DLN: 93493317020990

2019

OMB No. 1545-0047

Form **990**

Department of the

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

		nue Service						
			alendar year, or tax year beging C Name of organization	nning 01-01-2019 , and ending 1	.2-31-2019			
		pplicable: change	Riverfront Park Community Foundat	ion		D Emplo	yer identii	fication number
□ Nai		J				84-15	26370	
	tial ret	-	Doing business as					
☐ Fina	al return	n/terminated				E Toloph	one numbei	<u> </u>
		return	Number and street (or P.O. box if m 1610 Little Raven Suite 115	nail is not delivered to street address) Room	m/suite			
⊔ Арі	olicatio	on pending		phys and ZID or foreign mostal and		(303)	607-7621	•
			Denver, CO 80202	ntry, and ZIP or foreign postal code				
				L cc			receipts \$ 3	35,662
			F Name and address of principa	ai officer:	H(a)	Is this a group i	eturn for	
			1610 Little Raven Suite 115		ши	subordinates? Are all subordin	ates	□Yes ☑No
		ant status:	Denver, CO 80202		─ │ ` ´	included?	accs	☐ Yes ☐No
[1a	(-exem	npt status:	☐ 501(c)(3) ☑ 501(c)(4) 	(insert no.) \square 4947(a)(1) or \square 52	l l	If "No," attach a	•	•
J W	ebsit	e:► N/A			H(c)	Group exemption	n number	• ▶
					LVaan	- f. f	M Charles	-£ d:-:
∢ Forn	n of or	ganization:	Corporation Trust Asso	ociation 🔲 Other 🕨	L Year	of formation:	M State	of legal domicile:
Da	ırt I	Sumi	mary					
Га			cribe the organization's mission o	or most significant activities:				
	P	Promote s	ocial welfare by fostering excellen	ice, diversity and opportunity in the d	lowntown D	enver community	primarily	through education
ည္	<u>a</u>	and the ar	ts.					
	_							
leil	_							
့် ၂	2	Check thi	s box $ ightharpoonup \square$ if the organization dis	scontinued its operations or disposed	of more tha	in 25% of its net	assets.	1
- *ਰ	3	Number o	of voting members of the governing	ng body (Part VI, line 1a)			3	6
Activities & Governance	4	Number o	of independent voting members of	f the governing body (Part VI, line 1b))		4	6
	5	Total num	nber of individuals employed in ca	llendar year 2019 (Part V, line 2a) .			5	
5	6	Total num	nber of volunteers (estimate if ne	cessary)			6	
۹.	7a	Total unre	elated business revenue from Par	t VIII, column (C), line 12			7a	(
	b	Net unrel	ated business taxable income from	m Form 990-T, line 39			7b	
						Prior Year		Current Year
Gı .	8	Contribut	ions and grants (Part VIII, line 1h))				
Rəvenue	9	Program :	service revenue (Part VIII, line 2g)				(
λċι	10	Investme	nt income (Part VIII, column (A),	lines 3, 4, and 7d)		9	,654	35,27
ш.	11	Other rev	renue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		268	3,161	300,38
	12	Total reve	enue—add lines 8 through 11 (mu	ıst equal Part VIII, column (A), line 12	2)	277	7,815	335,66
	13	Grants ar	nd similar amounts paid (Part IX, o	column (A), lines 1–3)		163	3,172	489,96
	14	Benefits p	paid to or for members (Part IX, c	olumn (A), line 4)				(
တ္	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5-1	.0)			•
Expenses	16a	Professio	nal fundraising fees (Part IX, colu	mn (A), line 11e)				
D G			aising expenses (Part IX, column (D),	• • • • • • • • • • • • • • • • • • • •				
Т				11a-11d, 11f-24e)	-	29	,943	32,06
			enses. Add lines 13–17 (must equ	•			3,115	522,02
			less expenses. Subtract line 18 fr				,700	-186,35
ν Σα					Bed	inning of Current		End of Year
Net Assets or Fund Balances								
Bate	20	Total asse	ets (Part X, line 16)			1,204	,364	1,325,42
주 <u>무</u>	21	Total liab	ilities (Part X, line 26)			274	,079	496,30
žZ	22	Net asset	s or fund balances. Subtract line	21 from line 20		930	,285	829,11
Pa	rt II	Signa	ature Block				•	
				nined this return, including accompan				
	eage nowle		f, it is true, correct, and complete	e. Declaration of preparer (other than	officer) is b	ased on all infor	nation of	wnich preparer has
		T.						
		******	re of officer			2020-11-12 Date		
Sign		Signatu	are of officer			Date		
Here	;		ara Secretary/Treas					
		17	r print name and title				Laur	
	_	Pi	rint/Type preparer's name	Preparer's signature	Date	Check 🔲 if	PTIN P0004726	2
Paic		<u> </u>	irmle name - A Trimble W + 1 5 - 1 =	Tra CDAs		self-employed		
	oare	*I	irm's name	zra CPAS		Firm's EIN ► 8	4-1063568	
Use	On	ly F	irm's address ▶ 5990 Greenwood Plaza	Blvd Suite 203		Phone no. (303) 220-8899	l
			Greenwood Village, CC	80111				
			- ,			•	. 🗸	

