Form **990**

(Rev January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

Open to Public

► Do not enter social security numbers on this form as it may be made public!

	nal Reveni		Go to www.irs.gov/rormsso for instructions and the lates		110	mspection		
<u>A</u> _	For the	2019 calend	dar year, or tax year beginning , 2019, and endi		, 20			
В	Check if a	applicable	C Name of organization Rosedale Development Association		•	yer identification number		
	Address of	change	Doing business as		48-08	86413		
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Initial retu	ırn	1403 Southwest Boulevard		(913)	677-5097		
	Final retur	n/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amended	i return	Kansas City, KS 66103		G Gross	receipts \$ 511,282.		
	Application	on pending	F Name and address of principal officer	H(a) Is this a gro	up return foi	r subordinates? 🗌 Yes 🔀 No		
		_	Ally Mabry, 1403 Southwest Blvd, Kansas City, KS 66	103 H(b) Are all su	bordinate	es included? 🗌 Yes 🔲 No		
ı	Tax-exem		X 501(c)(3)			t (see instructions)		
J	Website:	▶ rosed	ale.org	H(c) Group ex	emption i	number ►		
		rganization X		ation 1978	M State	of legal domicile KS		
	art I	Summa						
_			cribe the organization's mission or most significant activities Neighb	orbood and Commi	nity De	velopment through land		
Φ			ning, crime reduction, public space involvement, youth					
5		-	ons and providing assistance to residents and businesse					
Ĕ			box ► ☐ If the organization discontinued its operations or disposed					
o e					1 - 1			
Ğ			voting members of the governing body (Part VI, line 1a)		3 4	15 15		
Š			independent voting members of the governing body (Part VI, line 1b)	<u> </u>	34		
Activities & Governance			per of individuals employed in calendar year 2019 (Part V, line 2a)		5			
ij			per of volunteers (estimate if necessary)		6	534		
Ř			ated business revenue from Part VIII, column (C), line 12		7a	0.		
	b	Net unrelat	ed business taxable income from Form 990-T, line 39	Prior Year	7b	0.		
				Current Year				
ā	L		ons and grants (Part VIII, line 1h)	376,		439,285.		
en	9	Program so	ervice revenue (Part VIII, line 2g)	11,	321.	62,675.		
Revenue	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)	125.				
Œ	11 (Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	690.	-1,044.			
	12	Total reven	384,	919.	500,916.			
	13	Grants and	sımılar amounts paid (Part IX, column (A), lines 1-3)			6,788.		
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)			0.		
s	1		her compensation, employee benefits (Part IX, column (A), lines 5-10)	226,	926.	277,226.		
Expenses	1		al fundraising fees (Part IX, column (A), line 11e)			, , , , , , , , , , , , , , , , , , , 		
per	1		aising expenses (Part IX, column (D), line 25) 45,899.					
ă	1		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	125,	862.	125,153.		
	1	-	nses. Add lines 13–17 (must-equal Rart Wincolomn (A), line 25) .	352,		409,167.		
	19	Revenue le	ess expenses. Subtract line 18 from line 12		131.	91,749.		
- 8	13	nevenue ie	1001	Beginning of Curre		End of Year		
Net Assets or Fund Balances	20	Total accor	s (Part X, line 16) . 4 . 0CT. 0 5. 2020. 0	225,		313,087.		
Asse Bala	21		ties (Part X, line 26)		449.	15,852.		
E E	22			205,		297,235.		
2 [22		or fund balances. Subtract line 21 from Inte 20 T	203,	400.	291,233.		
	art II		re Block					
			I declare that I have examined this return, including accompanying schedules and sta e. Declaration of preparer (other than officer) is based on all information of which prepar			iy knowledge and belief, it is		
		, and demploy		· · · · · · · · · · · · · · · · · · ·				
O:.								
Sign		Signati	ure of officer	Date	11/1	1/20		
He	ere		Mabry, President MW MWW X		4/0	1100		
		<u> </u>	r print name and title		•	·1		
Pa	id	Print/Type	preparer's name Preparer's Signature		Check 2			
	nu eparer	Kerry	S Gordon MINUW	09/17/2020	self-emp	loyed P02178157		
			ne ▶ Kerry S Gordon, CPA	Firm's	EIN ► 8	3-2594104		
US	e Only	v ——		66215 Phone	•	13)333-8106		
Ma	v the IR		this return with the preparer shown above? (see instructions)	· · · · · ·		. ⊠Yes □No		

Form 99	90 (2019) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Neighborhood and Community Development through land
	use planning, crime reduction, public space involvement, youth programming, supporting neighborhood
	associations and providing assistance to residents and businesses for a host of issues and concerns.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 256,275. including grants of \$ 0.) (Revenue \$ 16,025.)
	Advancing Rosedale Community Health - community based collaborative effort to support healthy living in
	the Rosedale neighborhood. Accomplishments include: organized community events including a
	bike-in movie, RISE, Healthy Halloween, and the All-Rosedale Cleanup;
	maintained 4 miles of walking and biking trails and 6 community gardens and orchards;
	coordinated healthy cooking classes, youth sports and walking school buses; provided minor home repair for 20 families, organized monthly meetings of Rosedale Leadership Council
	and provided technical assistance to neighborhood groups; supported residents in
	advocating for development that fits neighborhood needs; recruited 534 volunteers who gave over
	3,500 hours of community service.
	\$/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4b	(Code:) (Expenses \$ 45,510. including grants of \$ 0.) (Revenue \$ 46,650.)
10	Youth Programs - Provided job skills training and job placement to 12 teens through
	Summer Youth Employment, taught reading and physical wellness to 100 k-8th grade students through
	Rainbow Summer Program, and taught financial literacy to middle school students through
	Rosedale Future Professionals.
4c	(Code:) (Expenses \$
	<u> </u>
	······································
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 301,785.

