

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Do not enter social security numbers on this form as it may be made public.**  
**Information about Form 990 and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

**2014**  
**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE ROSE FOUNDATION FOR COMMUNITIES AND THE ENVIRONMENT</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1970 BROADWAY SUITE 600</b> City or town, state or province, country, and ZIP or foreign postal code <b>OAKLAND CA 94612-2218</b>	<b>D</b> Employer identification number <b>94-3179772</b> <b>E</b> Telephone number <b>510-658-0702</b> <b>G</b> Gross receipts \$ <b>8,740,375</b>
<b>F</b> Name and address of principal officer: <b>TIM LITTLE</b> <b>1970 BROADWAY, SUITE 600</b> <b>OAKLAND CA 94612</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u WWW.ROSEFDN.ORG</b>		<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>CA</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO SUPPORT GRASSROOTS INITIATIVES TO INSPIRE COMMUNITY ACTION TO PROTECT THE ENVIRONMENT, CONSUMERS, AND PUBLIC HEALTH.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>18</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>22</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>8,117,647</b>	Current Year <b>5,756,107</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>76,497</b>	<b>184,624</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>5,562</b>	<b>24,269</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,199,706</b>	<b>5,965,000</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,357,833</b>	<b>6,996,847</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>649,631</b>	<b>700,630</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>182,976</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>292,264</b>	<b>301,676</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,299,728</b>	<b>7,999,153</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,899,978</b>	<b>-2,034,153</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>11,189,369</b>	End of Year <b>10,124,840</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>3,879,781</b>	<b>4,726,174</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>7,309,588</b>	<b>5,398,666</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>TIM LITTLE</b>	Date <b>EXECUTIVE DIRECTOR</b>
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BETH ATTEBERY</b>	Preparer's signature <b>BETH ATTEBERY</b>	Date <b>11/02/15</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01466121</b>
	Firm's name } <b>THE HENRY LEVY GROUP</b> <b>5940 COLLEGE AVE STE F</b> Firm's address } <b>OAKLAND, CA 94618-1385</b>	Firm's EIN } <b>94-3194056</b> Phone no. <b>510-652-1000</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III 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:

**TO SUPPORT GRASSROOTS INITIATIVES TO INSPIRE COMMUNITY ACTION TO PROTECT THE ENVIRONMENT, CONSUMERS, AND PUBLIC HEALTH.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, 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 \$ **7,129,105** including grants of \$ **6,751,154** ) (Revenue \$ )

**THE ROSE FOUNDATION FOR COMMUNITIES AND THE ENVIRONMENT BELIEVES IN THE POWER OF INFORMED COMMUNITY INVOLVEMENT. COMMUNITY GRANTMAKING PROGRAMS ARE DESIGNED TO BUILD AND MAINTAIN A BRIDGE BETWEEN THE COMMUNITY AND ORGANIZED PHILANTHROPY, AND TO STRATEGICALLY SUPPORT PROJECTS AND ORGANIZATIONS THAT PROTECT THE NATURAL ENVIRONMENT, PUBLIC HEALTH, AND COMMUNITY AND CONSUMER RIGHTS; PROMOTE COLLABORATION BETWEEN LABOR, ENVIRONMENTAL, BUSINESS, CONSUMER AND SOCIAL INTERESTS; CULTIVATE A NEW GENERATION OF ENVIRONMENTAL STEWARDS AND SOCIAL POLICY LEADERS; AND, RESPECT THE INALIENABLE RIGHTS PROTECTED BY OUR NATION'S CONSTITUTION, AND THE ESSENTIAL HUMAN RIGHTS TO CLEAN AIR, CLEAN WATER, AND INDIVIDUAL DIGNITY AND PRIVACY.**

4b (Code: ) (Expenses \$ **311,608** including grants of \$ **245,691** ) (Revenue \$ )

**THE GRASSROOTS FUND SUPPORTS SMALL GRASSROOTS GROUPS THROUGHOUT GREATER NORTHERN CALIFORNIA THAT ARE TACKLING TOUGH ENVIRONMENTAL PROBLEMS INCLUDING TOXIC POLLUTION, URBAN SPRAWL, SUSTAINABLE AGRICULTURE, CLIMATE CHANGE, ENVIRONMENTAL DEGRADATION OF OUR RIVERS AND WILD PLACES, AS WELL AS, OF OUR COMMUNITIES AND OUR HEALTH. THE FUND WORKS TO STRENGTHEN THE GRASSROOTS BASE OF THE ENVIRONMENTAL MOVEMENT WITH STRATEGICALLY TARGETED GRANTS AND A CAPACITY BUILDING TRAINING PROGRAM FOR GRANTEEES. THE GRASSROOTS FUND IS SUPPORTED BY NUMEROUS FOUNDATIONS AND HELPS BRIDGE THE GAP BETWEEN ORGANIZED PHILANTHROPY AND SMALL, COMMUNITY-BASED ENVIRONMENTAL ORGANIZATIONS THAT MANY FOUNDATIONS HAVE PROBLEMS REACHING.**

4c (Code: ) (Expenses \$ **171,454** including grants of \$ ) (Revenue \$ )

**NEW VOICES ARE RISING WORKS WITH OAKLAND HIGH SCHOOL STUDENTS FROM LOW-INCOME COMMUNITIES AND COMMUNITIES OF COLOR THAT SUFFER DISPROPORTIONATELY FROM TOXIC POLLUTION AND RELATED ILLNESS. THE NEW VOICES PROGRAM BUILDS OUR STUDENTS' CONFIDENCE, DEVELOPS THEIR LEADERSHIP AND ANALYTICAL SKILLS, TEACHES THEM ACTIVIST SKILLS, AND TRAINS THEM TO LEAD THEIR GENERATION'S FIGHT FOR ENVIRONMENTAL JUSTICE, CLIMATE PROTECTION AND COMMUNITY RESILIENCE. PROGRAM COMPONENTS INCLUDE A SUMMER LEADERSHIP ACADEMY, SCHOOL TERM FELLOWSHIPS, INTERNSHIPS WITH CLIMATE JUSTICE NON-PROFITS AND BUSINESSES, AND FIELD TRIPS TO EXPLORE ENVIRONMENTAL CAREERS AND VOLUNTEER OPTIONS.**

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 7,612,167**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> 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	X	
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		X
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	X	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
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	X	
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	X	
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	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	X	
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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 committee, explain in Schedule O.	<b>11</b>	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>9</b>	
<b>2</b>	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?	<b>X</b>	
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 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: **u**  
**KARLA JAMES**  
**OAKLAND**  
**1970 BROADWAY, SUITE 600**  
**CA 94612**  
**510-658-0702**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JILL RATNER	40.00									
PRESIDENT	0.00	X		X			75,667	0	5,000	
(2) KEVIN HENDRICK	1.00									
VICE PRESIDENT	0.00	X		X			26,915	0	0	
(3) NANCY BERLIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) MICHELLE CHAN	1.00									
TREASURER	0.00	X					0	0	0	
(5) ELLEN HAUSKENS	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) DAVID MICHELFELDER	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) INA BENDICH	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) CINDY TSAI SCHULTZ	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) AMY LYONS	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) KYLE LIVIE	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) TIM LITTLE	40.00									
EXECUTIVE DIRECTOR	0.00			X			115,000	0	48,893	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>KARLA JAMES</b> ..... <b>MANAGING DIRECTOR</b>	<b>40.00</b> ..... <b>0.00</b>			<b>X</b>				<b>89,293</b>	<b>0</b>	<b>8,908</b>
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b> .....								<b>306,875</b>		<b>62,801</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>306,875</b>		<b>62,801</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	<b>X</b>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>RICHARD LIROFF</b> <b>FALLS CHURCH VA 22046</b>	<b>201 PARK WASHINGTON COURT</b> <b>CONSULTING</b>	<b>121,389</b>