Form	990 (2019)					Page 2
Pa	nt III Statemen	t of Program Service	Accomplis	hments		
	Check if Sch	nedule O contains a respon	se or note to	any line in this Part III .		🗆
1	Briefly describe the	organization's mission:				
Prom arts.	note social welfare by	fostering excellence, dive	rsity and oppo	ortunity in the downtown	Denver community primarily throu	gh education and the
2	Did the organizatio	n undertake any significan	t program ser	vices during the year wh	ich were not listed on	
	•	or 990-EZ?				☐ Yes 🗹 No
3	· ·	hese new services on Sche n cease conducting, or ma		changes in how it condu	cts any program	
3	services?	hese changes on Schedule				☐ Yes ☑ No
4	Describe the organ Section 501(c)(3) a	ization's program service a	ccomplishme	to report the amount of	argest program services, as measu grants and allocations to others, t	
4a	(Code: See Additional Data) (Expenses \$	489,960	including grants of \$	489,960) (Revenue \$)
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program ser	vices (Describe in Schedul	e O.) ding grants of	\$) (Revenue \$)
4e	• •	rvice expenses >	489,9	*	, (

Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . No 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Yes Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation Nο

9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Nο 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes

11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No **11**c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆

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 Yes 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 11f Nο 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b No If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . Nο

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

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 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. 18 Nο