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Part	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,"	ا ا	.,	
•	complete Schedule A	2	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	×	
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		×
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_		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
а	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
h	complete Schedule D, Part VI	11a	×	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
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	11c		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
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		×
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		×
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		×
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	×	
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		-
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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		×

Part	IV Checklist of Required Schedules (continued)			
,			Yes	No
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	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
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		<u>×</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c 24d		_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_×_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_×_
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>×</u>
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	5 4 11 11 11 11 11 11 11 11 11 11 11 11 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4		
	reportable garming (garming) withings to prize withers:	1c_	L	

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	沙樓	新教	2/2
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 34			1,00%
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X (895)	(η (1)4β)
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	E. E. C.		2200-1414141
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
_4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	40		
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	4a	n yan	×
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	200	¥Ã	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	27320	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			715
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		A 14 1	12.55
	and services provided to the payor?	7a	X_	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,_
a	required to file Form 8282?	7c	الغزيزيات سائون ند ،	X (7.7983-3
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	المحترفة المستراط	×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	444		4-76
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		學學	11
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	3 · 15	فولايون
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	也漢		
ь 11	Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders	1000		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)		7.60	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	XXX	V 6311.1
,	Note: See the instructions for additional information the organization must report on Schedule O.	***		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 140	Enter the amount of reserves on hand	· 小型	- 199	\$1.00 \{\frac{1}{2}}
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		×
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		-
13	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.	10		100
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	غالان ات ى ش	×
	If "Yes," complete Form 4720, Schedule O.			

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ıns	truct	"No" tions.
Secti	on A. Governing Body and Management			
		Filtrasiana A.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
L	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 15 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3 4		<u>×</u>
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	-	<u>^</u>
6	Did the organization become aware during the year of a significant diversion of the organization's assets:	6	\dashv	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
1 a	one or more members of the governing body?	7a	- 1	×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b	}	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	de.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>×</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	2.00		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of intere	st po	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Erin Stryka, 1403 Southwest Blvd, Kansas City, KS 66103 (913)677-5097	cords Þ	•	

Part VII	Compensation of Officers, Directors	, Trustees, Ke	ey Employees,	Highest C	Compensated	Employees,	and
	Independent Contractors						

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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 for related organizations below	do x, offic Individua or directo	ot ch	Pos neck ss pe	C) sition more	•	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)Erin Stryka	dotted line)		stee			nsated				
Executive Director (2) Courtney Brooks	1.00			×		ļ		44,800.	0.	4,697.
Board Member		×						o.	0.	0.
(3) Mary Gonzales Board Member	1.00	×						0	0.	0.
(4) Ellie Haire Board Member	1.00	×						0.	0.	0.
(5) Pastor Ruth Harder Board Member	1.00	×						0.	0.	0.
(6) Ally Mabry Board Member	1.00	×						0.	0.	0.
(7) Scott Martens Board Member	1.00	×						0.	0.	0.
(8) Brooke Rodriquez Board Member	1.00	×						0.	0.	0.
(9) Rachel Russell Board Member	1.00	×						0.	0.	0.
(10) Pastor Tom VanDuzer Board Member	1.00	×						0.	0.	0.
(11) Dr. Amanda Vega-Mavec Board Member	1.00	×						0.	0.	0.
(12) Charıta Vine Board Member	1.00	×						0.	0.	0.
(13) Dr. Valorie Wells-Fenton Board Member	1.00	×						0.	0.	0.
(14) Robert Spaniol Treasurer	2.00			×				0.	0.	0.

Part	VI Section A. Officers, Directors,	Trustees,	Key I	Emj	ploy	yee	s, an	d H	d Highest Compensated Employees (continu			
	(A) Name and title		box,	Position (do not check more than or box, unless person is both a officer and a director/truste					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
	ete Cashen ice-President	2.00			×				0.	0.	0.	
	neresa Reyes-Cummings resident	2.00			×				0.	0.	0.	
(17)												
(18)										***		
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c	Subtotal		n A	•				>	44,800.	0,	4,697.	
<u>d</u>	Total (add lines 1b and 1c)	not limited			list	ed	above	► e) w	44,800. ho received more	0 . e than \$100,000	4,697.	
	reportable compensation from the organi	zation >									Yes No	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							mpl	oyee, or highes	t compensated	3 ×	
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ion or individua	5 ×	
Secti	on B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·		
1	Complete this table for your five high compensation from the organization. Report											
	(A) Name and business add	ress					-		(B) Description of serv	rices	(C) Compensation	
			_					_				
2	Total number of independent contractor	rs (ıncludır	ng bu	t n	ot I	ımıt	ed to	th	ose listed above	e) who		
	received more than \$100,000 of compens	ation from t	he or	gani	ızatı	on l	>					

