539831 | 501(C)(3) | 25,000 | 0 | | Environmental Stewardship |
|---|------------|-----------|---------|---|--|------------------------------|
| Greenaction for Health and En | 43-2050242 | 501(C)(3) | 197,000 | 0 | | Environmental |

Greenaction for Health and En 43-2050242 197,000 501(C)(3) 315 Sutter Street 2nd Floor

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

San Francisco, CA 94108

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 20-4205938 501(C)(3) 11.000 HARBOR WILDWATCH IENVIRONMENTAL 3110 JUDSON STREET 99 ISTEWARDSHIP

GIG HARBOR, WA 98335 INSTITUTE FOR 91-0931421 501(C)(3) 25,000 WASHINGTONS FU

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

BELLINGHAM, WA 98225

ENVIRONMENTAL ISTEWARDSHIP 203 WEST HOLLY SUITE 311

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-3024996 501(C)(3) 63.228 INTERNATIONAL COMPUTER CONSUMER PRIVACY SCIENC RIGHTS

Environmental

Stewardship

9,000

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

501(C)(3)

1947 CENTER STREET SUITE 600 BERKELEY, CA 94704

20-0418896

Killer Whale Tales

5623 46th Ave SW

Seattle, WA 98136

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance CO 0304000 E04/61/31 44 000 ental

Stewardship

| PO Box 21 Orleans, CA 95556 | 68-0204089 | 501(C)(3) | 11,000 | U | | Stewardship |
|-------------------------------|------------|-----------|--------|---|--|---------------|
| Klamath-Siskiyou Wildlands Ce | 93-1246139 | 501(C)(3) | 25,000 | 0 | | Environmental |

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

PO Box 102 Ashland, OR 97520

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Latino Community Fund 20-5987399 501(C)(3) 25.000 Environmental 68 S WASHINGTON STREET Stewardship Seattle, WA 98104

68 S WASHINGTÓN STREET
Seattle, WA 98104

LEGAL AID OF SONOMA
COUNTY
144 SOUTH E STREET SUITE
100

Stewardship

100

ENVIRONMENTAL
STEWARDSHIP

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

SANTA ROSA, CA 95404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 91-1353982 501(C)(3) 25.000 LONG LIVE THE KINGS IENVIRONMENTAL 1326 5TH AVENUE SUITE 450 ISTEWARDSHIP

1326 5TH AVENUE SUITE 450
SEATTLE, WA 98101

LOS ANGELES CONSERVATION 95-4002138 501(C)(3) 22,500 0
CORP
1400 NORTH SPRING STREET

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

LOS ANGELES, CA 90012

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance

Stewardship

| Los Angeles Waterkeeper 120 Broadway Suite 105 Santa Monica, CA 90401 | 95-4444787 | 501(C)(3) | 25,500 | 0 | | Environmental Stewardship |
|---|------------|-----------|--------|---|--|------------------------------|
| Los Padres ForestWatch | 20-1531390 | 501(C)(3) | 10,000 | 0 | | Environmental |

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

PO Box 831

Santa Barbara, CA 93102

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 81-3360776 501(C)(3) 20.000 Mad River Alliance Environmental POB 1252 Stewardship

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

BALTIMORE, MD 21218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

Stewardship

| MEDIA ALLIANCE 2830 20TH STREET SUITE 102 SAN FRANCISCO, CA 94110 | 94-2563400 | 501(C)(3) | 20,000 | 0 | | CONSUMER PRIVACY RIGHTS |
|---|------------|-----------|--------|---|--|----------------------------|
| Mount Shasta Bioregional Ecol | 68-0233272 | 501(C)(3) | 5,500 | 0 | | Environmental |

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

PO Box 1143

Mount Shasta, CA 96067

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 91-1484518 501(C)(3) 25.000 NISOUALLY LAND TRUST IENVIRONMENTAL 1420 MARVIN ROAD NE SUITE ISTEWARDSHIP

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

4949 DMILLUHR DRIVE OLYMPIA, WA 98516

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-3140165 501(C)(3) 22.780 NOOKSACK SALMON IENVIRONMENTAL ENHANCEMENT A ISTEWARDSHIP