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

Yes

Nο

Nο

19

20a

20b

21

column (A), line 2? If "Yes," complete Schedule I, 23 Did the organization answer "Yes" to Part VII, Sectiand former officers, directors, trustees, key employ Schedule J. 24a Did the organization have a tax-exempt bond issue the last day of the year, that was issued after Dece complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-ex c Did the organization maintain an escrow account of to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) transaction with a disqualified person during the year that the transaction has not been reported on any Schedule L, Part I 26 Did the organization report any amount on Part X, officer, director, trustee, key employee, creator or member of any of these persons? If "Yes," complete Schedule L, Part III 27 Did the organization provide a grant or other assis employee, creator or founder, substantial contributing a 35% controlled entity (including an employee the Schedule L, Part III) 28 Was the organization a party to a business transactionstructions for applicable filling thresholds, conditional and a current or former officer, director, trustee, key exployed by the schedule L, Part IV b A family member of any individual described in line complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in Did the organization receive more than \$25,000 in Did the organization receive contributions of art, honoributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolutions Did the organization sell, exchange, dispose of, or Schedule N, Part II 32 Did the organization own 100% of an entity disregulation of the organization own 100% of an entity disregulation or the schedule of the organization of the organization of the schedule of the organization of the orga	ants or other assistance to or for domestic individuals on Part IX, arts I and III	222 223 244 24b 24c 24d 25a 25b	Yes	No No No No No No No
 column (A), line 2? If "Yes," complete Schedule I, 23 Did the organization answer "Yes" to Part VII, Sectiand former officers, directors, trustees, key employ Schedule J	and III	223 244 24c 24c 24d 25a 25b	Yes	No No No No
column (A), line 2? If "Yes," complete Schedule I, 23 Did the organization answer "Yes" to Part VII, Sectiand former officers, directors, trustees, key employ Schedule J	and III	223 244 24c 24c 24d 25a 25b		No No No
and former officers, directors, trustees, key employ Schedule J	ees, and highest compensated employees? If "Yes," complete with an outstanding principal amount of more than \$100,000 as of mber 31, 2002? If "Yes," answer lines 24b through 24d and mpt bonds beyond a temporary period exception? her than a refunding escrow at any time during the year for bonds outstanding at any time during the year? organizations. Did the organization engage in an excess benefit ar? If "Yes," complete Schedule L, Part I ess benefit transaction with a disqualified person in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete ine 5 or 22 for receivables from or payables to any current or former ounder, substantial contributor, or 35% controlled entity or family a Schedule L, Part II ance to any current or former officer, director, trustee, key or, or employee thereof, a grant selection committee member, or to reof) or family member of any of these persons? If "Yes," complete ion with one of the following parties (see Schedule L, Part IV	44b 44c 44d 44d 55a		No No
the last day of the year, that was issued after Deccomplete Schedule K. If "No," go to line 25a	mper 31, 2002? If "Yes," answer lines 24b through 24d and mpt bonds beyond a temporary period exception? her than a refunding escrow at any time during the year for bonds outstanding at any time during the year? organizations. Did the organization engage in an excess benefit ar? If "Yes," complete Schedule L, Part I ess benefit transaction with a disqualified person in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete ine 5 or 22 for receivables from or payables to any current or former ounder, substantial contributor, or 35% controlled entity or family a Schedule L, Part II ance to any current or former officer, director, trustee, key or, or employee thereof, a grant selection committee member, or to reof) or family member of any of these persons? If "Yes," complete ion with one of the following parties (see Schedule L, Part IV	24c 24c 24d 25a 25b		No No
c Did the organization maintain an escrow account of to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer Section 501(c)(3), 501(c)(4), and 501(c)(29) transaction with a disqualified person during the year transaction with a disqualified person during the year that the transaction has not been reported on any Schedule L, Part I	her than a refunding escrow at any time during the year for bonds outstanding at any time during the year? organizations. Did the organization engage in an excess benefit ar? If "Yes," complete Schedule L, Part I ess benefit transaction with a disqualified person in a prior year, and of the organization's prior Forms 990 or 990-EZ? If "Yes," complete ine 5 or 22 for receivables from or payables to any current or former ounder, substantial contributor, or 35% controlled entity or family a Schedule L, Part II ance to any current or former officer, director, trustee, key or, or employee thereof, a grant selection committee member, or to reof) or family member of any of these persons? If "Yes," complete ion with one of the following parties (see Schedule L, Part IV	24c 24d 25a 25b		No
to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issued 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) transaction with a disqualified person during the year by the transaction has not been reported on any Schedule L, Part I	for bonds outstanding at any time during the year? organizations. Did the organization engage in an excess benefit ar? If "Yes," complete Schedule L, Part I ess benefit transaction with a disqualified person in a prior year, and of the organization's prior Forms 990 or 990-EZ? If "Yes," complete in 5 or 22 for receivables from or payables to any current or former ounder, substantial contributor, or 35% controlled entity or family a Schedule L, Part II ence to any current or former officer, director, trustee, key or, or employee thereof, a grant selection committee member, or to reof) or family member of any of these persons? If "Yes," complete ion with one of the following parties (see Schedule L, Part IV	25a 25b 26		No
 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) transaction with a disqualified person during the vertical that the organization aware that it engaged in an except that the transaction has not been reported on any Schedule L, Part I	organizations. Did the organization engage in an excess benefit ar? If "Yes," complete Schedule L, Part I ess benefit transaction with a disqualified person in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, and if the organization's prior Forms 990 or 990-EZ? If "Yes," complete in a prior year, an	25a 25b		No
transaction with a disqualified person during the year b Is the organization aware that it engaged in an except that the transaction has not been reported on any Schedule L, Part I	ar? If "Yes," complete Schedule L, Part I	25b		No
that the transaction has not been reported on any Schedule L, Part I	ine 5 or 22 for receivables from or payables to any current or former ounder, substantial contributor, or 35% controlled entity or family e Schedule L, Part II ance to any current or former officer, director, trustee, key or, or employee thereof, a grant selection committee member, or to reof) or family member of any of these persons? If "Yes," complete ion with one of the following parties (see Schedule L, Part IV	26		
officer, director, trustee, key employee, creator or member of any of these persons? If "Yes," complete 27 Did the organization provide a grant or other assis employee, creator or founder, substantial contribute a 35% controlled entity (including an employee the Schedule L, Part III	ounder, substantial contributor, or 35% controlled entity or family e Schedule L, Part II			No
employee, creator or founder, substantial contribute a 35% controlled entity (including an employee the Schedule L, Part III	or, or employee thereof, a grant selection committee member, or to reof) or family member of any of these persons? <i>If "Yes," complete</i> ion with one of the following parties (see Schedule L, Part IV	27		
instructions for applicable filing thresholds, conditions A current or former officer, director, trustee, key expended and the complete Schedule L, Part IV		- 1		No
 complete Schedule L, Part IV				
 c A 35% controlled entity of one or more individuals complete Schedule L, Part IV	nployee, creator or founder, or substantial contributor? <i>If "Yes,"</i>	8a		No
 complete Schedule L, Part IV	28a? If "Yes," complete Schedule L, Part IV	8b		No
 29 Did the organization receive more than \$25,000 in 30 Did the organization receive contributions of art, h contributions? <i>If "Yes," complete Schedule M</i> 31 Did the organization liquidate, terminate, or dissolved 32 Did the organization sell, exchange, dispose of, or <i>Schedule N, Part II</i> 33 Did the organization own 100% of an entity disreg 	and/or organizations described in lines 28a or 28b? If "Yes,"	.8c		No
contributions? If "Yes," complete Schedule M . 31 Did the organization liquidate, terminate, or dissolv 32 Did the organization sell, exchange, dispose of, or Schedule N, Part II		29		No
 32 Did the organization sell, exchange, dispose of, or Schedule N, Part II 33 Did the organization own 100% of an entity disreg 	storical treasures, or other similar assets, or qualified conservation	30		No
Schedule N, Part II	e and cease operations? If "Yes," complete Schedule N, Part I	31		No
	ransfer more than 25% of its net assets? If "Yes," complete	32		No
,,	rded as separate from the organization under Regulations sections hedule R, Part I	33		No
34 Was the organization related to any tax-exempt or Part V, line 1	taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		No
35a Did the organization have a controlled entity within	the meaning of section 512(b)(13)?	5a		No
b If 'Yes' to line 35a, did the organization receive an within the meaning of section 512(b)(13)? If "Yes,	payment from or engage in any transaction with a controlled entity complete Schedule R, Part V, line 2	55b		
	zation make any transfers to an exempt non-charitable related	36		
37 Did the organization conduct more than 5% of its a is treated as a partnership for federal income tax p	,			No
38 Did the organization complete Schedule O and pro- All Form 990 filers are required to complete Sched	line 2	37		