Form 990 (2019) Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ai	ny line in this Pa	ırt VIII	,	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ည တ	1a	Federated campaig	ns .		1a	25.		7.04.46.725.702		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
رَّةِ قِ	C	Fundraising events			1c	13,225.				
Ş, E	d	Related organization			1d	15,225.				
声흥		Government grants				86,523.		The second supply the		9764983
S.E	e	_	•	· · · · · ·		00,323.		native of her bounds in the last		
P S	f,		other contributions, gifts, grants,		220 510					
tributio Other		and similar amounts not included above 1f		339,512.						
를 하	g	Noncash contribution					The state of the s			
Cont					1g					
0 8	h	Total. Add lines 1a-	-1f .			1	439,285.			
						Business Code				
၌	2a	Community roo				900009	16,025.	16,025.	0.	0.
P 6	b	Garden and other	er p	rogram f	ees	531390	46,650.	46,650.	0.	0.
פֿ בּו	C									
yram Ser Revenue	d									
Program Service Revenue	е									
도	f	All other program se	ervice	revenue .						
	g	Total. Add lines 2a-	-2f .			<u> </u>	62,675.		新和新加盟 :第	
	3	Investment income	(ıncl	uding divi	dends	s, interest, and				
		other similar amoun	its) .			•				
	4	Income from investr	nent d	of tax-exem	ipt bo	ond proceeds ►				
	5	Royalties				<u>, , , , , </u>				
-		r		(ı) Rea		(II) Personal				
	6a	Gross rents	6a							
	b	Less. rental expenses	6b					Timor no management and the contract of the co		
	С	Rental income or (loss)	6с				Agriculation described and the control of the contr			
	d	Net rental income of	r (loss)		🕨				
ĺ	7a	Gross amount from		(ı) Securit	ies	(II) Other	1967 N. T. 1882			
, 1		sales of assets				-				
,		other than inventory	7a						Manager Company of the Company of th	
<u>o</u>	b	Less cost or other basis								
Revenue		and sales expenses .	7b							
ě	С	Gain or (loss)	7с							
_	d	Net gain or (loss)				🕨				
Othe	8a	Gross income from	m fu	ndraising						
ō		events (not including	\$ 1	3,225.						
		of contributions rej						Value of the state		
		1c). See Part IV, line	18		8a	9,322.				
	b	Less: direct expens	es .		8b	10,366.				
_	С	Net income or (loss)	from	fundraisin	g eve	ents 🕨	-1,044.		0.	-1,044.
•	9a	Gross income f	rom	gaming		,				
		activities. See Part I			9a					
	b	Less: direct expense	es .		9b					
,	С	Net income or (loss)			tivitie	es >	3333 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -			
	10a	Gross sales of in	vento	orv. less		,		The state of the s		
٠ ١		returns and allowan			10a					
	b	Less: cost of goods	sold		10b		100 mg 100 m 100 mg 100 mg	ANTICLE OF THE STATE OF THE STA		
	· C	Net income or (loss)	from	sales of in	vento	ory 🕨				
2						Business Code	Single of the Control of the Control			
او چ	11a	,	-							
# E	b	1							•	
scellaned Revenue	С									
Miscellaneous Revenue	d	All other revenue	· · ·		-					-
Σ		Total. Add lines 11a	a-11d			>				
	12	Total revenue. See					500,916.	62,675.	0.	-1,044.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX								
		(A)	(B)	(C)	(D)			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	0.	0.					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	6,788.	6,788.	The state of the s				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.	0.	erina de la composition della				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	54,598.	43,012.	10,250.				
`6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	194,585.	154,200.	6,642.	33,743.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,579.	1,494.		1,000.			
_								
9	Other employee benefits	6,839.	5,013:		1,650.			
10	Payroll taxes	18,625.	14,756.	1,176.	2,693.			
11	Fees for services (nonemployees):							
а	Management			!				
b	Legal			,				
	Accounting	31,841.	0.	31,601.	240.			
C		31,041.	0.	31,001.	240.			
d	Lobbying		a. 1886 a dale Violente Me Verillert, de Montre.					
е	Professional fundraising services. See Part IV, line 17		and the control of the state of the control of the	The state of the s				
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,776.	12,563.	1,250.	-1,037.			
12	Advertising and promotion							
13	Office expenses	21,778.	16,577.	2,430.	2,771.			
14	Information technology			2,71001	2, 2 .			
15	Royalties	11 500	0.757	1 007	3 574			
16,	Occupancy	11,538.	8,757.		1,574.			
17	Travel	3,875.	-3,875.	0.	0.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,038.	625.	413.	0.			
19	Conferences, conventions, and meetings .							
20	Interest							
21	Payments to affiliates	"						
	-	6,453.	5,108.	422.	923.			
22	Depreciation, depletion, and amortization .							
23	Insurance	7,967.	5,628.	1,424.	915.			
24	Other expenses. Itemize expenses not covered		Christian Control of the Control of					
	above (List miscellaneous expenses on line 24e. If							
ı	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)			ment of the state				
а	Program supplies/expense	20,343.	20,292.	51.	0.			
_		20/313.	20,232.	31.				
b				 				
С								
d								
е	All other expenses	7,544.	3,098.	4,355.	91.			
25	Total functional expenses. Add lines 1 through 24e	409,167.	301,786.	61,482.	45,899.			
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)				000			

Part X Balance Sheet

_		Check if Schedule O contains a response or note to any line in this Pa	art X	<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	92,399.	1	152,234.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	41,942.	3	69 , 080.
	4	Accounts receivable, net	7,670.	4	4,866.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	809.	9	2,953.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 149, 668.	Burn Burn Burn Burn Burn Burn Burn Burn		
	b	Less: accumulated depreciation 10b 65,714.	83,115.	10c	83,954.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	225,935.	16	313,087.
	17	Accounts payable and accrued expenses	19,449.	17	15,852.
	18	Grants payable		18	
	19	Deferred revenue	1,000.	19	0.
- {	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	Section 19 Control of Part of the Control of the Co	22	
Ę.	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
l	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
- 1	26	Total liabilities. Add lines 17 through 25	20,449.	26	15,852.
Seou		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
폁	27	Net assets without donor restrictions	_123,145.	27	123,532.
<u> </u>	28	Net assets with donor restrictions	82,341.	28	173,703.
Net Assets or Fund Balances	_	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.	Manufacture and the second		
9	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	<u>.</u>	31	
<u>بر</u>	32	Total net assets or fund balances	205,486.	32	297,235.
ž	33	Total liabilities and net assets/fund balances	225,935.	33	313,087.