ENHANCEMENT A
3057 EAST BAKERVIEW ROAD
BELLINGHAM, WA 98226

NORTH COAST 94-1671958 501(C)(3) 8,500 0
ENVIRONMENTAL
OPPORTUNITIES GAR

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

413 N STATE STREET UKIAH, CA 95482

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7421080 501(C)(3) 15.000 NORTHWEST ENVIRONMENTAL IENVIRONMENTAL ADVOC ISTEWARDSHIP

PO BOX 12187
PORTLAND, OR 97212

OPAL ENVIRONMENTAL
JUSITCE OR
3202 SE 82ND AVE SUITE B

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

PORTLAND, OR 97266

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Orange County Coastkeeper 33-0847892 501(C)(3) 15.750 Environmental 3151 Airway Avenue Ste F-110 Stewardship

 Costa Mesa, CA
 92626

 OREGON PHYSICIANS FOR SOCIAL 1020 SW TAYLOR ST SUITE
 93-0774594
 501(C)(3)
 25,000
 0

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

275

PORTLAND, OR 97205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-3249793 501(C)(3) 11.000 HUMAN RIGHTS PACHAMAMA ALLIANCE THE PRESIDIO BLDG 1009

POINT BLUE CONSERVATION 94-1594250 501(C)(3) 13,500 0 ENVIRONMENTAL SCIEN STEWARDSHIP

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

3820 CYPRESS DRIVE 11 PETALUMA, CA 94954

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PRIVACY RIGHTS 45-4739319 501(C)(3) 12.472 CONSUMER PRIVACY CLEARINGHOUSE RIGHTS 3033 5TH AVENUE SUITE 223

IENVIRONMENTAL

STEWARDSHIP

10.000

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

501(C)(3)

SAN DIEGO, CA 92103
PUERTAS ABIERTAS

COMMUNITY RE

952 NAPA STREET NAPA, CA 94559 20-3126333

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 47-2692320 501(C)(3) 10.000 REACH FOR HOME IENVIRONMENTAL 443 HUDSON STREET ISTEWARDSHIP

#43 HUDSON STREET
HEALDSBURG, CA 95448

REDWOOD COMMUNITY 94-2646370 501(C)(3) 16,500 0
ENVIRONMENTAL STEWARDSHIP
904 G STREET

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

EUREKA, CA 95501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 68-0038012 501(C)(3) 11.000 RESOURCE RENEWAL IENVIRONMENTAL INSTITUTE ISTEWARDSHIP

PO BOX 8787 SOUTH LAKE TAHO, CA 96158 RESOURCES FOR 91-1243957 501(C)(3) 25.000

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

BELLINGHAM, WA 98225

IENVIRONMENTAL SUSTAINABLE COM STEWARDSHIP 2309 MERIDIAN STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 95-4703838 501(C)(3) 25.000 RESOURCES LEGACY FUND IENVIRONMENTAL 555 CAPITOL MALL SUITE ISTEWARDSHIP

1095 SACRAMENTO, CA 95814 FNVTRONMENTAL

RUSSIAN RIVERKEEPER 68-0321117 501(C)(3) 50.000 30F MILL STREET ISTEWARDSHIP

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

HEALDSBURG, CA 95448

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance CALMON DEFENCE 00 0072201 E01/C1/21 17 000 ENVIRONMENTAL

| PO BOX 7431 OLYMPIA, WA 98507 | 80-0072301 | 501(C)(3) | 17,800 |
|----------------------------------|------------|-----------|--------|
| SAN FRANCISCO BAYKEFPER | 68-0120240 | 501(C)(3) | 27 500 |

OAKLAND, CA 94612

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

ISTEWARDSHIP

ENVIRONMENTAL 301(0)(3) 1736 FRANKLIN ST SUITE 800 STEWARDSHIP

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 91-2151460 501(C)(3) 10.300 SANTA BARBARA IENVIRONMENTAL CHANNELKEEPER STEWARDSHIP