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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

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

Yes

0

0

1a 1b No

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	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	No
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).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
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 sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
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	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	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		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b	
	parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	lines						
Se	ction A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6									
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6									
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	Yes							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No						
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No						
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		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes							
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? If "Yes," provide the names and addresses in Schedule O	9		No						
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)							
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		No						
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								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
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	Yes							
13	Did the organization have a written whistleblower policy?	13		No						
14	Did the organization have a written document retention and destruction policy?	14		No						
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?									
	The organization's CEO, Executive Director, or top management official	15a		No						
b	Other officers or key employees of the organization	15b		No						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No						
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								
Se	ction 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									

(A)

(F)

Part VII

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

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

(C)

(D)

(E)

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

(B)

- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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	Average hours per week (list any hours for related	Position than on is b	ne bo	ox, ι n of or/t	t ch unle: ficer rust	ss pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-Z/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) Mark L Smith President	0.00	х		х				0	0	0
	0.00									
(2) Ron Werner Director	0.00	Х						0	0	0
(3) Amy Cara Secretary/Treas	0.00	Х		х				0	0	0
(4) Don Cohen Director	0.00	х						0	0	0
(5) Stephanie Blake Director	0.00	Х						0	0	0
(6) Bruce Fowler Director	0.00	Х						0	0	0
										Form 990 (2019)