Page	1	2
ı aye		_

	·-·				J
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>		
1		1	5(<u> </u>	16.
2		2	4 (09,1	67.
3		3		91,7	<u>49.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20	05,4	86.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			•
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	T			
	32, column (B))	10	29	97,2	35.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exp	 olain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		<u>×</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		200.00		
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>×</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a	2 .	😽	
	separate basis, consolidated basis, or both:		Ĭ.		
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs		+ _	ŀ	
	the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	lain on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth Single Audit Act and OMB Circular A-133?	n in the	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	REV 06/02/20 PRO		Form	990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Rose	edale	Development Assoc					48-0886413	
Par		Reason for Public Char						ns.
The c	•	ation is not a private founda				-		_
1		church, convention of churc						n1
2		school described in section		,				4)7
3		hospital or a cooperative hos						.
4		medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
		spital's name, city, and state						
5		organization operated for tection 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	□Af	federal, state, or local govern	nment or govern	mental unit described	I in <mark>secti</mark> e	on 170(b)	(1)(A)(v).	
7	X An	organization that normally	receives a subs	tantial part of its sup	port from	a gover	nmental unit or from	the general public
	de	scribed in section 170(b)(1)	(A)(vi). (Complet	e Part II.)				
8	□ A d	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	□An	agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
	or un	university or a non-land-gra	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	∐ An	organization that normally receipts from activities related	receives: (1) more	e than 331/3% of its si	upport fro	om contri	butions, membership	o tees, and gross
	Su	pport from gross investment	t income and uni	related business taxal	ble incom	ne (less se	ection 511 tax) from	businesses
	ac	quired by the organization a	fter June 30, 197	75 See section 509(a	a)(2). (Co	nplete Pa	art III.)	
11		ı organızatıon organızed and	•		-			
12		ı organızatıon organızed and						
		one or more publicly suppo						
	Ch	neck the box in lines 12a thro	ugh 12d that des	scribes the type of sup	oporting o	organizati	on and complete line	es 12e, 12f, and 12g
а		Type I. A supporting organ						
		the supported organization					he directors or trust	ees of the
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B	•		
b		Type II. A supporting organ						
		control or management of				persons	that control or man	age the supported
		organization(s). You must	-					
C		Type III functionally integ						ally integrated with,
		its supported organization(
þ		Type III non-functionally i	_	• •	•			
		that is not functionally integ						d an attentiveness
		requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е		Check this box if the organ						e II, Type III
		functionally integrated, or 1		tionally integrated sur	oporting	organizat	ion.	<u>,</u>
f		er the number of supported o	-			•		
g	Prov	vide the following information	about the supp	orted organization(s).	T			
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization		organization or governing	(v) Amount of monetary	(vi) Amount of other support (see
				(described on lines 1–10 above (see instructions))		ment?	support (see instructions)	instructions)
				,,		,. 		
					Yes	No		
(A)								
					ļ			
(B)								
(C)								
(D)								
			· -		ļ			
(E)								
Total					ļ			
Lotal			i i		1		1	

instructions

Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support **(b)** 2016 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2015 (c) 2017 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 295, 409. | 233, 237. | 376, 413. | 439, 285. | 1,602,618. 258,274

2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						7
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	258,274.	295,409.	233,237.	376,413.	439,285.	1,602,618
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,372
6	Public support. Subtract line 5 from line 4	A State Same of the state of th				To Milder to the Control of the	1,588,246
ecti	on B. Total Support						-
alen	dar year (or fiscal year beginning in)	(a) 2015	(h) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total

 \overline{s} 258,274 233,237. 376,413 439,285 7 Amounts from line 4 . 295,409. Gross income from interest, dividends, 8 payments received on securities loans. rents, royalties, and income from similar sources . 0. 0. 0. Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 14.376. Total support. Add lines 7 through 10 656,416. 11 12 Gross receipts from related activities, etc. (see instructions). 12 102,780.

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 95.88% 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 90.3% Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . ightharpoonup10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . ightharpoonup