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 1**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>			
	<b>b</b> Membership dues	<b>1b</b>			
	<b>c</b> Fundraising events	<b>1c</b> 3,300			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b> 152,970			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 5,599,837			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	322,325			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b> 5,756,107			
<b>Program Service Revenue</b>	<b>2a</b> .....	<b>Busn. Code</b>			
	<b>b</b> .....				
	<b>c</b> .....				
	<b>d</b> .....				
	<b>e</b> .....				
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b> 182,223			182,223
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>			
	<b>5</b> Royalties	<b>u</b>			
	<b>6a</b> Gross rents	(i) Real (ii) Personal			
	<b>b</b> Less: rental exps.				
	<b>c</b> Rental inc. or (loss)				
	<b>d</b> Net rental income or (loss)	<b>u</b>			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	<b>b</b> Less: cost or other basis & sales exps.				
	<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)	<b>u</b> 2,401	2,401		
	<b>8a</b> Gross income from fundraising events (not including \$ 3,300 of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 23,609			
	<b>b</b> Less: direct expenses	<b>b</b> 13,619			
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b> 9,990			8,030
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>			
<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
<b>b</b> Less: cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>				
Miscellaneous Revenue		<b>Busn. Code</b>			
<b>11a</b> RETURN OF NET FUNDS		8,374			8,374
<b>b</b> MISCELLANEOUS INCOME		5,905			5,905
<b>c</b> .....					
<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d	<b>u</b> 14,279				
<b>12 Total revenue.</b> See instructions.	<b>u</b> 5,965,000	2,401	0		204,532

**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 

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,761,272	6,761,272		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	235,575	235,575		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	306,874	188,256	56,990	61,628
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	207,299	127,171	38,498	41,630
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,831	26,889	8,140	8,802
<b>9</b> Other employee benefits	98,006	60,123	18,201	19,682
<b>10</b> Payroll taxes	44,620	27,373	8,286	8,961
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	2,128		2,128	
<b>c</b> Accounting	23,549		23,549	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	20,165		20,165	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	92,064	80,725	4,173	7,166
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	31,897	13,996	3,740	14,161
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	78,306	50,016	10,229	18,061
<b>17</b> Travel	34,614	29,680	3,342	1,592
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	6,176	6,090	43	43
<b>23</b> Insurance	2,984		2,984	
<b>24</b> 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.)				
<b>a</b> DUES AND SUBSCRIPTIONS	5,619	2,955	2,033	631
<b>b</b> EQUIPMENT MAINTENANCE	3,214	2,046	549	619
<b>c</b> BANK AND CREDIT CARD FEES	960		960	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,999,153	7,612,167	204,010	182,976
<b>26</b> 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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	200	1	200
	2	Savings and temporary cash investments	4,308,010	2	3,537,427
	3	Pledges and grants receivable, net	677,940	3	109,107
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	72,000	7	72,000
	8	Inventories for sale or use	40	8	352
	9	Prepaid expenses and deferred charges	560,155	9	259,188
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,389		
	b	Less: accumulated depreciation	10b 29,049	10c	6,340
	11	Investments—publicly traded securities	5,563,354	11	6,140,226
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	11,189,369	16	10,124,840	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	1,851	17	23,255
	18	Grants payable	946,000	18	3,131,193
	19	Deferred revenue	2,895,994	19	1,529,498
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	35,936	25	42,228
	26	<b>Total liabilities.</b> Add lines 17 through 25	3,879,781	26	4,726,174
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	860,300	27	865,127
	28	Temporarily restricted net assets	6,433,422	28	4,515,860
	29	Permanently restricted net assets	15,866	29	17,679
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	7,309,588	33	5,398,666	
34	<b>Total liabilities and net assets/fund balances</b>	11,189,369	34	10,124,840	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>5,965,000</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>7,999,153</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-2,034,153</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>7,309,588</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>121,184</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	<b>1,275</b>
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>772</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>5,398,666</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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

u Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number

**94-3179772**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,116,803	3,756,236	5,569,582	8,092,657	5,764,129	27,299,407
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4,116,803	3,756,236	5,569,582	8,092,657	5,764,129	27,299,407
<b>5</b> 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)						3,925,155
<b>6</b> Public support. Subtract line 5 from line 4.						23,374,252

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4	4,116,803	3,756,236	5,569,582	8,092,657	5,764,129	27,299,407
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,446	23,878	35,779	194,887	305,810	589,800
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	315	585	795	16,262	14,279	32,236
<b>11 Total support.</b> Add lines 7 through 10						27,921,443
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,960
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	83.71%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14	<b>15</b>	86.51%
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . .			
e Excess from 2014 . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

**MISCELLANEOUS INCOME** \$ **32,236**

Public Inspection Copy

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**

**u Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**Name of the organization**

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

**Employer identification number**

**94-3179772**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> <b>THE ROSE FOUNDATION FOR COMMUNITIES</b>	<b>Employer identification number</b> <b>94-3179772</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	..... ..... ..... .....	\$ ..... <b>644,880</b> .....	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... ..... .....	\$ ..... <b>526,908</b> .....	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	..... ..... ..... .....	\$ ..... <b>350,000</b> .....	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	..... ..... ..... .....	\$ ..... <b>238,392</b> .....	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	..... ..... ..... .....	\$ ..... <b>200,921</b> .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	..... ..... ..... .....	\$ ..... <b>195,400</b> .....	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**THE ROSE FOUNDATION FOR COMMUNITIES**

Employer identification number

**94-3179772**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 189,187	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 160,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 123,656	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,062,997	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE ROSE FOUNDATION FOR COMMUNITIES</b>	Employer identification number <b>94-3179772</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	3987 SHARES OF NORTHERN STOCK IN	\$ 100,831	11/07/14
5	3953 SHARES OF NORTHERN STOCK IN	\$ 100,090	12/30/14
6	315 SHARES OF HENKEL AG & CO	\$ 28,319	10/28/14
6	260 SHARES OF KUBOTA CORP	\$ 19,672	10/28/14
6	1160 SHARES OF ROCHE HLDG LTD	\$ 42,676	10/28/14
6	450 SHARES OF SMITH & NEPHEW	\$ 14,733	10/28/14



SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

u Complete if the organization is described below. u Attach to Form 990 or Form 990-EZ. u Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE ROSE FOUNDATION FOR COMMUNITIES AND THE ENVIRONMENT Employer identification number 94-3179772

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures u \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 u \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities u \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		<b>107</b>													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		<b>49,535</b>													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		<b>49,642</b>													
<b>d</b> Other exempt purpose expenditures		<b>7,949,509</b>													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		<b>7,999,151</b>													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		<b>549,958</b>													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		<b>137,490</b>													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		<b>0</b>													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		<b>0</b>													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount	<b>326,233</b>	<b>400,709</b>	<b>419,156</b>	<b>549,958</b>	<b>1,696,056</b>
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					<b>2,544,084</b>
<b>c</b> Total lobbying expenditures	<b>4,642</b>	<b>10,134</b>	<b>65,516</b>	<b>49,642</b>	<b>129,934</b>
<b>d</b> Grassroots nontaxable amount	<b>81,558</b>	<b>100,177</b>	<b>104,789</b>	<b>137,490</b>	<b>424,014</b>
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					<b>636,021</b>
<b>f</b> Grassroots lobbying expenditures	<b>3,943</b>	<b>9,912</b>	<b>60,380</b>	<b>107</b>	<b>74,342</b>

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

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dotted lines for providing supplemental information.

**Part IV** Supplemental Information (continued)

Public Inspection Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

THE ROSE FOUNDATION FOR COMMUNITIES AND THE ENVIRONMENT

Employer identification number

94-3179772

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, Aggregate value at end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (2a-2d), and several Yes/No questions regarding monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a, 2b regarding reporting requirements and amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	15,866	23,247	22,542	24,655	24,534
<b>b</b> Contributions	1,000		565		2,035
<b>c</b> Net investment earnings, gains, and losses	2,132	5,208	2,599	363	2,051
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	1,319	12,590	2,459	2,475	3,965
<b>f</b> Administrative expenses				1	
<b>g</b> End of year balance	17,679	15,866	23,247	22,542	24,655

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** %
  - b** Permanent endowment **u** **100.00** %
  - c** Temporarily restricted endowment **u** %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		35,389	29,049	6,340
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>6,340</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED COMPENSATION</b>	<b>42,228</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>42,228</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>6,102,533</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>121,184</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>1,275</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>15,074</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>137,533</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>5,965,000</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>5,965,000</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>8,012,284</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>13,131</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>13,131</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>7,999,153</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>7,999,153</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

OUR PERMANENTLY RESTRICTED FUNDS SUPPORT THE ANTHONY GRASSROOTS ENVIRONMENTAL PRIZE WHICH RECOGNIZES AN OUTSTANDING EXAMPLE OF GRASSROOTS ENVIRONMENTAL ACTIVISM IN CALIFORNIA OVER THE PREVIOUS YEAR WITH A \$1,000 CASH AWARD.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

CONTRIBUTIONS FROM FUNDRAISING \$ 1,171  
 FUNDRAISING EXPENSES \$ 13,903

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

DEPRECIATION DIFFERENCE \$ -772  
 FUNDRAISING EXPENSE \$ 13,903



**Part XIII Supplemental Information** (continued)

Public Inspection Copy

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2014**

Department of the Treasury  
Internal Revenue Service

Ⓛ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Ⓛ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number

**94-3179772**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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							
8							
9							
10							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....  
.....  
.....  
.....