compensation from the organization \blacktriangleright 0

Part VII

Page 8

	(A) Name and title	(B) Average hours per week (list any hours	than o	ne bo	ox, u n off	t che inles ficer	and a	son	Repo compo fro orgai	(D) ortable ensation m the nization	(E) Reportable compensation from related organizations	5	(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		!/1099- ISC)	(W-2/1099- MISC)		organizati relati organiza	ed	
1b S	Sub-Total				Щ.	l	 					1			
сТ	Total from continuation sheets to Pa	art VII, Section	Α				▶								
d T	Total (add lines 1b and 1c)	<u> </u>					▶								
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived mo	re than \$1	00,000				
													Yes	No	
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, k	ey er •	mplo •	oyee, o	or hi	ghest cor	mpensated	employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization individual										n the				
5	Did any person listed on line 1a receiv											4		No	
	services rendered to the organization	:11 res, compi	ete Sch	eaule	. J TO	ır su	icn per	son	• •	• • •		5		No	
	ection B. Independent Contract														
1	Complete this table for your five higher from the organization. Report comper	nsation for the c									n's tax year.	mpen			
	Name :	(A) and business addre	ess							Desc	(B) ription of services		(C Compen		
	- Marine G												22,50110461011		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Form 9											Page 9
Part	VIII						and Barbara and the second				
		Check if Sched	dule O conta	ins a re	espo	nse or note to ar	y line in this Part VIII (A) Total revenue	(B) Related o exempt function revenue	r	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(4)	1a	Federated campa	aigns	1	La		l	revenue			312 314
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	• Membership dues	s	1	lb		-				
Gra mo		: Fundraising even	ts		Lc		-				
īs, P		d Related organiza	tions	1	ld		-				
ija Mila		Government grants	(contributions	s) 1	Le		-				
ns, Sir	f	All other contribution	ns, gifts, gran	ıts,	i		-				
utio er		and similar amounts above			Lf		-				
휼	9	Noncash contribution lines 1a - 1f:\$	ns included in		ا اوا						
no pu	١,	h Total. Add lines :	1a-1f		. 9		-				
9				•		Business Code	0				
	2a					Business code					
en											
Program Service Revenue	b										
æ 3											
rvice	С										
S.	d										
Iran											
7 0g	е										
	f	All other program	service reve	nue.							
	g	Total. Add lines 2	2a-2f		>	(0				<u>'</u>
	3]	Investment income imilar amounts)	(including d			nterest, and othe	28,60	7			28,607
		Income from invest				and proceeds	·	0			<u> </u>
	5 F	Royalties					•	0			
			(i)) Real		(ii) Personal					
	6a	Gross rents	6a								
	b	Less: rental									
	_	expenses Rental income	6b				_				
	С	or (loss)	6c								
	d	Net rental income						0			
			(i) S	ecuritie	es	(ii) Other	_				
	7a	Gross amount from sales of	7a	6	6,668						
		assets other than inventory									
	b	Less: cost or other basis and	7b								
		sales expenses									
	С	Gain or (loss)	7c	6	,668						
	d	Net gain or (loss)					6,66	8			6,668
<u>e</u>	8a	Gross income from fu (not including \$	ındraising evei	nts of							
eur		contributions reported See Part IV, line 18		•							
ev.				L	8a 8b		_				
erl		Less: direct expen Net income or (los				ents \blacktriangleright		0			
Other Revenue		•	,	Ī							
	9a	Gross income from See Part IV, line 19	gaming activi	ities.	9a						
	b	Less: direct expen			9a 9b		_				
		Net income or (los				es •		О			
				Γ		·					
	10a	Gross sales of inve returns and allowa	entory, less inces		10a						
	b	Less: cost of good	s sold .		10b						
		Net income or (los			vent	ory >		О			
		Miscellaneo	us Revenue			Business Code					_
	11	^a Special assessme	nts				300,38	1			300,387
	b	1									
	С										
		All other reverse									
		All other revenue Total. Add lines 1			_ [•					
		Total revenue. S					300,38	7			
	12	iotai revenue. S	ee mstructio	,,,,,	•	• • • •	335,66	2			335,662

Forr	n 990 (2019)				Page 10
Ρ	Statement of Functional Expenses		All II		(4)
	Section 501(c)(3) and 501(c)(4) organizations must c		_		umn (A).
	Check if Schedule O contains a response or note to an not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	489,960	489,960	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
	Payroll taxes	0			
	Fees for services (non-employees):				
	Management	0			
	Degal	883		883	
	Accounting	2,500		2,500	
	-	0		2,500	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0		-	
	Investment management fees	0			
•	3 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion	2,313		2,313	
	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	0			
	Insurance	0			
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Administrative Overhead	25,854		25,854	
	b Sculpture Maintenance	500		500	
	c Filing Fees	10		10	
	d				
	e All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	522,020	489,960	32,060	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				
					E 000 (2010)

Form 990 (2019)

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 9

10c

11

12 13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

790.772

236.639

5,210

2.546

274.079

930.285

930,285

1,204,364

266.323

1,204,364

500

Page **11**

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0

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0

0

0

0

500

894.474

250,349

493.261

3.045

496.306

829.114

829,114

1,325,420

Form 990 (2019)

1,325,420

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

	Beginning of year		End of year
1 Cash-non-interest-bearing		1	0
2 Savings and temporary cash investments	176,453	2	180,097
			^

Pledges and grants receivable, net . Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 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 7 Notes and loans receivable, net . . . 8

Assets Inventories for sale or use . . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10b b Less: accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 . 13 Investments—program-related. See Part IV, line 11 14 Intangible assets . . . 15 Other assets. See Part IV, line 11 . . . 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses 18 Grants payable . 19 Deferred revenue . . 20 Tax-exempt bond liabilities .