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

Part							
	(Complete only if you checked t						ider Part II.
	If the organization fails to qualify	<u>under the te</u>	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support	1		T 7	1	1 1 2 2 1 2	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	K					_
2	Gross receipts from admissions, merchandise				 	/	
_	sold or services performed, or facilities					·	
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513				/	ļ	
4	Tax revenues levied for the				/		
J	organization's benefit and either paid to	\	1	/	1		•
	or expended on its behalf		\				
5	The value of services or facilities						
	furnished by a governmental unit to the			/			
_	organization without charge		 				
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
' a	received from disqualified persons .		\ /	/		:	
b	Amounts included on lines 2 and 3		X				
	received from other than disqualified		/\				
	persons that exceed the greater of \$5,000			\setminus			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		/	l V			
 .	line 6.)		* * **				<u></u>
	on B. Total Support	(0) 2015	(h) 2016	(0) 201	(d) 2018	(e) 2019	(f) Total
Galen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 201/5	(b) 2016	(c) 201 X	(0) 2018	(e) 2019	(I) IOIAI
10a	Gross income from interest, dividends,			 			
104	payments received on securities loans, rents,				\		
	royalties, and income from similar sources	/.					
b	Unrelated business taxable income (less	7					
	section 511 taxes) from businesses						
	acquired after June 30, 1975 .						
С	Add lines 10a and 10b / .		ļ <u>-</u> .		<u> </u>		
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on				\		
40	Other income. Do not include gain or	-					
12	loss from the sale of capital assets						
	(Explain in Part VI.)				İ		
13	Total support. (Add lines 9, 10c, 11,			-			,
	and 12) . /		,				
14	First five years If the Form 990 is for t		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a s e ctio	n 501(c)(3)
	organization, check this box and stop he					· · \.	🕨 🗀
	on C. Computation of Public Suppo			 			
15	Public support percentage for 2019 (line			13, column (f))		15	<u>%</u>
16	Public support percentage from 2018 Sc on D. Computation of Investment Ir			· ·	• • •	16	<u>%</u>
	Investment income percentage for 2019			ov line 13 coli	ımn (fl)	17	%
17 18	Investment income percentage for 2019 Investment income percentage from 201					18	$\frac{-\sqrt{\frac{70}{\%}}}{\%}$
19a	331/3% support tests—2019. If the organ						
.00	17 is not more than 331/3%, check this box						
b	331/3% support tests-2018. If the organi	· ·	_			-	/
	line 18 is not more than 331/3%, check this						`
20	Private foundation. If the organization of	lid not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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.)

Section A. All Supporting Organizations

- 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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** 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.
- **b** 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 supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 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).
- 9a 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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-	10b	V # -	لتخضينا
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Part	V Supporting Organizations (continued)			
	•	C. St. 427 a	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	flat Shire	II.	
	below, the governing body of a supported organization?	11a		
	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. on B. Type I Supporting Organizations	1110	لسيا	
occi.	on b. Type I supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Partition of		3
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	发展 引		
	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		Lange 4
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		SHEET,	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	PORE.	## ## A
Section	on C. Type II Supporting Organizations			
Section	on o. Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Constitution (W. Ar	77.78.1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	PH	要是	
	or management of the supporting organization was vested in the same persons that controlled or managed	27.39 2000		
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
_		Th. 35	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	なな		
	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	200	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	\$1100 t	SIM!	Aprelling.
	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)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		A STATE OF THE STA	
	significant voice in the organization's investment policies, and in directing the use of the organization's	A CONTRACTOR	TO COM	· 10 · 10 · 10 · 10 · 10 · 10 · 10 · 10
	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			
C = -A:		3	لِـــا	
Secui 1	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	-1
' a	The organization satisfied the Activities Test. Complete line 2 below.	mon a		3).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	see in:	structi	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	_ <u></u>
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			17
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1. A.	THE STATE OF	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	200		
	how the organization was responsive to those supported organizations, and how the organization determined		Local Lines	
	that these activities constituted substantially all of its activities.	2a	30 (1	জন সৰ
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.	- OL	and the second	
2	-	2b	Margh Lings	क्षेत्र कृष्टिक क्षेत्र इत्यास
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? Provide details in Part VI.	3a	1350, 547	1
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		"浮"课	York Co.
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	Matinitan.	2. v. 86. 135.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5	·	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).	を発展		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		. <u>-</u>
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	· · · · · · · · · · · · · · · · · · ·	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	多多是这个人的	
4 Enter greater of line 2 or line 3.	4	新老城市的市场市场	
5 Income tax imposed in prior year	5	And the first contraction of the second conducting on that I want	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
 7 Check here if the current year is the organization's first as a non-functional instructions). 		tegrated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued).	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.	h the eventuality is use		
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	ii trie organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6	•		
10	Line 8 amount divided by line 9 amount			
	Elife of arrivative divided by line of arrivative		(îi)	(iii)
Şecti	on E—Distribution Allocations (see instructions)	(I) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI) See			Participation of the property
	instructions.		, , , , , , , , , , , , , , , , , , ,	
3	Excess distributions carryover, if any, to 2019			the Mass of the second section of
а	From 2014			
b	From 2015 .			
СС	From 2016	TO THE MANAGEMENT OF THE PROPERTY OF THE PROPE	Salat Administration of the sa	The same of the sa
<u>d</u>	From 2017		THE REPORT OF THE PROPERTY OF	
e	From 2018	Committee Designs of the Committee of th	A CONTRACTOR OF THE PROPERTY O	THE STREET STREET, STR
f	Total of lines 3a through e	And return and definite true interference of thinking of the		Design of the property of the property of the page of the
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount	Microsoft agraed Characteristic in real times in animals, a senie		
- !	Carryover from 2014 not applied (see instructions)			
<u>J</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from	America estado mercano productivo de la comerción de la comerc	order the both bedoes provide the constraint of	
~	Section D, line 7:		eries billion appeal to the first	
- a	Applied to underdistributions of prior years		ACCOUNT TO A SAN TO A	
b	Applied to 2019 distributable amount			prime "enlicement". Consentiment à de moi de manier à Ellins e 28
C	Remainder. Subtract lines 4a and 4b from 4.	STATE OF THE PROPERTY OF THE PARTY OF THE PA		
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017	annighter through a summer industri-	and propagation and propagation of the soul	
d	Excess from 2018			Production of Post of Line of the Control of the Co
_	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)
Pt II Ln 10: Other Income Part II, Line 10 Description: Sale of land held for
related activities 2015: 0. 2016: 14376. 2017: 39422. 2018: 0. 2019: 0.
······································