FNVTRONMENTAL

ISTEWARDSHIP

10.000

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

501(C)(3)

CHANNELKEEPER
714 BOND AVENUE
SANTA BARBARA, CA 93103
SAVE OUR SHORES

345 LAKE AVENUE SUITE A

SANTA CRUZ, CA 95060

94-2745941

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance RONMENTAL /ARDSHIP

| SIERRA BUSINESS COUNCIL PO BOX 2428 TRUCKEE, CA 96160 | 68-0397204 | 501(C)(3) | 21,940 | 0 | | ENVIRONMENTAL STEWARDSHIP |
|---|------------|-----------|--------|---|--|------------------------------|
| SIERRA CLUB FOUNDATION | 94-6069890 | 501(C)(3) | 14,800 | 0 | | ENVIRONMENTAL |

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

2101 WEBSTER ST SUITE 1250

OAKLAND, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance SKAGIT FISHERIES 94-3165939 501(C)(3) 25.000 IENVIRONMENTAL ENHANCEMENT ISTEWARDSHIP

PO BOX 2497 MOUNT VERNON, WA 98273 SOCIAL AND ENVIRONMENTAL 95-4116679 501(C)(3) 15.500 **ENTR**

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

OAKLAND, CA 94608

IENVIRONMENTAL STEWARDSHIP 3463 SAN PABLO AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance IRONMENTAL

| SOCIAL GOOD FUND 2323 BROADWAY OAKLAND, CA 94612 | 46-1323531 | 501(C)(3) | 11,500 | 0 | | ENVIR STEW |
|--|------------|-----------|--------|---|--|---------------|
| | | | | | | |

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

4280 STONY POINT ROAD SANTA ROSA, CA 95407

WARDSHIP SOCO MUSIC COALITION 81-3336599 501(C)(3) 10,000 ENVIRONMENTAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance RONMENTAL VARDSHIP

| SOL COMMUNICATIONS 32065 ROCK CREEK ROAD MANTON, CA 96059 | 95-4648687 | 501(C)(3) | 8,636 | 0 | | ENVIRONMENTAL STEWARDSHIP |
|---|------------|-----------|--------|---|--|------------------------------|
| SONOMA ECOLOGY CENTER | 94-3136500 | 501(C)(3) | 13,000 | 0 | | ENVIRONMENTAL |

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

PO BOX 1486 ELDRIDGE, CA 95431

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance

| SOUND SALMON SOLUTIONS 1901 B VERNON LAKE STEVENS, WA 98258 | 91-1484389 | 501(C)(3) | 13,632 | 0 | | ENVIR STEWA |
|---|------------|-----------|--------|---|--|----------------|

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

1 HAIGHT STREET

SAN FRANCISCO, CA 94102

IRONMENTAL NARDSHIP STAND 94-3331587 501(C)(3) 40,000 ENVIRONMENTAL

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance **STILLWATERS** 91-1959247 501(C)(3) 25.000 **IENVIRONMENTAL**

| ENVIRONMENTAL CEN 26059 BARBER CUT OFF ROAD NE KINGSTON, WA 98346 | | | · | | | STEWARDSHIP |
|--|------------|-----------|--------|---|--|---------------|
| SURFRIDER FOUNDATION | 95-3941826 | 501(C)(3) | 20,000 | 0 | | ENVIRONMENTAL |

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

SAN CLEMENTE, CA 92673

PO BOX 73550

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance

| SUSTAINABLE VASHON PO BOX 2315 VASHON, WA 98070 | 20-0016758 | 501(C)(3) | 10,000 | 0 | | ENVIRONMENTAL STEWARDSHIP |
|---|------------|-----------|--------|---|--|------------------------------|
| SUSTAINUS | 02-0710054 | 501(C)(3) | 5,500 | 0 | | ENVIRONMENTAL |

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

2885 SANFORD AVE SW 26379

GRANDVILLE, MI 49418

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant ıf applıcable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Environmental