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here > 🗹 and

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

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	· ;		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			335,662
2	Total expenses (must equal Part IX, column (A), line 25)	2			522,020
3	Revenue less expenses. Subtract line 2 from line 1	3			-186,358
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			930,285
5	Net unrealized gains (losses) on investments	5			85,187
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			829,114
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990:				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ 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 oversight of 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, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b		

3b

Additional Data

Software Version: 2019v5.0

EIN: 84-1526370

Software ID: 19009920

Name: Riverfront Park Community Foundation

Form 990 (2019)

Form 990, Part III, Line 4a:

Promotion of Social Welfare--Grants to Public Charities and Domestic Organizations

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493317020990

OMB No. 1545-0047

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.

2019 Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

	me of the organization			Employer	identification	number
KIV	erfront Park Community Foundation			84-152637	0	
Pa	rt I Organizations Maintaining Donor Advi			r Accounts	s.	
	Complete if the organization answered "Ye	·	rt IV, line 6. dvised funds	(b) Fi	ınds and other a	accounts
1	Total number at end of year	(a) Bollot o	avisca failas	(5) 10	inds and center t	accounts
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso				are the	
	organization's property, subject to the organization's ex	clusive legal control?				Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	or any other purpose of		permissible	Yes 🗌 No
Pa	Complete if the organization answered "Ve	on Form 000 Br	rt IV line 7			
1	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the orga					
•	Preservation of land for public use (e.g., recreation	` -	Гарргу).] Preservation of an	historically in		
		r or education) - E		•	•	ii ea
	☐ Protection of natural habitat	L	Preservation of a d	certified histo	ric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	contribution in the for		rvation d at the End o	f the Year
а	Total number of conservation easements			2a	d dt the Liid o	rene reur
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified histori	c structure included in	(a)	2c		
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, an	d not on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguis	hed, or terminated by	the organizat	ion during the	
4	Number of states where property subject to conservation	on easement is located	>			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of viola	tions, and enforcing co	onservation e	asements durin	g the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations	, and enforcing conser	vation easem	ents during the	year
8	Does each conservation easement reported on line 2(d)	above satisfy the rec	uirements of section 1	70(h)(4)(B)(i)	
	and section $170(h)(4)(B)(ii)$?				☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organ				
Par	Organizations Maintaining Collections Complete if the organization answered "Ye			er Similar	Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, edu	cation, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:					
	i) Revenue included on Form 990, Part VIII, line ${f 1}$			▶\$		
(i)Assets included in Form 990, Part X			>\$		250,349
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	cal treasures, or othe	similar assets for fina			
а	Revenue included on Form 990, Part VIII, line 1			► \$		
b	Assets included in Form 990, Part X			▶ \$	·	
For	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990	Cat No.	52283D S	chedule D (Fo	rm 990) 2019

Par	1111	Organizations Maintaining Co	llections of Art, H	listorica	al Tre	easures, o	r Other	Similar As	sets (cont	tinued)
3		the organization's acquisition, accession (check all that apply):	n, and other records,	check ar	y of t	he following	that are a	significant u	se of its col	llection
а		Public exhibition		d		Loan or exch	ange prog	ırams		
b		Scholarly research		e	✓	Other Public	art			
С		Preservation for future generations								
4	Provi Part)	de a description of the organization's co XIII.	llections and explain h	how they	furthe	er the organi	zation's e	xempt purpo	se in	
5		g the year, did the organization solicit o s to be sold to raise funds rather than t							☐ Yes	☑ No
Pai	t IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990,	Part I	V, line 9, c	r reporte	ed an amou	nt on Forr	n 990, Part
1a		e organization an agent, trustee, custod ded on Form 990, Part X?							Yes	□ No
b	If "Ye	es," explain the arrangement in Part XII	I and complete the fo	llowing ta	able:			A	mount	
С		nning balance	•				1c			
d	_	ions during the year					1d			
е		butions during the year					1e			
f		ng balance					1f			
2-		he organization include an amount on Fo						. Lilia. J		 □ No
2a		-						•		⊔ No
b		es," explain the arrangement in Part XII	I. Check here if the ex	xplanation	n has	been provide	d in Part i	XIII		
Рa	rt V	Endowment Funds. Complete if the organization answers	wered "Yes" on For	m 990	Part I	V line 10				
		complete if the organization this	(a) Current year	(b) Prio	r year	(c) Two	years back	(d) Three yea	ars back (e)	Four years back
1a	Beginn	ing of year balance								_
b	Contrib	outions								
С	Net in	estment earnings, gains, and losses								
d	Grants	or scholarships								
		expenditures for facilities ograms								
f	Admini	istrative expenses								_
g	End of	year balance								_
2	Provi	de the estimated percentage of the curr	ent year end balance	(line 1g,	colum	nn (a)) held a	as:			
а	Board	d designated or quasi-endowment >								
b	Perm	anent endowment ►								
c	Temp	porarily restricted endowment ►								
·		percentages on lines 2a, 2b, and 2c show	ld equal 100%.							
3а	Are tl	here endowment funds not in the posse nization by:	•	ion that a	re he	ld and admin	istered fo	r the		Yes No
	(i) uı	nrelated organizations							3a(i)	
		elated organizations							3a(ii))
		es" on 3a(ii), are the related organizatio	·						3b	
4		ribe in Part XIII the intended uses of the		wment fui	nds.					
Pai	rt VI	Land, Buildings, and Equipme Complete if the organization answ		m 000	Dart I	"\/ line 115	Soo Fo	rm 000 Pa	rt V ling 1	0
	Descri	iption of property (a) Cost or ot (investm	her basis (b) Cost			ther) (c) Aco				Book value
1a	Land									
		gs								
		nold improvements								
		nent								
		lines 1a through 1e. (Column (d) must	<u> </u>	X, colum	n (B).	line 10(c).)		>		
		2 ((' //	(-/-/		I		