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Proxy hen	/ Tax) (see separat	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Name	of organization			Employer ider	ntification number
Rose	dale Development	Association, Inc.		48-08864	113
Part	I-A Complete if th	e organization is exempt und	er section 501(c) or is a section 527 (organization.
1	definition of "political car		·	, -	•
2		y expenditures (see instructions))
3		cal campaign activities (see instruc		·	
Part		e organization is exempt und			
1		excise tax incurred by the organiza			
2	-	excise tax incurred by organization	_		
3	_	ed a section 4955 tax, did it file Fo	· ·		
4a					Yes No
	If "Yes," describe in Part				
Part		e organization is exempt und		·· · · · · · · · · · · · · · · · · · ·	(c)(3).
1		ly expended by the filing organiz		· · · · · · · · · · · · · · · · · · ·	·
2		filing organization's funds contributions	_		
3		expenditures. Add lines 1 and 2			
4		n file Form 1120-POL for this year			Yes No
5	organization made payme the amount of political co	ses and employer identification nui- ents. For each organization listed, ontributions received that were pro- fund or a political action committe	enter the amount mptly and directly	paid from the filing organi delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	-				

Pař	t II-A Complete i section 50		is exempt u	nder section 50)1(c)(3) and file	d Form 5768 (ele	ection under
A C		organization belong EIN, expenses, and s				liated group memb	per's name,
R C		organization checke					
<u> </u>	MIECK P III THE MINIS	Limits on Lobby			<u> </u>	(a) Filing	(b) Affiliated
	(The term	"expenditures" me)	organization's totals	group totals
1a						0.	
b						0.	
С	Total lobbying exper	nditures (add lines 1a	and 1b) .			0.	
d	Other exempt purpor	se expenditures				409,167.	
е	Total exempt purpos	e expenditures (add	lines 1c and 1	d)		409,167.	
f	Lobbying nontaxable columns.	le amount. Enter ti	he amount fr	om the following	table in both	81,833.	
	If the amount on line 1	e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		20% of the am	ount on line 1e			
	Over \$500,000 but not	over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	The state of the s	
	Over \$1,000,000 but no	t over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but no	t over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.		CANCELL PROPERTY STREET
	Over \$17,000,000		\$1,000,000.				
g		· · · · · · · · · · · · · · · · · · ·	•			20,458.	
h						0.	
į	Subtract line 1f from					0.	· -
j	If there is an amou	nt other than zero o	on either line	•	the organization	i file Form 4/20	
	reporting contion 40	11 tay for this year?					IVAS INA
	reporting section 49						∐ Yes ☐ No
		4-Yea	er Averaging F tion 501(h) ele	Period Under Sec	tion 501(h) e to complete all		
		4-Yearns that made a sec See the	ar Averaging f tion 501(h) ele separate instr	Period Under Sec ection do not have	tion 501(h) e to complete all 2a through 2f.)		
		4-Years that made a sec See the s Lobbying	ar Averaging f tion 501(h) ele separate instr	Period Under Sec ection do not hav uctions for lines	tion 501(h) e to complete all 2a through 2f.)		
2a	(Some organization	4-Yearns that made a sec See the s Lobbying	er Averaging F tion 501(h) ele separate instr Expenditures	Period Under Section do not have uctions for lines During 4-Year Av	tion 501(h) e to complete all 2a through 2f.) veraging Period	of the five colum	ns below.
2a b	(Some organization Calendar year (or fist beginning in Lobbying nontaxable	4-Yearns that made a sec See the s Lobbying cal year amount	er Averaging F tion 501(h) ele separate instr Expenditures	Period Under Section do not have uctions for lines During 4-Year Av	tion 501(h) e to complete all 2a through 2f.) veraging Period	of the five colum	ns below.
	Calendar year (or fis beginning in Lobbying nontaxable Lobbying ceiling amo	4-Yearns that made a sec See the sec Lobbying scal year) e amount ount umn (e))	er Averaging F tion 501(h) ele separate instr Expenditures	Period Under Section do not have uctions for lines During 4-Year Av	tion 501(h) e to complete all 2a through 2f.) veraging Period	of the five colum	ns below.
	Calendar year (or fis beginning in Lobbying nontaxable Lobbying ceiling amo (150% of line 2a, col	4-Yearns that made a sec See the s Lobbying cal year e amount ount umn (e))	er Averaging F tion 501(h) ele separate instr Expenditures	Period Under Section do not have uctions for lines During 4-Year Av	tion 501(h) e to complete all 2a through 2f.) veraging Period	of the five colum	ns below.
b	Calendar year (or fis beginning in Lobbying nontaxable Lobbying ceiling amo (150% of line 2a, col Total lobbying exper	4-Yearns that made a sec See the sec Lobbying scal year) e amount count cumn (e)) aditures ole amount mount mount	er Averaging F tion 501(h) ele separate instr Expenditures	Period Under Section do not have uctions for lines During 4-Year Av	tion 501(h) e to complete all 2a through 2f.) veraging Period	of the five colum	ns below.
b c d	Calendar year (or fis beginning in Lobbying nontaxable (150% of line 2a, col Total lobbying experiments) Grassroots nontaxable Grassroots ceiling are	4-Yearns that made a sec See the sec Lobbying scal year) e amount sumn (e)) aditures ole amount mount umn (e))	er Averaging F tion 501(h) ele separate instr Expenditures	Period Under Section do not have uctions for lines During 4-Year Av	tion 501(h) e to complete all 2a through 2f.) veraging Period	of the five colum	ns below.