Stewardship

| The 5 Gyres Institute 5792 W Jefferson Boulevard Los Angeles, CA 90016 | 27-1350279 | 501(C)(3) | 25,000 | 0 | | Environmental Stewardship |
|--|------------|-----------|--------|---|--|------------------------------|
| | | | | | | |

7,200

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

501(C)(3)

90-0401015

The Bay Institute

The Embarcadero at Beach St

San Francisco, CA 94133

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 86-1147121 501(C)(3) 15.000 THE SCHOOL GARDEN IENVIRONMENTAL STEWARDSHIP

NETWORK PO BOX 1367 SEBASTOPOL, CA 95473

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

SEATTLE, WA 98194

THE TOR PROJECT INC. 20-8096820 501(C)(3) 40.000 ICONSUMER PRIVACY PO BOX 4903 RIGHTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 91-1767292 501(C)(3) 29,500 THE WATERSHED PROJECT IENVIRONMENTAL ARDSHIP

| 1327 46TH STREET BUILDING 155 | | | | | | STEWARDSHIP |
|----------------------------------|------------|-----------|--------|---|--|---------------|
| RICHMOND, CA 94804 | | | | | | |
| TIDES CENTER | 94-3213100 | 501(C)(3) | 35,000 | 0 | | ENVIRONMENTAL |

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

1101 8TH STREET 180

BERKELEY, CA 94710

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 91-1214158 501(C)(3) 25,000 ENVIRONMENTAL TOXIC FREE FUTURE 4649 SUNNYSIDE AVE N 540 ISTEWARDSHIP

ENVIRONMENTAL

ISTEWARDSHIP

21,500

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

501(C)(3)

SEATTLE, WA 98103
TREES FOUNDATION

ORLEANS, CA 95556

PO BOX 142

68-0259810

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 04-2261109 501(C)(3) 25.000 TSNEMISSIONWORKS ICONSUMER PRIVACY

89 SOUTH STREET SUITE 403
BOSTON, MA 02111

TURTLE ISLAND RESTORATION P1-1818080 501(C)(3) 11,875 0
ENVIRONMENTAL STEWARDSHIP

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

FOREST KNOLLS, CA 94933

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance LINITED STATES BURLES E2-129/2/0 E01/C1/31 10 000 CONCLIMED DDTVACV

| LINITY OF MA CREEN FUTURES | 04 6004 507 | 907.47 | 24.020 | | | END (TD ON 184EN EN 1 |
|-----------------------------------|-------------|-----------|--------|---------------------------------------|--|-----------------------|
| 400 WASHINGTON, DC 20003 | | | | | | |
| INTEREST 600 PENNSYLVANIA AVE STE | | | · | | | RIGHTS |
| ONTIED STATES FOREIC | 32-1304240 | 301(C)(3) | 10,000 | · · · · · · · · · · · · · · · · · · · | | CONSOPILK FRIVACI |

UNIV OF WA GREEN FUTURES 91-6001537 GOV'T 24,929 LAB

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

SEATTLE, WA 98195

ENVIRONMENTAL STEWARDSHIP 242 GOULD HALL BOX 355734

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance UNIVERSITY LEGAL 91-0977307 501(C)(3) 9.925 **IENVIRONMENTAL** WARDSHIP

| ASSISTANCE 721 NORTH CINCINNATI STREET SPOKANE, WA 99202 | | , , , , | · | | | STEWARDSHIP |
|--|------------|-----------|--------|---|--|---------------|
| UPVALLEY FAMILY CENTERS | 80-0023012 | 501(C)(3) | 12,000 | 0 | | ENVIRONMENTAL |

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

1440 SPRING STREET

ST HELENA, CA 94574

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance Urban Tilth 20-4124161 501(C)(3) 25.000 Environmental

323 BROOKSIDE DRIVE
Richmond, CA 94801

UTILITY REFORM NETWORK
785 MARKET STREET SUITE
1400

Stewardship

CONSUMER PRIVACY
RIGHTS

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

SAN FRANCISCO, CA 94103

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 Vashon Nature Center LLC 82-5064648 501(C)(3) 10.000 Environmental

| 23509 Landers Rd SW Vashon Island, WA 98070 | | , , , , | · | | | Stewardship |
|---|------------|-----------|--------|---|--|------------------------------|
| WASHINGTON ENVIORNMENTAL COUN 1402 THIRD AVE SUITE 1400 | 91-0839385 | 501(C)(3) | 25,000 | 0 | | ENVIRONMENTAL STEWARDSHIP |