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990	0 Part IV lir	ne 111	n See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	.~ 111	(c) Metho	d of valuation: -year market value
(1) Financia	l derivatives	Value		cost of cha of	year market value
(2) Closely- (3)Other	held equity interests	-			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 894,474			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990	0, Part IV, lir	ne 110	c. See Form 990,	Part X, line 13.
	(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		Þ		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990), Part IV, lin	e 11d	. See Form 990, Pa	
(1) Alas De I	(a) Description Denver Sculpture(Public Art)				(b) Book value 140,340
(2)Red Fore (3)Signage	st Sculpture (Public Art)				107,706 2,303
(4)					2,555
(5)					
(6)					
(7)					
(8)					
(9)					
					250,349
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990	, Part IV, lin	e 11e	or 11f.See Form	
1. (1) Federal	(a) Description of liability income taxes				(b) Book value
(2)	medite taxes				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	3,045
	or uncertain tax positions. In Part XIII, provide the text of the foot 's liability for uncertain tax positions under FIN 48 (ASC 740). Che				

Schedule D (Form 990) 2019

Page 4

1	lotal revenue, gains, and other s	upport per audited financial statements .		1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	ties	2b		
C	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:			
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒	4a		
b	Other (Describe in Part XIII.) .		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.))	5	
Par		penses per Audited Financial Staten zation answered 'Yes' on Form 990, Par	• • •	Return.	
1	Total expenses and losses per au	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:			
а	Donated services and use of facili	ties	2a		
b	Prior year adjustments		2b		
c	Other losses		2c	7	
d	Other (Describe in Part XIII.) .		2d	7	
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	_
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 🔒	4a		
b	Other (Describe in Part XIII.) .		4b	7	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18	.)	5	
Pai	t XIIII Supplemental Info	rmation			
Prov	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b. Also complete this part to provide	4; Part IV, lines 1b and 2b; Pa e any additional information.	rt V, line 4;	Part X, line 2; Part
	Return Reference		Explanation		
See A	Additional Data Table				

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: 19009920

Software Version: 2019v5.0 **EIN:** 84-1526370

Name: Riverfront Park Community Foundation

Supplemental Information

Return Reference	Explanation
organization's collections and	In 2010, the Foundation commissioned an artist to fabricate "Red Forest". This sculpture is located on the west side of Millennium Bridge in Denver, Colorado on property owned by the Central Platte Valley Metropolitan District for public enjoyment and enhancement of public lands In 2018, the Foundation commissioned public lands In 2018, the Foundation commissioned public lands In 2018.

f public lands.

lic lands.In 2018, the Foundation commissioned artist Jorge Marin to create "Alas de Denve r", a metal-plated wings sculpture located on the Riverfront Park plaza between the Millen nium Bridge and Commons Park in Denver, CO. This sculpture is on property owned by the Cen tral Platte Valley Metropolitian District and serves as public enjoyment and enhancement o

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

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.