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

	(a) Event #1 <b>FILM FESTIVAL</b> <small>(event type)</small>	(b) Event #2  <small>(event type)</small>	(c) Other events <b>NONE</b> <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
<b>Revenue</b>				
1 Gross receipts	22,989			22,989
2 Less: Contributions	1,340			1,340
3 Gross income (line 1 minus line 2)	21,649			21,649
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	2,830			2,830
7 Food and beverages	7,445			7,445
8 Entertainment				
9 Other direct expenses	3,344			3,344
10 Direct expense summary. Add lines 4 through 9 in column (d)				13,619
11 Net income summary. Subtract line 10 from line 3, column (d)				8,030

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

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?  Yes  No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name u .....

Address u .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization u \$ ..... and the amount of gaming revenue retained by the third party u \$ .....

c If "Yes," enter name and address of the third party:

Name u .....

Address u .....

16 Gaming manager information:

Name u .....

Gaming manager compensation u \$ .....

Description of services provided u .....

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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 u \$ .....

Part IV 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).

.....

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number

**94-3179772****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ABAYOMI COMMUNITY DEVELOPMENT CORPO 24331 W. EIGHT MILE ROAD DETROIT MI 48219	38-3407865	3	50,000				CONSUMER RIGHTS
(2)	ACTERRA: ACTION FOR A HEALTHY PLANET 3921 EAST BAYSHORE ROAD PALO ALTO CA 94303-4303	23-7064937	3	10,000				ENVIRONMENTAL STEWAR
(3)	ALLIANCE FOR CLIMATE EDUCATION 426 17TH STREET, SUITE 450 OAKLAND CA 94612	26-3106566	3	15,000				ENVIRONMENTAL STEWAR
(4)	AMERICAN RIVER CONSERVANCY PO BOX 562 COLOMA CA 95613	68-0195752	3	20,000				ENVIRONMENTAL STEWAR
(5)	ANEWAMERICA COMMUNITY CORPORATION 1918 UNIVERSITY AVENUE, SUITE 3 BERKELEY CA 94704	94-3342658	3	50,000				CONSUMER RIGHTS
(6)	ANGELENOS AGAINST GRIDLOCK 13603 MARINA POINTE DRIVE, #C334 MARINA DEL REY CA 90292	45-2913370	3	21,375				ENVIRONMENTAL STEWAR
(7)	AQUALLIANCE PO BOX 4024 CHICO CA 95927	27-1375304	3	15,000				ENVIRONMENTAL STEWAR
(8)	ARC ECOLOGY 1331 EVANS AVENUE SAN FRANCISCO CA 94124	94-3201661	3	14,700				ENVIRONMENTAL STEWAR
(9)	ASIAN HEALTH SERVICES/CALIFORNIA HE 818 WEBSTER STREET OAKLAND CA 94607	94-2235908	3	35,000				ENVIRONMENTAL STEWAR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 357**
- 3 Enter total number of other organizations listed in the line 1 table **u 10**

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

Schedule I (Form 990) (2014)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number

**94-3179772**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BIONEERS - COLLECTIVE HERITAGE INST 1607 PASEO DE PERALTA, SUITE 3 SANTA FE NM 87501	85-0432731	3	30,000				ENVIRONMENTAL STEWAR
(2)	BUTTE ENVIRONMENTAL COUNCIL 116 W. SECOND STREET, SUITE 3 CHICO CA 95928	94-2309829	3	12,600				ENVIRONMENTAL STEWAR
(3)	CALIFORNIA BUSINESS ALLIANCE FOR A 1612 W OLIVE AVENUE, #302 BURBANK CA 91506	26-1734195	3	120,979				ENVIRONMENTAL STEWAR
(4)	CALIFORNIA COASTKEEPER ALLIANCE 268 BUSH STREET SUITE 4313 SAN FRANCISCO CA 94104-3503	95-4834043	3	40,000				ENVIRONMENTAL STEWAR
(5)	CALIFORNIA INDIAN ENVIRONMENTAL ALLIANCE 526 GRAND AVENUE OAKLAND CA 94610	27-0861293	3	41,000				ENVIRONMENTAL STEWAR
(6)	CALIFORNIA NATIVE PLANT SOCIETY 2707 K STREET, SUITE 1 SACRAMENTO CA 95816-5113	94-6116403	3	10,500				ENVIRONMENTAL STEWAR
(7)	CALIFORNIA PRODUCT STEWARDSHIP COUNCIL 1822 21ST STREET, SUITE 100 SACRAMENTO CA 95811	77-0695467	3	16,500				CONSUMER RIGHTS
(8)	CALIFORNIA REINVESTMENT COALITION 474 VALENCIA STREET, SUITE 230 SAN FRANCISCO CA 94103	94-3153815	3	50,000				CONSUMER RIGHTS
(9)	CALIFORNIA SPORTFISHING PROTECTION 3536 RAINIER AVENUE STOCKTON CA 95204	68-0004105	3	45,000				ENVIRONMENTAL STEWAR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number  
**94-3179772**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CAPITAL REGION ESD 113 6005 TYEE DRIVE SW TUMWATER WA 98512	91-0848938	3	49,974				ENVIRONMENTAL STEWAR
(2)	CASCADIA ENVIRONMENTAL SCIENCE CENT 8700 NE BOTHELL WY BOTHELL WA 98011	27-0869956	3	10,000				ENVIRONMENTAL STEWAR
(3)	CENTER FOR DIGITAL DEMOCRACY 1621 CONNECTICUT AVE. NW, SUITE 550 WASHINGTON DC 20009	52-2311577	3	56,250				CONSUMER RIGHTS
(4)	CENTER FOR ECONOMIC INTEGRITY 509 E RADBURN STREET TUCSON AZ 85704	26-0026603	3	40,000				CONSUMER RIGHTS
(5)	CENTER FOR THIRD WORLD ORGANIZING/B 1035 W GRAND AVE OAKLAND CA 94607	46-4578588	3	27,500				HUMAN RIGHTS
(6)	CENTER FOR YOUNG WOMEN'S DEVELOPMEN 832 FOLSOM STREET, SUITE #700 SAN FRANCISCO CA 94107	94-3227681	3	15,000				HUMAN RIGHTS
(7)	CENTRAL COAST ALLIANCE UNITED FOR A 2021 SPERRY AVENUE VENTURA CA 93003	77-0578864	3	20,000				ENVIRONMENTAL STEWAR
(8)	CENTRAL SIERRA ENVIRONMENTAL RESOUR PO BOX 396 TWIN HARTS CA 95383	77-0279240	3	31,000				ENVIRONMENTAL STEWAR
(9)	CENTRALIA COLLEGE 600 CENTRALIA COLLEGE BOULEVARD CENTRALIA WA 98531	91-6072664	GOV	25,000				ENVIRONMENTAL STEWAR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
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Name of the organization

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number

**94-3179772**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CHEHALIS BASIN FISHERIES TASK FORCE 2090 WEST BEERBOWER ROAD ELMA WA 98541	94-3029564	3	50,000				ENVIRONMENTAL STEWAR
(2)	CITY OF BAKERSFIELD, PUBLIC WORKS D 1501 TRUXTUN AVENUE BAKERSFIELD CA 93301		GOV	10,826				ENVIRONMENTAL STEWAR
(3)	CITY OF BELLINGHAM 2221 PACIFIC ST BELLINGHAM WA 98225	91-6001229	GOV	200,000				ENVIRONMENTAL STEWAR
(4)	CITY OF OCEAN SHORES PO BOX 909 OCEAN SHORES WA 98569	91-0863634	GOV	9,624				ENVIRONMENTAL STEWAR
(5)	CITY OF OCEAN SHORES PO BOX 909 OCEAN SHORES WA 98569	91-0863634	GOV	6,563				ENVIRONMENTAL STEWAR
(6)	CLARIFI 1608 WALNUT STREET, 10TH FLOOR PHILADELPHIA PA 19103	23-1671903	3	75,000				CONSUMER RIGHTS
(7)	CLEAN WATER FUND 350 FRANK OGAWA PLAZA, SUITE 200 OAKLAND CA 94612	52-1043444	3	20,000				ENVIRONMENTAL STEWAR
(8)	CLIMATE SOLUTIONS 1402 THIRD AVE, SUITE 1305 SEATTLE WA 98101	91-1123302	3	15,000				ENVIRONMENTAL STEWAR
(9)	COASTAL HABITAT EDUCATION & ENVIRON PO BOX 1735 GILROY CA 95021	73-1684508	3	45,000				ENVIRONMENTAL STEWAR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