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

SEATTLE, WA 98101

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 501(C)(3) 32.000 WATERWATCH OF OREGON 93-0888158 IENVIRONMENTAL 213 SW ASH STREET SUITE STEWARDSHIP

FNVTRONMENTAL

ISTEWARDSHIP

9.000

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

| 208 PORTLAND, OR 97210 | | |
|---------------------------|------------|----------|
| WEED WARRIORS | 80-0342794 | 501(C)(3 |

13257 5TH AVE SW

BURIEN, WA 98146

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 91-6073519 501(C)(3) 25.000 WESTERN WASHINGTON IENVIRONMENTAL UNIVERSITY ISTEWARDSHIP

IENVIRONMENTAL

STEWARDSHIP

UNIVERSITY
516 HIGH STREET MS 9034
BELLINGHAM, WA 98225

WHATCOM CONSERVATION 91-6001220 GOV'T 19,610 0
DISTRICT

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

6975 HANNEGAN ROAD LYNDEN, WA 98264

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 91-1656570 501(C)(3) 10.000 WHIDBEY WATERSHED IENVIRONMENTAL

STEWARDS
PO BOX 617
LANGLEY, WA 98260

WHITE RIVER VALLEY MUSEUM 91-6071543 501(C)(3) 10,800 0 ENVIRONMENTAL

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

918 H STREET SE

AUBURN, WA 98002

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance

| Wild Fish Conservancy PO Box 402 Duvall, WA 98019 | 91-1451405 | 501(C)(3) | 25,000 | 0 | | Environmental Stewardship |
|---|------------|-----------|--------|---|--|------------------------------|
| WILD SALMON CENTER | 94-3166095 | 501(C)(3) | 31,500 | 0 | | ENVIRONMENTAL |

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

721 NW 9TH AVE SUITE 300 PORTLAND, OR 97231

(a) Name and address of (b) EIN (c) IRC section (d) Amount 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 other) or government assistance 501(C)(3) 25.000