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		-
For a	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed		a)		(b)	
	ription of the lobbying activity.	Yes	No	Aı	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		<u> </u>			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
ĥ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			素を表		
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	;)(5),	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3		
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."	R (b)	Part	Ction III-A, I	ine 3	, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of				
a	,	•	2a			
b	Carryover from last year	•	2b			
C	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3 Diretterister			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbe and political expenditure next year?	yıng	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	t IV Supplemental Information	•				
rovi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated groe instructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	st), Pai	t II-A, I	ines 1	and
						- /
	-					
			••••			

Schedule C (For	m 990 or 990-EZ) 2019	Page 4
Part IV	Supplemental Information (continued)	
•••••		
		•
	, 	·
		·

SCHEDULE D (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.

20**19**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspect

Rosedale Development Association, Inc. 48-0886413 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . Aggregate value of grants from (during year) . . . 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X

Par	Organizations Maintaining Co	ollections of Art, I	listoric <u>al</u>	Treasures	or Other Similar	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	ession, and other re	cords, chec	ck any of the	e following that mak	e significant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchang	e program	
b	☐ Scholarly research		e 🗌 Othei	r		
С	☐ Preservation for future generations			•••••		
4	Provide a description of the organization XIII.	i's collections and e	xplain how t	they further	the organization's e	xempt purpose in Part
5	During the year, did the organization sol assets to be sold to raise funds rather that					
Par			'			
	Complete if the organization are 990, Part X, line 21.		Form 990,	Part IV, line	e 9, or reported an	amount on Form
1a	included on Form 990, Part X?					
Ь	If "Yes," explain the arrangement in Part	XIII and complete the	e following t	able:		
						Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount o					
b	If "Yes," explain the arrangement in Part	XIII. Check here if the	e explanatio	n has been	provided on Part XIII	<u> </u>
Par	Endowment Funds.		000 I	D = 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 10	
	Complete if the organization an				7	
		(a) Current year (b)	Prior year	(c) Two year	s back (d) Three years I	back (e) Four years back
1a	Beginning of year balance			-		
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the		ance (line 1g	g, column (a) held as:	
а	Board designated or quasi-endowment	▶%				
b	Permanent endowment ▶	%				
C	Term endowment ▶%					
	The percentages on lines 2a, 2b, and 2c	should equal 100%.				
3a	Are there endowment funds not in the poorganization by	ossession of the org	anızatıon th	at are held	and administered for	r the Yes No
	(i) Unrelated organizations					. 3a(i)
	(ii) Related organizations					. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	nızations lısted as re	quired on S	chedule R?		. 3b
4	Describe in Part XIII the intended uses of	the organization's e	ndowment f	unds.		
Part	VI Land, Buildings, and Equipme	ent.				
-	Complete if the organization an	swered "Yes" on F	orm 990, I	Part IV, line	e 11a. See Form 99	30, Part X, line 10.
	Description of property	(a) Cost or other bas (investment)	1 ' '	or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land		0.	4,516.		4,516.
b	Buildings		0. 1	30,537.	52,468.	78,069.
С	Leasehold improvements					
d	Equipment					
e	Other		0.	14,615.	13,246.	1,369.
Total.	Add lines 1a through 1e. (Column (d) musi	t equal Form 990, Pa	rt X, columi	n (B), line 10	c.) ▶	83,954.

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" on For	m 000 Part IV lin	a 11h Saa Farm	990 Part V line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(A)				
(C)				
				
		 -		
(F)				
(H)	man (h) must asual Form 000. Part V. ani (B) ina 12)			
Part VIII	mn (b) must equal Form 990, Part X, col. (B) line 12) . ► Investments—Program Related. Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11c. See Form	990 Part X line 13
-	(a) Description of investment	(b) Book value	(c) Meth	nod of valuation of-year market value
(1)				
(2)	· · · · · · · · · · · · · · · · · · ·			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		<u> </u>		
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		2011/2011/2011/29	
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	
	(a) Description			(b) Book value
(1)				
(2)				
(3)		 		
(4)				
(5)				
<u>(6)</u>				
(7) (8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		. ▶	
	Complete if the organization answered "Yes" on For- line 25.	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal ır	ncome taxes			_
(2)		 -		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		. •	
2. Liability for	r uncertain tax positions. In Part XIII, provide the text of the footnot	ote to the organization	's financial stateme	nts that reports the
	s liability for uncertain tax positions under FASB ASC 740. Check			

Part			Return.	
	Complete if the organization answered "Yes" on Form 990,		1 4	
1	Total revenue, gains, and other support per audited financial statements		1	507,916.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a 0.		
b	Donated services and use of facilities	2b 7,000.		•
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		7 000
e	Add lines 2a through 2d		2e	7,000.
3	Subtract line 2e from line 1		3	500,916.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line Reconciliation of Expenses per Audited Financial Statem		5 Dotum	500,916.
Part	Complete if the organization answered "Yes" on Form 990,	•	er neturi	1.
		rantiv, iiile iza.	-	416 167
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		(Sales on)	416,167.
	Donated services and use of facilities	2a 7,000.		
a	Prior year adjustments	2b		
b	Other losses	2c 2c		
ب C	Other losses	2d		
d	Add lines 2a through 2d		2e	7,000.
е 3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		Secretary .	409,167.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		•
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	409,167.
	XIII Supplemental Information.	0 10.) 		400,107.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
		······		
	·			

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
 -		
		
		