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Employer identification number  
**94-3179772**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	COASTAL WATERSHED INSTITUTE PO BOX 2263 PORT ANGELES WA 98363	91-1719691	3	40,000				ENVIRONMENTAL STEWAR
(2)	COMMUNITIES FOR A BETTER ENVIRONMEN 1904 FRANKLIN STREET, SUITE 600 OAKLAND CA 94612	94-2998086	3	36,000				ENVIRONMENTAL STEWAR
(3)	COMMUNITY ALLIANCE WITH FAMILY FARM PO BOX 363 DAVIS CA 95617	94-2914745	3	21,000				ENVIRONMENTAL STEWAR
(4)	COMMUNITY CONSERVATION SOLUTIONS 2554 LINCOLN BOULEVARD, SUITE 223 LOS ANGELES CA 90291	91-1907425	3	25,000				ENVIRONMENTAL STEWAR
(5)	COMMUNITY EMPOWERMENT FUND 133 1/2 E. FRANKLIN STREET, SUITE 1 CHAPEL HILL NC 27514	27-0428981	3	50,000				CONSUMER RIGHTS
(6)	COMMUNITY WATER CENTER 909 12TH STREET, SUITE 200 SACRAMENTO CA 95814	80-0267674	3	38,250				ENVIRONMENTAL STEWAR
(7)	COMMUNITY WATER CENTER 909 12TH STREET, SUITE 200 SACRAMENTO CA 95814	80-0267674	3	221,705				ENVIRONMENTAL STEWAR
(8)	CONSUMER ACTION 221 MAIN STREET, SUITE 480 SAN FRANCISCO CA 94105	23-7172908	3	100,000				CONSUMER RIGHTS
(9)	CYPRESS HILLS LOCAL DEVELOPMENT COR 625 JAMAICA AVENUE BROOKLYN NY 11208	11-2683663	3	100,000				CONSUMER RIGHTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

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Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number

**94-3179772**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	DAILY ACTS ORGANIZATION PO BOX 293 PETALUMA CA 94953	20-3851259	3	15,000				ENVIRONMENTAL STEWAR
(2)	DESCHUTES ESTUARY RESTORATION TEAM PO BOX 11093 OLYMPIA WA 98508	27-2317887	3	10,000				ENVIRONMENTAL STEWAR
(3)	DUWAMISH RIVER CLEANUP COALITION/TA 210 S. HUDSON STREET, SUITE 332 SEATTLE WA 98134	20-4629856	3	60,000				ENVIRONMENTAL STEWAR
(4)	EARTHCORPS 6310 NE 74TH STREET, SUITE 201E SEATTLE WA 98115	91-1592071	3	50,000				ENVIRONMENTAL STEWAR
(5)	EARTHCORPS/DUWAMISH ALIVE! COALITIO 6310 NE 74TH STREET, SUITE 201E SEATTLE WA 98115	91-1592071	3	60,000				ENVIRONMENTAL STEWAR
(6)	EARTHCORPS/PUGET SOUND STEWARDS 6310 NE 74TH STREET, SUITE 201E SEATTLE WA 98115	91-1592071	3	30,000				ENVIRONMENTAL STEWAR
(7)	EARTHJUSTICE 50 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO CA 94111	94-1730465	3	10,000				ENVIRONMENTAL STEWAR
(8)	EARTHJUSTICE 29389 FRESNO AVENUE SHAFTER CA 93263	94-1730465	3	6,000				ENVIRONMENTAL STEWAR
(9)	EARTHJUSTICE 50 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO CA 94111	94-1730465	3	10,000				ENVIRONMENTAL STEWAR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	<b>EARTHRIGHTS INTERNATIONAL 1612 K STREET, NW SUITE 401 WASHINGTON DC 20006</b>	<b>04-3265555</b>	<b>3</b>	<b>15,000</b>				<b>ENVIRONMENTAL STEWAR</b>
(2)	<b>EARTHTEAM 2525 10TH STREET, UNIT B BERKELEY CA 94710</b>	<b>68-0347329</b>	<b>3</b>	<b>10,000</b>				<b>ENVIRONMENTAL STEWAR</b>
(3)	<b>EARTHWORKS 1612 K STREET NW, SUITE 808 WASHINGTON DC 20006</b>	<b>52-1557765</b>	<b>3</b>	<b>20,000</b>				<b>ENVIRONMENTAL STEWAR</b>
(4)	<b>EAST BAY COMMUNITY LAW CENTER 2921 ADELINE STREET BERKELEY CA 94703</b>	<b>94-3042565</b>	<b>3</b>	<b>50,000</b>				<b>CONSUMER RIGHTS</b>
(5)	<b>EAST LA COMMUNITY CORPORATION 530 N. BOYLE AVENUE LOS ANGELES CA 90033</b>	<b>95-4531076</b>	<b>3</b>	<b>75,000</b>				<b>CONSUMER RIGHTS</b>
(6)	<b>EBBETTS PASS FOREST WATCH/COMMUNITY PO BOX 2633 MURPHYS CA 95247</b>	<b>68-0466959</b>	<b>3</b>	<b>8,500</b>				<b>ENVIRONMENTAL STEWAR</b>
(7)	<b>ECOLOGICAL RIGHTS FOUNDATION PO BOX 1000 SANTA CRUZ CA 95061</b>	<b>68-0400522</b>	<b>3</b>	<b>26,950</b>				<b>ENVIRONMENTAL STEWAR</b>
(8)	<b>ELLA BAKER CENTER FOR HUMAN RIGHTS 1970 BROADWAY SUITE 1125 OAKLAND CA 94612</b>	<b>94-3252009</b>	<b>3</b>	<b>15,000</b>				<b>HUMAN RIGHTS</b>
(9)	<b>ENVIRONMENTAL COALITION OF SOUTH SE 8201 10TH AVENUE SOUTH SEATTLE WA 98108</b>	<b>91-1613460</b>	<b>3</b>	<b>50,000</b>				<b>ENVIRONMENTAL STEWAR</b>

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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(1)	ENVIRONMENTAL JUSTICE COALITION FOR PO BOX 188911 SACRAMENTO CA 95818-8911	20-2539559	3	20,000				ENVIRONMENTAL STEWAR
(2)	FAMILY COUNSELING CENTER OF MOBILE, 705 OAK CIRCLE DRIVE EAST MOBILE AL 36609	63-0388685	3	100,000				CONSUMER RIGHTS
(3)	FIRST NATIONS DEVELOPMENT INSTITUTE 2432 MAIN STREET, 2ND FLOOR LONGMONT CO 80501	54-1254491	3	40,000				CONSUMER RIGHTS
(4)	FOOD & WATER WATCH 1616 P STREET NW, SUITE 300 WASHINGTON DC 20036	32-0160439	3	11,000				ENVIRONMENTAL STEWAR
(5)	FOOTHILL CONSERVANCY 35 COURT STREET, SUITE 1 JACKSON CA 95642	68-0205572	3	13,500				ENVIRONMENTAL STEWAR
(6)	FORESTETHICS 1 HAIGHT ST SAN FRANCISCO CA 94102	94-3331587	3	13,000				ENVIRONMENTAL STEWAR
(7)	FORESTETHICS ONE HAIGHT STREET SAN FRANCISCO CA 94102	94-3331587	3	15,000				ENVIRONMENTAL STEWAR
(8)	FOUR DIRECTIONS DEVELOPMENT CORPORA 20 GODFREY DRIVE ORONO ME 04473	01-0544468	3	60,000				CONSUMER RIGHTS
(9)	FRIENDS OF GRAYS HARBOR PO BOX 1512 WESTPORT WA 98595-1512	91-1468366	3	50,000				ENVIRONMENTAL STEWAR