CONSUMER PRIVACY

IRIGHTS

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

WORLD PRIVACY FORUM

12625 SW 62ND AVENUE

PORTLAND, OR 97219

35-2241027

| efil | e GRAPHIC pr | int - DO NOT PROCESS As File | d Dat | a - | DLN: 934 | 9328 | 32003 | 449 | |
|------------|--|---|----------|---|-----------------|---------------------|--------|----------|--|
| Sch | edule J | Compe | nsat | ion Information | ОМ | IB No | 1545-0 | 0047 | |
| (Form 990) | | For certain Officers, Directors, Trustees, Key Employees, and Highest | | | | | | | |
| | | Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | | | | | ζ . | |
| | | • | Attack | n to Form 990. | | 2018 Open to Public | | | |
| • | tment of the Treasury al Revenue Service | Go to <u>www.irs.gov/rorms</u> | 190 TO | instructions and the latest information. | · | | ectio | | |
| | ne of the organiza | ation FOR COMMUNITIES | | Emplo | yer identificat | ion nu | ımber | | |
| | ENVIROMENT | FOR COMMUNITIES | | 94-317 | 9772 | | | | |
| Pa | rt I Questi | ons Regarding Compensation | | · | | | | | |
| | | | | | 1 | | Yes | No | |
| 1a | | | | f the following to or for a person listed on For ny relevant information regarding these items | | | | | |
| | | or charter travel | | Housing allowance or residence for persona | | | | | |
| | | companions | 님 | Payments for business use of personal resid | dence | | | | |
| | | nification and gross-up payments ary spending account | H | Health or social club dues or initiation fees Personal services (e g , maid, chauffeur, ch | of) | | | | |
| | Discretion | ary spending account | | reisonal services (e.g., maid, chauneur, ch | ei) | | | | |
| b | | kes in line 1a are checked, did the organi Il of the expenses described above? If "N | | ollow a written policy regarding payment or i nplete Part III to explain | eımbursement | 1b | | | |
| 2 | | ition require substantiation prior to reimb | | or allowing expenses incurred by all r, regarding the items checked in line 1a? | | 2 | | | |
| | directors, truste | es, officers, including the CEO/Executive | Directo | r, regarding the items checked in line 1a | | | | | |
| 3 | | If any, of the following the filing organiza EO/Executive Director Check all that app | | | | | | | |
| | _ | , | , | CEO/Executive Director, but explain in Part I | II | | | | |
| | ✓ Compensa | ation committee | ✓ | Written employment contract | | | | | |
| | | ent compensation consultant | ✓ | Compensation survey or study | | | | 1 | |
| | | of other organizations | ✓ | Approval by the board or compensation cor | nmittee | | | | |
| 4 | | | VII, Se | ection A, line 1a, with respect to the filing org | anızatıon or a | | | | |
| | related organiza | | | | | _ | | | |
| a b | | ance payment or change-of-control paym r receive payment from, a supplemental i | | lifted retirement plan? | | 4a 4b | | No No | |
| C | • | receive payment from, as applemental in receive payment from, an equity-based | • | ' | | 4c | | No | |
| • | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | | | | | | |
| | | | | | | | | | |
| _ | |), 501(c)(4), and 501(c)(29) organiz | | | | | | | |
| 5 | | ed on Form 990, Part VII, Section A, line ontingent on the revenues of | ia, uiu | the organization pay or accrue any | | | | | |
| а | The organization | 17 | | | | 5a | | No | |
| b | Any related orga | | | | | 5b | | No | |
| | If "Yes," on line | 5a or 5b, describe in Part III | | | | | | | |
| 6 | | ed on Form 990, Part VII, Section A, line ontingent on the net earnings of | 1a, dıd | the organization pay or accrue any | | | | | |
| а | The organization | ٦? | | | | 6a | | No | |
| b | Any related orga | | | | | 6b | | No | |
| | • | 6a or 6b, describe in Part III | | | | | | | |
| 7 | | ed on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," describ | | | | 7 | | No | |
| 8 | | nts reported on Form 990, Part VII, paid litial contract exception described in Regu | | red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," describe | | 8 | | No | |
| 9 | If "Yes" on line 5 53 4958-6(c)? | 3, did the organization also follow the reb | uttable | presumption procedure described in Regulat | ions section | 9 | | No | |
| For I | Danarwark Badı | ction Act Notice, see the Instruction | c for E | orm 990. Cat No 50053T | Schodulo 1 | /Earm | . 000) | 2018 | |

Schedule J (Form 990) 2018 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (C) Retirement and (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 TIM LITTLE 120,000 (i) 7,000 40.691 167,691 Executive Dir (ii)

Schedule J (Form 990) 2018 Part III Supplemental Information 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