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

OMB No. 1545-0047

2019
Open to Public

DLN: 93493317020990

Inspection

ame of the organization						E	mployer identifica	ation number
iverfront Park Community Found	ation					8-	4-1526370	
Part I General Informa	ation on Grants	and Assistance						
Does the organization main the selection criteria used to						ce, and		☑ Yes ☐ No
2 Describe in Part IV the orga								▼ Yes □ No
Part II Grants and Other A			ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 9	90, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		escription of h assistance	(h) Purpose of grant or assistance
1) See Additional Data								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								
2 Enter total number of section		-						14
3 Enter total number of other								5
or Paperwork Reduction Act Notice	e, see the Instructio	ns for Form 990.		Cat. No. 50055	5P		Schr	edule I (Form 990) 2019

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

Part III

(2) (3) (4)

(5)Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(6) (7) Explanation Return Reference

Correspondence from the Foundation to recipient organizations indicates the purpose, goals and limitations of each grant. Grantee organizations typically go through Grantmaker's Description of How Grants are Used

Page 2

Additional Data

1888 Sherman Street Suite

Commons Park C&C of Denver

1040 S Gaylord Street Ste 201

Denver, CO 80203

Denver, CO 80209

570

Software ID: 19009920 **Software Version:** 2019v5.0 EIN: 84-1526370

Name: Riverfront Park Community Foundation

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.	
			•			_

organization	if applicable	grant	cash	(book, FMV, appraisal,	
or government			assistance	other)	
_				· I	
				1	

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

7,280

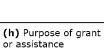
-				,	
Colorado Uplift	84-0889330	10.000	0		

or government		_	assistance	other)	

(g) Description of

non-cash assistance





Education

Renovation-public/social

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Commons Park C&C of Denver 31.407 Community Garden-

Humanities

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

1101 13th Street

Denver, CO 80204

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

Art and Culture Platform

Hostina

Denver Art Museum P O Box 5307	84-6038240	10,000	0		Arts, Culture & Humanities
Denver, CO 80217					

25,000

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

Denver Biennial of Americas 27-1297346

1550 Wewatta Street 900

Denver, CO 80202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Denver Bike Sharing 24-4028327 7.500l Bike Station

2737 A Larimer Street Sponsorship Denver, CO 80205

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

Denver, CO 80204

Denver Film Society 84-0771070 10.000 Arts, Culture & 900 Auraria Prkwy Humanities

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Denver Kids 6.000 Education 1617 S Acoma Street 2nd Fl

Denver Kids
1617 S Acoma Street 2nd Fl
Denver, CO 80223

Girls on the Run
20-1667120

10.000

6,000

0

Education

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

7000 E Belleview Avenue 130 GreenwoodVillag, CO 80111

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 84-0564484 10.000 Hope Center Human Services 3400 Elizabeth Street Denver, CO 80205

Human Services

10.000

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

Kempe Foundation

13123 E 16th Avenue B390 Aurora, CO 80045 84-1064295

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-1366092 15.000l Arts, Culture & Museum of Contemporary Art 1485 Delgany Street Humanities

Denver, CO 80202

Platte Forum 71-0891869 30,000 0

Arts, Culture & Humanities

Arts, Culture & Humanities

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

Denver, CO 80202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-3541913 10.000 Education

From Poverty to Self-

sufficiency

Teach for America 1391 Speer Blvd Suite 710 Denver, CO 80204

7.500

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

84-0905184

The Blue Bench

P O Box 18951 Denver, CO 80218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government The Greenway Foundation 51-0193575 15.000l lEnvironment 1855 Pearl St Suite 40

Arts, Culture &

Humanities

15.000l

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

Denver, CO 80210
Think 360 Arts

Denver, CO 80205

155 Park Avenue West

84-0585621

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

Urban Peak 10.000 84-1212246 Human Services

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

730 21st St Denver, CO 80205

efile GRAPH	IC print - DO NOT PROCESS	DLN:	93493317020990
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific form 990 or 990-EZ or to provide any address to specific form 990 or 990-EZ.	ific questions on nformation.	OMB No. 1545-0047 2019 Open to Public Inspection
	ameation nmunity Foundation e O, Supplemental Information	Employer ident 84-1526370	fication number
Return Reference	Explanation		
Form 990, Part VI, Line 2: Description of Business or Family Relationship of Officers, Directors, Et	The President and Treasurer/Secretary of the Board of Directors both work for pany, East West Partners. This is largely based on the fact that East West Part eveloper that has the relationships in place for the Riverfront Park neighborhoo own Denver, Colorado. East West Partners will not receive any contracts or colowever, East West Partners is reimbursed for administrative overhead. They all-kind donations to the organization. All other Board members are or have previous esidents/owners in the Riverfront community.	ners is a d d of downt mpensation. H so provide in	

 Return Reference
 Explanation

 Form 990,
 Board members will review and approve prior to filing.

990 Schedule O, Supplemental Information

Part VI, Line
11b: Form
990 Review
Process

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	Each director, officer, etc., is required to sign an annual statement that such person has received, read, and understands and complies with the conflict of interest policy.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,	Annual reports are posted on the organization's website.
Part VI, Line	
19: Other	
Organization	
Documents	
Publicly	
Available	