SCHEDULÈ G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

	edale Development Assoc	aration In	_			48-0886413	
Par				otion analy	vored "Vee" on I		
rai	Form 990-EZ filers are r	not required to	complete	this part.			ine i7.
1	Indicate whether the organization	on raised funds			_		
а	Mail solicitations		e L		ion of non-govern		
b	Internet and email solicitation	ons	f		on of governmen		
C	Phone solicitations		g L	_ Special ·	fundraising events	5	
d	In-person solicitations						
2a	Did the organization have a writer or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pi	ursuant to agreem	nents under which th	ie fundraiser is to be
		T					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	idraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7	<u> </u>		<u> </u>				
8			 			· · · · · · · · · · · · · · · · · · ·	
9			<u> </u>				
10							
Total				🕨			
3	List all states in which the organization or licensing.				colicit contribution	s or has been notifi	ed it is exempt from
						'	
- 							

		(Form 990 or 990-EZ) 2019				Page 2
Pa	irt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	g event contributions			
			(a) Event #1 Disc Golf Tournament (event type)	(b) Event #2 None (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	22,547.			22,547.
ш.	2	Less: Contributions	13,225.			13,225.
	3	Gross income (line 1 minus line 2)	9,322.			9,322.
	4	Cash prizes		,		
	5	Noncash prizes	8,981.			8,981.
ses	6	Rent/facility costs				

	3	•				
		line 2)	9,322.			9,322.
	4					
	5	Noncash prizes	8,981.			8,981.
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	857.			857.
Direc	8	Entertainment				
	9	Other direct expenses .	528.			528.
	10	Direct expense summary. Ad	dd lines 4 through 9 in c	olumn (d)		10,366.
	11	Net income summary. Subtr				-1,044.
Ра	rt II		e organization answe			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	_1	Gross revenue				
ses	2	Cash prizes				<u> </u>
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
9		Enter the state(s) in which the or	raanization conducts as	mina activities:		
_	a I	Enter the state(s) in which the or is the organization licensed to c	onduct gaming activities	s in each of these states	······································	□ Ves □ No
,	- '	f "No," explain:				
	-					
		Were any of the organization's of "Yes," explain:	gaming licenses revoked	l, suspended, or termina	ated during the tax year	? .
	-					
					 	

11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a b	The organization's facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.
	Name ▶
	Address▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
С	amount of gaming revenue retained by 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 law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
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Page 3

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public Inspection 2019

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

me of the organization	Employer identification number
Nosedale Development Association, Inc.	48-0886413

General Information on Grants and Assistance

Partl

Form 990	nswered "Yes" on F	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.	art II
		Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	2 Des
% □	X	the selection criteria used to award the grants or assistance?	the
	tance, and	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	l Doe

	value visible of			Souden on the			
1 (a) Name and address of organization or government	(p)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							and the state of t
(2)			7,7,7				
(3)					-		
(4)							
(5)							
(9)							
(۵)							
(8)							
(6)							
(10)							
(11)							
(12)							The state of the s
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	ı 501(c)(3) and gov ırganızatıons listec	vernment organiza	tions listed in the li	ne 1 table			A A
For Dangardy Dedination A at Motion on the Indianated and Don	reiterment and acc	000 Earth 000					

REV 06/02/20 PRO For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019)
Part III Grants ar

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Utility Assistance	9	600.			
2 Minor Home Repair	9	6,188.			
3					
4					
5					
9					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Pt I Line 2: Each grant received is assigned a unique name in the accounting records and all income and exp	the information range in assigned a u	equired in Part I, lin	the accounting	on required in Part I, line 2; Part III, column (b); and any other additional informs a unique name in the accounting records and all income and	onal information.
e ur	unique name.	Reports for ea	ch grant are g	name. Reports for each grant are generated monthly in order to confirm	n order to confirm
the income and expenses for each gra	grant are assig	signed correctly,	correctly, income and ex	expenses are not app	are not applied to more
than one grant, and to ensure grant	funds are	fully spent for the purpose intended	the purpose in	tended.	
		,		1	

Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2019

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Rosedale Development Association, Inc.	48-0886413	
Pt VI, Line 11b: A copy of the Form 990 was distributed to all members of the		
Board of Directors prior to filing. Members of the Board of Directors were asked		
to provide comments and questions to the Executive Director, Treasurer and CPA.		
Members of the Board of Directors approved filing of the Form 990 at a board		
meeting prior to filing.		
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Pt VI, Line 12c: The organization's staff maintains forms completed by members		
of the Board of Directors of potential conflicts and updates this information		
throughout the year. If questions related to a potential conflict arise, a discussion		
of such is held at the next meeting of the Board of Directors before any financial		
decisions are made or related activity begins.		
Pt VI, Line 15a: Compensation of the Executive Director is discussed by the		
Board of Directors as part of the annual budgeting process. Proposed compensation		
is compared to similarly situated employees at comparable not-for-profit organizations		
using salary surveys and Form 990s. The Executive Director's credentials and		
performance evaluations are also considered. Discussions and decisions are documented.		
Pt VI, Line 15b: Compensation for key employees is set based on comparison to		
similarly situated employees at comparable not-for-profit organizations using		
salary surveys. Experience and credentials are considered. Decisions are documented		
in personnel files.		
Pt VI, Line 19: The organization's annual Form 990 is available at guidestar.org.		
The organization's financial statements, governing documents, and conflict of		

Schedule O (Folia) 950-123 (2019)	raye a
Name of the organization	Employer identification number
Rosedale Development Association, Inc.	48-0886413
interest policy are provided upon request for business purposes as	approved by
the Executive Director.	
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