Schedule J (Form 990) 2018

| efile GRAPHI | C print - D | о ио | T PROCES | S A | As Fil | ed Data - | | | | | DL | .N: 93 | 4932 | 820 | 03449 |
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| chedule L Form 990 or 990 | -EZ) ► Co | mplet | e if the org | anizati 28b, e | ion an or 28c | swered "Yes , or Form 99 | s" on Form 9 0-EZ, Part V | d Persor 90, Part IV, li , line 38a or 4 | nes 2 | .5a, 2 | 25b, 20 | | MB No | | |
| | | | | | | to Form 990 | | 0-EZ. st informatio | _ | | | | 2(| IJ | ð |
| epartment of the Treaternal Revenue Servi | I | | PG0 t | o <u>ww</u> | v.irs.g | <u> 0V/ </u> | tor the late | st informatio | n. | | | C | Open Insi | to Po Decti | |
| Name of the org THE ROSE FOUNDA THE ENVIROMENT | anızatıon | IMUNIT | TIES | | | | | | | • | yer ide 9772 | entifica | | | |
| | | | | | | | | 501(c)(29) or | ganız | ations | s only) | 401 | | | |
| - | lete if the org) Name of dis | | | d "Yes" | | | | · 25b, or Form lified person ar | $\overline{}$ | | escript | | 14 |) Cor | rected? |
| 1 (a | , ivallie of all | squam | nea person | | (6) | | organization | ililea person ai | " | | ansacti | | | es | No |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | orted an amo | unt or nship | r Form 990, (c) Purpose | Part X, | line 5 Loan to | | (e)Original principal amount | 8a, or Form 99 (f)Balance due | (g) | In oult? | Appro boa | h) ved by rd or nittee? | (| i)Writ | ten |
| | | | | T | o | From | | | Yes | No | Yes | No | Yes | | No |
| | | | | | | | | | | | | | | | |
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| otal | | | | | | P | \$ | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | _ | | sted Persons" on Form 9 | | line 27. | | | | | | | |
| a) Name of Inter | | (b) | Relationship erested perso organizat | betwe | een | (c) Amount | | (d) Type o | of assi | stanc | ce | (e) Pu | rpose (| of ass | stance |
| | | | | | | | | | | | | | | | |
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| | | | | | -+ | | | | | | | | | | |
| or Paperwork Red | uction Act No | tice: s | ee the Instru | ctions f | for For | m 990 or 990-F | :7 . ∩: | t No 50056A | | امء | hedule ! | L (Form | 000 ~ | - 000 | F7) 20 |

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

| (a) Name of Interested persor | (b) Relationship between interested person and the organization | | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | | |
|--|--|---------------------------|---|--|--|-----------------|--|
| | | | | | Yes | No | |
| (1) KEVIN HENDRICK | | VICE PRESIDENT | 24,850 | INDEPENDENT CONTRACT | | No | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part V Supplemental Information Provide additional information in the supplemental Information Inf | | responses to questions on | Schedule L (see instruction | ons) | | | |
| Return Reference | | | Explanati | on | | | |
| Information DIRECTOR, THE CO-FOUNDE YEARS OF EXPERIENCE IN E MANAGEMENT IN THEIR ON AGENTS IN BUILDING THE F HAVE BEEN RECOGNIZED FO | | | OF THE ORGANIZATION, A ONMENTAL CONSERVATION OF LEADERSHIP OF THE ON DATIONS GRANTMAKING, HEIR COMMUNITY SERVIC | NER, PRESIDENT, AND TIM LITTLE, RE MARRIED, AND APPLY THEIR CODN, SOCIAL JUSTICE AND NON-PRORGANIZATION THEY HAVE BEEN THE POLICY AND EDUCATIONAL PROGRES AND ACCOMPLISHMENTS BY NUMUTIONS INCLUDING STANFORD UN | MBINED FIT HE PRIMA RAMS, AN | 65 ARY ID | |

UNIVERSITY OF CALIFORNIA. THE CITY OF LOS ANGELES. THE SOUTH COAST AIR OUALITY MANAGEMENT DISTRICT, THE CALIFORNIA COASTAL COMMISSION, AND THE SIERRA CLUB IN ADDITION TO HER DUTIES AS PRESIDENT AND IN-HOUSE LEGAL COUNSEL, MS RATNER LEADS THE FOUNDATIONS 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 FOUNDATIONS 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 OUALITY CONTROL BOARD TO SUPPORT WATERSHED-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 FOUNDATIONS ACCLAIMED ENVIRONMENTAL FIDUCIARY SERIES WHICH EXAMINES AND DOCUMENTS THE PRUDENCE OF CONSIDERING ENVIRONMENTAL FACTORS IN INVESTMENT PORTFOLIO MANAGEMENT

| efile GRAPH | IC print - DO NOT PROCESS As Filed Data - | DLN | : 93493282003449 | | |
|---|---|---|---|--|--|
| SCHEDUL (Form 990 or EZ) | Complete to provide information for responses Form 990 or 990-EZ or to provide any addi Attach to Form 990 or 990 | to specific questions on itional information. 0-EZ. | OMB No 1545-0047 2018 Open to Public Inspection | | |
| THE ENVIROMENT | anteation TION FOR COMMUNITIES C O, Supplemental Information | Employer iden 94-3179772 | tification number | | |
| Return Reference | Explanation | <u></u> n | | | |
| Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et | JILL RATNER, PRESIDENT, AND TIM LITTLE, EXECUTIVE DIRECTO | OR, ARE MARRIED | | | |