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**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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(1)	FRIENDS OF NORTH CREEK FOREST 20218 108TH AVE NE BOTHELL WA 98011	27-5439187	3	7,500				ENVIRONMENTAL STEWAR
(2)	FRIENDS OF SAUSAL CREEK PO BOX 2737 OAKLAND CA 94602	91-2147216	3	9,000				ENVIRONMENTAL STEWAR
(3)	FRIENDS OF THE COLUMBIA GORGE 522 SW FIFTH AVENUE, SUITE 720 PORTLAND OR 97204	93-0782467	3	40,000				ENVIRONMENTAL STEWAR
(4)	FRIENDS OF THE EARTH 2150 ALLSTON WAY, SUITE 240 BERKELEY CA 94704	23-7420660	3	35,000				ENVIRONMENTAL STEWAR
(5)	FRIENDS OF THE EARTH 1100 15TH STREET NW, 11TH FLOOR WASHINGTON DC 20005	23-7420660	3	10,000				ENVIRONMENTAL STEWAR
(6)	FRIENDS OF THE SAN JUANS PO BOX 1344 FRIDAY HARBOR WA 98250	91-1087153	3	36,288				ENVIRONMENTAL STEWAR
(7)	GLOBAL COMMUNITY MONITOR PO BOX 1784 EL CERRITO CA 94530	27-2523757	3	10,000				ENVIRONMENTAL STEWAR
(8)	GLOBAL COMMUNITY MONITOR PO BOX 1784 EL CERRITO CA 94530	27-2523757	3	36,000				ENVIRONMENTAL STEWAR
(9)	GLOBAL COMMUNITY MONITOR PO BOX 1784 EL CERRITO CA 94530	27-2523757	3	18,857				ENVIRONMENTAL STEWAR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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

u Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number

**94-3179772**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GLOBAL FUND FOR WOMEN 222 SUTTER STREET, SUITE 500 SAN FRANCISCO CA 94108	77-0155782	3	7,500				HUMAN RIGHTS
(2)	GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE, SUITE A BOULDER CO 80301	84-1612422	3	10,000				ENVIRONMENTAL STEWAR
(3)	GRAYS HARBOR AUDUBON SOCIETY 631 CHENAULT AVENUE HOQUIAM WA 98550-1822	94-3196453	3	50,000				ENVIRONMENTAL STEWAR
(4)	GRAYS HARBOR CONSERVATION DISTRICT 330 PIONEER AVENUE WEST MONTESANO WA 98563	91-0687712	GOV	50,000				ENVIRONMENTAL STEWAR
(5)	GRAYS HARBOR COUNTY DEPARTMENT OF P 100 WEST BROADWAY, SUITE 31 MONTESANO WA 98541	91-6001320	GOV	50,000				ENVIRONMENTAL STEWAR
(6)	GRAYS HARBOR COUNTY/CHEHALIS BASIN 600 CENTRALIA COLLEGE BOULEVARD CENTRALIA WA 98531	91-6001320	3	47,000				ENVIRONMENTAL STEWAR
(7)	GRAYS HARBOR HISTORICAL SEAPORT AUT PO BOX 2019 ABERDEEN WA 98520	91-1357638	3	50,000				ENVIRONMENTAL STEWAR
(8)	GREENACTION FOR HEALTH AND ENVIRONM 559 ELLIS STREET SAN FRANCISCO CA 94109	43-2050242	3	10,000				ENVIRONMENTAL STEWAR
(9)	GREENACTION FOR HEALTH AND ENVIRONM 559 ELLIS STREET SAN FRANCISCO CA 94109	43-2050242	3	35,000				ENVIRONMENTAL STEWAR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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OMB No. 1545-0047

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Internal Revenue Service

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AND THE ENVIRONMENT**

Employer identification number  
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1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HAWAIIAN COMMUNITY ASSETS 200 NORTH VINEYARD BOULEVARD, SUITE HONOLULU HI 96817	99-0348767	3	100,000				CONSUMER RIGHTS
(2)	HOUSING AND ECONOMIC RIGHTS ADVOCAT 1814 FRANKLIN STREET, SUITE 1040 OAKLAND CA 94612	20-2573758	3	80,000				CONSUMER RIGHTS
(3)	IMPACT=CAPITAL+ACTION 131 W 40TH AVENUE SAN MATEO CA 94403	51-0666338		13,950				ENVIRONMENTAL STEWAR
(4)	INDIGENOUS ENVIRONMENTAL NETWORK PO BOX 485 BEMIDJI MN 56619	38-3653476	3	7,000				ENVIRONMENTAL STEWAR
(5)	INNOVAGE FOUNDATION 8950 EAST LOWRY BOULEVARD DENVER CO 80230	26-2700185	3	7,500				CONSUMER RIGHTS
(6)	INSTITUTE FOR FISHERIES RESOURCES PO BOX 29196 SAN FRANCISCO CA 94129	94-3176524	3	13,500				ENVIRONMENTAL STEWAR
(7)	JUSTICE FOR FAMILIES PO BOX 66403 PORTLAND OR 97290	45-2625169	3	10,000				HUMAN RIGHTS
(8)	KCETLINK 2900 W. ALAMEDA AVENUE BURBANK CA 91505-4267	95-2211661	3	25,000				ENVIRONMENTAL STEWAR
(9)	LATINO COMMUNITY DEVELOPMENT CENTER 100 W. MORGAN STREET DURHAM NC 27701	82-0551614	3	35,000				CONSUMER RIGHTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

**94-3179772**

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1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	LEWIS COUNTY CONSERVATION DISTRICT 1554 BISHOP ROAD CHEHALIS WA 98532	91-1288911	GOV	50,000				ENVIRONMENTAL STEWAR
(2)	LOS ANGELES WATERKEEPER 120 BROADWAY SUITE 105 SANTA MONICA CA 90401	95-4444787	3	33,200				ENVIRONMENTAL STEWAR
(3)	LUMMI ISLAND HERITAGE TRUST P.O. BOX 158 LUMMI ISLAND WA 98262	91-1785342	3	100,000				ENVIRONMENTAL STEWAR
(4)	MA'AT YOUTH ACADEMY 1015 NEVIN AVENUE, SUITE 101 RICHMOND CA 94801	41-2175437	3	27,500				ENVIRONMENTAL STEWAR
(5)	MADERA OVERSIGHT COALITION PO BOX 1282 COARSEGOLD CA 93614	26-0478083	4	90,240				ENVIRONMENTAL STEWAR
(6)	MADERA OVERSIGHT COALITION PO BOX 1282 COARSEGOLD CA 93614	26-0478083	4	15,000				ENVIRONMENTAL STEWAR
(7)	MARY'S PENCE 275 EAST 4TH STREET #707 ST. PAUL MN 55101	36-3556481	3	10,000				HUMAN RIGHTS
(8)	MIDDLE GREEN RIVER COALITION 29044 222ND PL SE BLACK DIAMOND WA 98101	45-1611154	3	10,000				ENVIRONMENTAL STEWAR
(9)	MONTE RIO RECREATION AND PARK DISTRICT PO BOX 877 MONTE RIO CA 95462	94-2155019	3	7,500				ENVIRONMENTAL STEWAR

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(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

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Employer identification number

**94-3179772**

**Part I General Information on Grants and Assistance**

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MOUNT SHASTA BIOREGIONAL ECOLOGY CENTER P.O. BOX 1143 MOUNT SHASTA CA 96067	68-0233272	3	13,500				ENVIRONMENTAL STEWAR
(2)	MOUNTAINS TO SOUND GREENWAY TRUST 911 WESTERN AVE, SUITE 203 SEATTLE WA 98104	91-1531234	3	10,000				ENVIRONMENTAL STEWAR
(3)	MOVEMENT STRATEGY CENTER/CLIMATE JUSTICE MOVEMENT STRATEGY CENTER OAKLAND CA 94612	20-1037643	3	10,000				ENVIRONMENTAL STEWAR
(4)	MOVEMENT STRATEGY CENTER/MOVEMENT GROUP 436 14TH STREET, 5TH FLOOR OAKLAND CA 94612	20-1037643	3	27,500				ENVIRONMENTAL STEWAR
(5)	MOVEMENT STRATEGY CENTER/MOVEMENT GROUP 436 14TH STREET, FIFTH FLOOR OAKLAND CA 94612	20-1037643	3	15,000				ENVIRONMENTAL STEWAR
(6)	NATIONAL COMMUNITY REINVESTMENT COALITION 727 15TH STREET NW, SUITE 900 WASHINGTON DC 20005	52-1766126	3	100,000				CONSUMER RIGHTS
(7)	NATIVE MOVEMENT/BLACK MESA WATER COALITION PO BOX 613 FLAGSTAFF AZ 86002	68-0535413	3	7,000				ENVIRONMENTAL STEWAR
(8)	NEW VENTURE FUND/GROUNDSWELL FUND 436 14TH STREET, SUITE 1312 OAKLAND CA 94612	20-5806345	3	15,000				HUMAN RIGHTS
(9)	NISQUALLY LAND TRUST 1420 MARVIN ROAD NE, SUITE C LACEY WA 98516	91-1484518	3	40,000				ENVIRONMENTAL STEWAR

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**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NISQUALLY REACH NATURE CENTER 4949 DMILLUHR DRIVE OLYMPIA WA 98516	91-1158869	3	9,500				ENVIRONMENTAL STEWAR
(2)	NORTHEAST STATES FOR COORDINATED A 89 SOUTH STREET, SUITE 602 BOSTON MA 02111	04-2814018	3	35,000				ENVIRONMENTAL STEWAR
(3)	NORTHWEST TOXIC COMMUNITIES COALITI PO BOX 2664 SEQUIM WA 98382	61-1555139	3	8,000				ENVIRONMENTAL STEWAR
(4)	OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL CA 95465	68-0359676	3	18,200				ENVIRONMENTAL STEWAR
(5)	ONALASKA ALLIANCE FOR SUSTAINABLE C 183 SHADY GROVE ROAD ONALASKA WA 98570	26-4577681	3	50,000				ENVIRONMENTAL STEWAR
(6)	ONEFAM 1600 7TH ST OAKLAND CA 94607	80-0411995	3	35,000				HUMAN RIGHTS
(7)	ONEREEF 114 OAK KNOLL DRIVE SANTA CRUZ CA 95060	36-4567006	3	333,007				ENVIRONMENTAL STEWAR
(8)	ORANGE COUNTY COASTKEEPER 3151 AIRWAY AVE, SUITE F-110 COSTA MESA CA 92626	33-0847892	3	60,000				ENVIRONMENTAL STEWAR
(9)	PESTICIDE ACTION NETWORK NORTH AMER 1611 TELEGRAPH AVENUE OAKLAND CA 94612	94-2949686	3	25,000				ENVIRONMENTAL STEWAR

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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(1)	PLANNING AND CONSERVATION LEAGUE FO 1107 9TH STREET, SUITE 901 SACRAMENTO CA 95814	94-2190378	3	18,200				ENVIRONMENTAL STEWAR
(2)	POLARIS INSTITUTE USA PO BOX 106 ESSEX NY 12936	74-3099465	3	15,000				ENVIRONMENTAL STEWAR
(3)	POLARIS INSTITUTE USA/IDLE NO MORE C/O POLARIS INSTITUTE USA ESSEX NY 12936	74-3099465	3	10,000				ENVIRONMENTAL STEWAR
(4)	POLITICAL RESEARCH ASSOCIATES 1310 BROADWAY SUITE 201 SOMERVILLE MA 02144	36-3193323	3	15,000				HUMAN RIGHTS
(5)	RACE FORWARD 32 BROADWAY SUITE 1801 NEW YORK NY 10004	94-2759879	3	30,000				HUMAN RIGHTS
(6)	RAINFOREST ACTION NETWORK 425 BUSH STREET SUITE 300 SAN FRANCISCO CA 94108	94-3045180	3	20,000				ENVIRONMENTAL STEWAR
(7)	RE SOURCES FOR SUSTAINABLE COMMUNIT 2309 MERIDIAN STREET BELLINGHAM WA 98225	91-1243957	3	50,000				ENVIRONMENTAL STEWAR
(8)	RESOURCE MEDIA 101 MONTGOMERY STREET, SUITE 2600 SAN FRANCISCO CA 94104	82-0564961	3	20,000				ENVIRONMENTAL STEWAR
(9)	RUCKUS SOCIETY PO BOX 28741 OAKLAND CA 94604	81-0504390	3	15,000				ENVIRONMENTAL STEWAR

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**Grants and Other Assistance to Organizations,  
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(1)	RUSSIAN RIVERKEEPER PO BOX 1335 HEALDSBURG CA 95448	68-0321117	3	20,000				ENVIRONMENTAL STEWAR
(2)	SACRAMENTO TREE FOUNDATION 191 LATHROP WAY, SUITE D SACRAMENTO CA 95815	94-2825234	3	20,000				ENVIRONMENTAL STEWAR
(3)	SAN FRANCISCO BAYKEEPER 785 MARKET STREET, SUITE 850 SAN FRANCISCO CA 94103	68-0120240	3	60,000				ENVIRONMENTAL STEWAR
(4)	SAN JOSE PARKS FOUNDATION/SANTA CLARA 24010 SUMMIT ROAD LOS GATOS CA 95033	27-1186070	3	8,238				ENVIRONMENTAL STEWAR
(5)	SANTA BARBARA CHANNELKEEPER 714 BOND AVENUE SANTA BARBARA CA 93103	91-2151460	3	15,000				ENVIRONMENTAL STEWAR
(6)	SAVE THE BAY 1330 BROADWAY, SUITE 1800 OAKLAND CA 94612	94-6078420	3	10,000				ENVIRONMENTAL STEWAR
(7)	SELF-HELP ECONOMIC DEVELOPMENT, INC 1330 BROADWAY, SUITE 604 OAKLAND CA 94612	20-5330006	3	100,000				CONSUMER RIGHTS
(8)	SIERRA CLUB FOUNDATION/KERN KAWEAH P.O BOX 3357 BAKERSFIELD CA 93385	94-1153307	4	7,600				ENVIRONMENTAL STEWAR
(9)	SIERRA FUND 206 SACRAMENTO STREET, SUITE 101 NEVADA CITY CA 95959	68-0485725	3	12,000				ENVIRONMENTAL STEWAR

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(1)	SIERRA NEVADA ALLIANCE PO BOX 7989 SOUTH LAKE TAHOE CA 96158	77-0343881	3	20,000				ENVIRONMENTAL STEWAR
(2)	SKAGIT COUNTY PUBLIC WORKS 1800 CONTINENTAL PLACE MOUNT VERNON WA 98273	91-6001361	GOV	100,000				ENVIRONMENTAL STEWAR
(3)	SKAGIT LAND TRUST PO BOX 1017 MOUNT VERNON WA 98273	91-1533402	3	32,100				ENVIRONMENTAL STEWAR
(4)	SKAGIT RIVER SYSTEM COOPERATIVE PO BOX 368 LA CONNER WA 98257	91-0969916		30,000				ENVIRONMENTAL STEWAR
(5)	SNOHOMISH CONSERVATION DISTRICT/HOR 7235 SOUTHSIDE BLVD NAMPA ID 83686	91-6000423	GOV	10,000				ENVIRONMENTAL STEWAR
(6)	SOS/ACTA NON VERBA P.O. BOX 22944 OAKLAND CA 94609	95-4116679	3	37,500				ENVIRONMENTAL STEWAR
(7)	SOL COMMUNICATIONS, INC./BATTLE CRE 32065 ROCK CREEK ROAD MANTON CA 96059	95-4648687	3	15,750				ENVIRONMENTAL STEWAR
(8)	SOUTH SOUND ESTUARY ASSOCIATION P.O. BOX 2182 OLYMPIA WA 98507	39-2076160	3	10,000				ENVIRONMENTAL STEWAR
(9)	STEWARDSHIP PARTNERS/HAZEL VALLEY R 806 SW 132ND ST. BURIEN WA 98146	91-1939506	3	10,000				ENVIRONMENTAL STEWAR