Return Explanation
Reference

Form 990,
Part VI, Line
11b Form
990 Review
Process

THE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE FORM 990 BY E-MAIL PRIOR TO FILING THE B
OARD MEMBERS ARE ENCOURAGED TO REVIEW THE FORM AND PROVIDE FEEDBACK

PROVIDED A COPY OF THE FORM 990 BY E-MAIL PRIOR TO FILING THE B
OARD MEMBERS ARE ENCOURAGED TO REVIEW THE FORM AND PROVIDE FEEDBACK

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | THE AUDIT COMMITTEE SHALL ANNUALLY REPORT TO THE BOARD ON ANY INSTANCES OF CONFLICT OF INT EREST DISCLOSURE AND ANY ACTIONS TAKEN AS A RESULT ENFORCEMENT OF THE CONFLICT OF INTERES T POLICY IS MONITORED BY THE ROSE FOUNDATION'S COMPLIANCE OFFICER, WHO ALSO CHAIRS THE FOU NDATIONS AUDIT COMMITTEE THE AUDIT COMMITTEE CHAIR REPORTS TO THE ROSE FOUNDATION BOARD A NNUALLY ON THE STATUS OF ALL INTERNAL CONTROLS, INCLUDING IMPLEMENTATION OF CONFLICT OF IN TEREST AND WHISTLEBLOWER POLICIES |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management | ROSE FOUNDATIONS COMPENSATION POLICY FOR THE EXECUTIVE DIRECTOR OR ANY OTHER OFFICER REQUI RES THAT A COMPREHENSIVE SURVEY OF SALARY COMPS IS PREPARED FOR, AND REVIEWED BY, THE PERS ONNEL COMMITTEE ALL COMPENSATION ISSUES RELATED TO THE EXECUTIVE DIRECTOR OR OTHER OFFICE RS 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 AN D DIRECTORS, AND THESE RECORDS ARE KEPT FOR SEVERAL YEARS AS DESCRIBED IN THE DOCUMENT RET ENTION POLICY |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | ROSE FOUNDATIONS COMPENSATION POLICY FOR THE EXECUTIVE DIRECTOR OR ANY OTHER OFFICER REQUI RES THAT A COMPREHENSIVE SURVEY OF SALARY COMPS IS PREPARED FOR, AND REVIEWED BY, THE PERS ONNEL COMMITTEE ALL COMPENSATION ISSUES RELATED TO THE EXECUTIVE DIRECTOR OR OTHER OFFICE RS 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 AN D DIRECTORS, AND THESE RECORDS ARE KEPT FOR SEVERAL YEARS AS DESCRIBED IN THE DOCUMENT RET ENTION POLICY |

Return Explanation

| Form 990, | AUDITS AND FORM 990 FILINGS ARE AVAILABLE ON OUR WEBSITE OUR FORM 990 IS ALSO AVAILABLE O |
|---------------|---|
| Part VI, Line | N GUIDESTAR ORG ALL OTHER GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE BY REQUEST |
| 19 Other | |
| Organization | |
| Documents | |
| Publicly | |
| Available | |

990 Schedule O, Supplemental Information Explanation Return Reference JILL RATNER, PRESIDENT, AND TIM LITTLE, EXECUTIVE DIRECTOR, ARE MARRIED

FORM 990, JILL RATNER, PRESIDENT, AND TIM LITTLE, EXECUTIVE DIRECTOR, ARE MARRIED
ADDITIONAL

INFORMATION

Return
Reference

FORM 990. JILL RATNER TIM LITTLEPRESIDENT EXEC DIR SEE ADDITIONAL INFORMATION

PART VI, LÎNE
2 - RELATED
PARTY
INFORMATION
AMONG
OFFICERS