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Inspection**

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number

**94-3179772**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	STILLWATERS ENVIRONMENTAL CENTER 26059 BARBER CUT OFF ROAD NE KINGSTON WA 98346	91-1959247	3	10,000				ENVIRONMENTAL STEWAR
(2)	SUSTAINABLE CONNECTIONS 1701 ELLIS STREET, SUITE 221 BELLINGHAM WA 98225	75-3041952	3	10,000				ENVIRONMENTAL STEWAR
(3)	SUSTAINABLE SEATTLE/SUSTAINABILITY 1501 E. MADISON STREET, SUITE 400 SEATTLE WA 98122	31-1580932	3	40,000				ENVIRONMENTAL STEWAR
(4)	SUSTAINABLE VASHON/VASHON NATURE CE 23509 LANDERS RD SW VASHON ISLAND WA 98070	20-0016758	3	6,000				ENVIRONMENTAL STEWAR
(5)	TABOR COMMUNITY SERVICES PO BOX 1676 LANCASTER PA 17608-1676	23-1731792	3	100,000				CONSUMER RIGHTS
(6)	TEHAMA COUNTY RESOURCE CONSERVATION 2 SUTTER STREET, SUITE D RED BLUFF CA 96080	68-0142292	GOV	9,500				ENVIRONMENTAL STEWAR
(7)	TIDES CENTER/PEOPLE ORGANIZING TO D 474 VALENCIA STREET, #125 SAN FRANCISCO CA 94103	94-3213100	3	35,000				HUMAN RIGHTS
(8)	TRUST FOR CONSERVATION INNOVATION/M 20055 DOROTHY STREET CANYON COUNTRY CA 91351	91-2166435	3	33,750				ENVIRONMENTAL STEWAR
(9)	VETERANSPLUS 2519 NORTH MCMULLEN BOOTH ROAD, SUI CLEARWATER FL 33761	26-4702901	3	50,000				CONSUMER RIGHTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number  
**94-3179772**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	VIRGINIA POVERTY LAW CENTER 919 EAST MAIN STREET, SUITE 610 RICHMOND VA 23219	54-1093402	3	75,000				HUMAN RIGHTS
(2)	WASHINGTON ENVIRONMENTAL COUNCIL 1402 THIRD AVENUE, SUITE 1400 SEATTLE WA 98101	91-0839385	3	35,000				ENVIRONMENTAL STEWAR
(3)	WASHINGTON ENVIRONMENTAL COUNCIL 1402 THIRD AVENUE, SUITE 1400 SEATTLE WA 98101	91-0839385	3	20,000				ENVIRONMENTAL STEWAR
(4)	WASHINGTON TOXICS COALITION 4649 SUNNYSIDE AVENUE N SEATTLE WA 98103	91-1214158	3	30,000				ENVIRONMENTAL STEWAR
(5)	WATERSHED PROJECT 1327 SOUTH 46TH STREET RICHMOND CA 94804	91-1767292	3	10,000				ENVIRONMENTAL STEWAR
(6)	WEST VIRGINIA ALLIANCE FOR SUSTAINA PO BOX 1925 CHARLESTON WV 25327	55-0635946	3	100,000				CONSUMER RIGHTS
(7)	WESTERN ENVIRONMENTAL LAW CENTER 1216 LINCOLN STREET EUGENE OR 97401	93-1010269	3	60,000				ENVIRONMENTAL STEWAR
(8)	WHIDBEY WATERSHED STEWARDS PO BOX 617 LANGLEY WA 98260	91-1656570	3	8,000				ENVIRONMENTAL STEWAR
(9)	WHITE EARTH LAND RECOVERY PROJECT 607 MAIN STREET CALLAWAY MN 56521	41-1673625	3	10,000				ENVIRONMENTAL STEWAR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number

**94-3179772**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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.

1	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WHITE EARTH LAND RECOVERY PROJECT/H 607 MAIN STREET CALLAWAY MN 56521	41-1673625	3	20,000				ENVIRONMENTAL STEWAR
(2)	WILD FISH CONSERVANCY 15629 MAIN STREET NE DUVALL WA 98019	91-1451405	3	49,400				ENVIRONMENTAL STEWAR
(3)	WISHTOYO FOUNDATION 3875-A TELEGRAPH ROAD #423 VENTURA CA 93003	95-4124859	3	20,000				ENVIRONMENTAL STEWAR
(4)	WOMEN'S FOUNDATION OF CALIFORNIA 340 PINE STREET, SUITE 302 SAN FRANCISCO CA 94104	94-2752421	3	20,000				HUMAN RIGHTS
(5)	WOMEN'S VOICES FOR THE EARTH PO BOX 8743 MISSOULA MT 59807	81-0501011	3	15,000				ENVIRONMENTAL STEWAR
(6)	YMCA OF GREATER SEATTLE 909 4TH AVENUE SEATTLE WA 98104	91-0482710	3	20,000				ENVIRONMENTAL STEWAR
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**



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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 RESEARCH	4	200,734		FMV	
2 NORCAL GRASSROOTS TRAININ	67	34,841		FMV	
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

ALL GRANT APPLICANTS MUST PROVIDE A FULL NARRATIVE DESCRIPTION OF THEIR PROPOSED PROJECT, DESCRIPTION OF STAFF ASSIGNED TO THE PROJECT, PROOF OF NON-PROFIT STATUS, DETAILED FINANCIAL AND ORGANIZATIONAL INFORMATION, AND THEIR EVALUATION PROCESS - INCLUDING QUANTITATIVE BENCHMARKS AS APPROPRIATE . ALL GRANTS AWARDED BY THE ROSE FOUNDATION ARE GOVERNED BY CONTRACTS. AMONG OTHER PROVISIONS, THESE CONTRACTS REQUIRE A NARRATIVE AND FINANCIAL REPORT AT LEAST ANNUALLY UNTIL ALL GRANT FUNDS ARE EXHAUSTED, AND GRANTEES ARE REQUIRED TO OPEN THEIR BOOKS TO THE ROSE FOUNDATION AT ANY TIME UPON THE FOUNDATION'S REQUEST. FOUNDATION STAFF ALSO MAINTAINS CONTACT WITH

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

GRANTEES THROUGHOUT THE YEAR BY TELEPHONE, EMAIL AND REGULAR MAIL. THROUGH  
 THESE ACCOUNTABILITY MECHANISMS, THE ROSE FOUNDATION IS ABLE TO ENSURE THAT  
 GRANT FUNDS ARE PROPERLY EXPENDED. IF, IN THE ROSE FOUNDATION'S SOLE  
 JUDGMENT, GRANT FUNDS WERE NOT PROPERLY EXPENDED, UNDER OUR GRANT  
 CONTRACTS, WE RETAIN THE RIGHT TO REQUIRE UP TO A FULL REFUND OF THE GRANT.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
u Attach to Form 990.

u Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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Inspection

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number  
**94-3179772**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
  - c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
  - b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
  - b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 <b>TIM LITTLE</b> <b>EXECUTIVE DIRECTOR</b>	(i)	115,000	0	0	7,000	41,893	163,893	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

**U Attach to Form 990 or Form 990-EZ.**

**U Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2014**

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Inspection

Name of the organization **THE ROSE FOUNDATION FOR COMMUNITIES AND THE ENVIRONMENT** Employer identification number **94-3179772**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... **U \$** \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... **U \$** \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

**Total** ..... **U \$** \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) DAN EHRESMAN	FUNDING BOARD MEMBER	696	STIPEND & TRAVE	
(2) ANUJA MENDIRATTA	FUNDING BOARD MEMBER	339	STIPEND & TRAVE	
(3) SANDRA JERABEK	FUNDING BOARD MEMBER	1,676	STIPEND & TRAVE	
(4) BILL CENTER	FUNDING BOARD MEMBER	581	STIPEND & TRAVE	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) KEVIN HENDRICK	VICE PRESIDENT	26,915	INDEPENDENT CONTRACT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

**SCHEDULE L, PART V - ADDITIONAL INFORMATION**

JILL RATNER, PRESIDENT, AND TIM LITTLE, EXECUTIVE DIRECTOR, THE CO-FOUNDERS OF THE ORGANIZATION, ARE MARRIED, AND APPLY THEIR COMBINED 65 YEARS OF EXPERIENCE IN ENVIRONMENTAL CONSERVATION, SOCIAL JUSTICE AND NON-PROFIT MANAGEMENT IN THEIR ONGOING LEADERSHIP OF THE ORGANIZATION. THEY HAVE BEEN THE PRIMARY AGENTS IN BUILDING THE FOUNDATION'S GRANTMAKING, POLICY AND EDUCATIONAL PROGRAMS, AND HAVE BEEN RECOGNIZED FOR THEIR COMMUNITY SERVICE AND ACCOMPLISHMENTS BY NUMEROUS GOVERNMENTAL, NON-PROFIT AND EDUCATIONAL INSTITUTIONS INCLUDING STANFORD UNIVERSITY, THE UNIVERSITY OF CALIFORNIA, THE CITY OF LOS ANGELES, THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT, THE CALIFORNIA COASTAL COMMISSION, AND THE SIERRA CLUB. IN ADDITION TO HER DUTIES AS PRESIDENT AND IN-HOUSE LEGAL COUNSEL, MS. RATNER LEADS THE FOUNDATION'S NEW VOICES ARE RISING YOUTH PROGRAM, A DYNAMIC PARTNERSHIP WITH OAKLAND UNIFIED SCHOOL DISTRICT AND SEVERAL COMMUNITY-ORIENTED INSTITUTIONS INCLUDING THE 6 WINS NETWORK, OAKLAND CLIMATE ACTION COALITION AND DITCHING DIRTY DIESEL NETWORK TO PROVIDE LEADERSHIP DEVELOPMENT, ENVIRONMENTAL JUSTICE AND CIVICS TRAINING FOR AT-RISK YOUTH. IN ADDITION TO HIS DUTIES AS CHIEF EXECUTIVE OFFICER, MR. LITTLE IS THE FOUNDATION'S PRIMARY GRANTS OFFICER AND HAS DEVELOPED AN INNOVATIVE SUPPLEMENTAL ENVIRONMENTAL PROJECT MODEL WHICH PARTNERS WITH NON-PROFIT ORGANIZATIONS

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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**Part V Supplemental Information**

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

AND GOVERNMENTAL AGENCIES INCLUDING THE CENTRAL VALLEY REGIONAL WATER QUALITY CONTROL BOARD TO SUPPORT WATERSHEDS-ORIENTED GRANTS FUNDS THROUGHOUT CALIFORNIA, WASHINGTON AND OREGON; HE HAS ALSO EXPANDED THE MODEL TO DEVELOP NATIONALLY-ORIENTED CONSUMER PROTECTION FUNDS. IN ADDITION TO GRANTMAKING, HE IS RECOGNIZED BY THE GOVERNMENTAL ACCOUNTABILITY OFFICE AS AN EXPERT IN CORPORATE ENVIRONMENTAL LIABILITY DISCLOSURE AND IS THE AUTHOR OF THE FOUNDATION'S ACCLAIMED ENVIRONMENTAL FIDUCIARY SERIES WHICH EXAMINES AND DOCUMENTS THE PRUDENCE OF CONSIDERING ENVIRONMENTAL FACTORS IN INVESTMENT PORTFOLIO MANAGEMENT.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

u Attach to Form 990.

u Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number

**94-3179772**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications	X		20	MARKET VALUE
5 Clothing and household goods	X		720	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	8	317,801	
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	3		MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (SOFTWARE)	X	4	2,564	MARKET VALUE
26 Other u (TICKETS)	X	3	120	MARKET VALUE
27 Other u (TIMESHARE)	X	1	1,100	MARKET VALUE
28 Other u ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2014**

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

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**THE ROSE FOUNDATION FOR COMMUNITIES  
AND THE ENVIRONMENT**

Employer identification number

**94-3179772**

**FORM 990, PART VI - ADDITIONAL INFORMATION**

JILL RATNER, PRESIDENT, AND TIM LITTLE, EXECUTIVE DIRECTOR, ARE MARRIED. THEY ARE THE CO-FOUNDERS OF THE ROSE FOUNDATION AND BRING TO THE FOUNDATION A COMBINED 60 YEARS OF EXPERIENCE IN ENVIRONMENTAL POLICY AND NON-PROFIT MANAGEMENT. THEY HAVE BEEN THE PRIMARY AGENTS IN BUILDING THE FOUNDATION'S GRANTMAKING AND POLICY PROGRAMS, AND HAVE BEEN RECOGNIZED FOR THEIR ENVIRONMENTAL SERVICE AND ACCOMPLISHMENTS BY NUMEROUS ENTITIES INCLUDING STANFORD UNIVERSITY, UNIVERSITY OF CALIFORNIA LOS ANGELES, THE CITY OF LOS ANGELES, THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT, AND THE CALIFORNIA COASTAL COMMISSION, AS WELL AS NUMEROUS NON-PROFIT ORGANIZATIONS

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS**

JILL RATNER	TIM LITTLE
PRESIDENT	EXEC. DIR.

SEE ADDITIONAL INFORMATION

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
THE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE FORM 990 BY E-MAIL PRIOR TO FILING. THE BOARD MEMBERS ARE ENCOURAGED TO REVIEW THE FORM AND PROVIDE FEEDBACK.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**  
THE AUDIT COMMITTEE SHALL ANNUALLY REPORT TO THE BOARD ON ANY INSTANCES OF CONFLICT OF INTEREST DISCLOSURE AND ANY ACTIONS TAKEN AS A RESULT.  
ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE ROSE

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THE ROSE FOUNDATION FOR COMMUNITIES

94-3179772

FOUNDATION'S COMPLIANCE OFFICER, WHO ALSO CHAIRS THE FOUNDATION'S AUDIT COMMITTEE. THE AUDIT COMMITTEE CHAIR REPORTS TO THE ROSE FOUNDATION BOARD ANNUALLY ON THE STATUS OF ALL INTERNAL CONTROLS, INCLUDING IMPLEMENTATION OF CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ROSE FOUNDATION COMPENSATION POLICY FOR THE EXECUTIVE DIRECTOR OR ANY OTHER OFFICER REQUIRES THAT A COMPREHENSIVE SURVEY OF SALARY COMPS IS PREPARED FOR, AND REVIEWED BY, THE PERSONNEL COMMITTEE. ALL COMPENSATION ISSUES RELATED TO THE EXECUTIVE DIRECTOR OR OTHER OFFICERS RECEIVE AN INTERESTED DIRECTOR LEVEL OF SCRUTINY AND MUST BE APPROVED BY DISINTERESTED PERSONS ON THE BOARD. COMPENSATION FOR OTHER TOP MANAGEMENT OR KEY EMPLOYEES IS DETERMINED BY THE EXECUTIVE DIRECTOR, AND POLICY REQUIRES CONSIDERATION OF A COMPREHENSIVE SURVEY OF APPLICABLE SALARY COMPS. DETAILED COMPENSATION RECORDS ARE MAINTAINED ON ALL EMPLOYEES AND DIRECTORS, AND THESE RECORDS ARE KEPT FOR SEVERAL YEARS AS DESCRIBED IN THE DOCUMENT RETENTION POLICY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS ROSE FOUNDATION COMPENSATION POLICY FOR THE EXECUTIVE DIRECTOR OR ANY OTHER OFFICER REQUIRES THAT A COMPREHENSIVE SURVEY OF SALARY COMPS IS PREPARED FOR, AND REVIEWED BY, THE PERSONNEL COMMITTEE. ALL COMPENSATION ISSUES RELATED TO THE EXECUTIVE DIRECTOR OR OTHER OFFICERS RECEIVE AN INTERESTED DIRECTOR LEVEL OF SCRUTINY AND MUST BE APPROVED BY DISINTERESTED PERSONS ON THE BOARD. COMPENSATION FOR OTHER TOP MANAGEMENT OR KEY EMPLOYEES IS DETERMINED BY THE EXECUTIVE DIRECTOR, AND POLICY REQUIRES CONSIDERATION OF A COMPREHENSIVE SURVEY OF APPLICABLE SALARY COMPS. DETAILED COMPENSATION RECORDS ARE MAINTAINED ON ALL EMPLOYEES AND DIRECTORS, AND THESE RECORDS

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ARE KEPT FOR SEVERAL YEARS AS DESCRIBED IN THE DOCUMENT RETENTION POLICY.

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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AUDITS AND FORM 990 FILINGS ARE AVAILABLE ON OUR WEBSITE. OUR FORM 990 IS ALSO AVAILABLE ON GUIDESTAR.ORG. ALL OTHER GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE BY REQUEST.

FORM 990, PART XI - ADDITIONAL INFORMATION

CURRENT YEAR AUDIT -TAX DEPRECIATION DIFFERENCE - \$772

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2014**

Department of the Treasury  
Internal Revenue Service (99)

u Attach to your tax return.  
u Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment Sequence No. **179**

Name(s) shown on return **THE ROSE FOUNDATION FOR COMMUNITIES AND THE ENVIRONMENT** Identifying number **94-3179772**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,000,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	<b>2,423</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>433</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	<b>2,835</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		<b>2,423</b>	<b>5.0</b>	<b>HY</b>	<b>200DB</b>	<b>485</b>
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>6,176</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)