

Form **990**

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
2015
 Open to Public Inspection

A For the 2015 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **THE ROSE FOUNDATION FOR COMMUNITIES AND THE ENVIRONMENT**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1970 BROADWAY SUITE 600
 City or town, state or province, country, and ZIP or foreign postal code
OAKLAND CA 94612-2218

D Employer identification number
94-3179772

E Telephone number
510-658-0702

G Gross receipts \$ **7,602,359**

F Name and address of principal officer:
TIM LITTLE
1970 BROADWAY
OAKLAND CA 94612-2218

H(a) Is this a group return for subordinates Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527

J Website: **WWW.ROSEFDN.ORG**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1992** **M** State of legal domicile: **CA**

H(c) Group exemption number **u**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT GRASSROOTS INITIATIVES TO INSPIRE COMMUNITY ACTION TO PROTECT THE ENVIRONMENT, CONSUMERS, AND PUBLIC HEALTH.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,756,107	5,473,392
	9 Program service revenue (Part VIII, line 2g)		16,868
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	184,624	132,814
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,269	24,941
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,965,000	5,648,015
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,996,847	4,127,862
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	700,630	674,350
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 172,754		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	301,676	299,170
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,999,153	5,101,382
19 Revenue less expenses. Subtract line 18 from line 12	-2,034,153	546,633	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	10,124,840	7,340,733
	21 Total liabilities (Part X, line 26)	4,726,174	1,448,205
	22 Net assets or fund balances. Subtract line 21 from line 20	5,398,666	5,892,528

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.

Sign Here

Signature of officer: **TIM LITTLE** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **BETH ATTEBERY** Preparer's signature: **BETH ATTEBERY** Date: **01/27/17** Check if self-employed PTIN: **P01466121**

Firm's name: **THE HENRY LEVY GROUP** Firm's EIN: **94-3194056**
 Firm's address: **5940 COLLEGE AVE STE F OAKLAND, CA 94618-1385** Phone no.: **510-652-1000**

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 \$ **4,373,775** including grants of \$ **3,881,079**) (Revenue \$ **16,868**)

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

4b (Code:) (Expenses \$ **284,177** including grants of \$ **246,783**) (Revenue \$)

THE GRASSROOTS FUND SUPPORTS SMALL GRASSROOTS GROUPS THROUGHOUT GREATER NORTHERN CALIFORNIA THAT ARE TACKLING TOUGH ENVIRONMENTAL PROBLEMS INCLUDING TOXIC POLLUTION, URBAN SPRAWL, SUSTAINABLE AGRICULTURE, CLIMATE CHANGE, ENVIRONMENTAL DEGRADATION OF OUR RIVERS AND WILD PLACES, AS WELL AS, OF OUR COMMUNITIES AND OUR HEALTH. THE FUND WORKS TO STRENGTHEN THE GRASSROOTS BASE OF THE ENVIRONMENTAL 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 \$ **18,118** including grants of \$) (Revenue \$)

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

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

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

4e Total program service expenses **u 4,676,070**

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? Note. 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <u>u</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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**

THE ORGANIZATION **1970 BROADWAY, SUITE 600**
OAKLAND **CA 94612** **510-658-0702**

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

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 PRESIDENT	40.00 0.00	X		X				79,000	0	5,000
(2) KEVIN HENDRICK VICE PRESIDENT	1.00 0.00	X		X				8,730	0	0
(3) NANCY BERLIN DIRECTOR	1.00 0.00	X						0	0	0
(4) MICHELLE CHAN TREASURER	1.00 0.00	X		X				0	0	0
(5) ELLEN HAUSKENS DIRECTOR	1.00 0.00	X						0	0	0
(6) DAVID MICHELFELDER DIRECTOR	1.00 0.00	X						0	0	0
(7) INA BENDICH DIRECTOR	1.00 0.00	X						0	0	0
(8) CINDY TSAI SCHULTZ DIRECTOR	1.00 0.00	X						0	0	0
(9) AMY LYONS DIRECTOR	1.00 0.00	X						0	0	0
(10) KYLE LIVIE DIRECTOR	1.00 0.00	X						0	0	0
(11) TIM LITTLE EXECUTIVE DIRECTOR	40.00 0.00			X				120,000	0	45,045

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) KARLA JAMES MANAGING DIRECTOR	40.00 0.00			X				92,215	0	9,267
1b Sub-total								299,945		59,312
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								299,945		59,312

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 **u1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

0

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c 7,161					
	d Related organizations	1d					
	e Government grants (contributions)	1e 185,576					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,280,655					
	g Noncash contributions included in lines 1a-1f: \$	7,740					
	h Total. Add lines 1a-1f	u	5,473,392				
	Program Service Revenue	2a CA ENVIRONMENTAL PROTECTION A	Busn. Code	14,868			14,868
b METROPOLITAN TRANSPORTATION C			2,000			2,000	
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	16,868				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	145,276			145,276
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,923,195					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)	u		-12,462	-12,462		
	8a Gross income from fundraising events (not including \$ 7,161 of contributions reported on line 1c). See Part IV, line 18	a	34,297				
		b Less: direct expenses	b	18,687			
c Net income or (loss) from fundraising events		u	15,610			18,427	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS INCOME			5,445			5,445	
b RETURN OF NET FUNDS			3,886			3,886	
c							
d All other revenue							
e Total. Add lines 11a-11d	u		9,331				
12 Total revenue. See instructions.	u		5,648,015	-12,462	0	189,902	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,966,891	3,966,891		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	160,971	160,971		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	291,215	176,532	60,687	53,996
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	248,157	150,431	51,714	46,012
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,869	17,500	6,016	5,353
9 Other employee benefits	63,764	38,653	13,288	11,823
10 Payroll taxes	42,345	25,670	8,824	7,851
11 Fees for services (non-employees):				
a Management				
b Legal	24,799		24,799	
c Accounting	23,674		23,674	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	19,435		19,435	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	81,226	49,238	16,928	15,060
12 Advertising and promotion				
13 Office expenses	26,611	10,139	2,967	13,505
14 Information technology				
15 Royalties				
16 Occupancy	71,582	44,968	11,975	14,639
17 Travel	31,252	26,631	2,804	1,817
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,625	2,595	15	15
23 Insurance	2,828	43	2,785	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	10,949	4,207	4,580	2,162
b EQUIPMENT MAINTENANCE	2,553	1,532	511	510
c BANK AND CREDIT CARD FEES	1,636	69	1,556	11
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,101,382	4,676,070	252,558	172,754
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input 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 <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	200	1 200
	2 Savings and temporary cash investments	3,537,427	2 1,487,861
	3 Pledges and grants receivable, net	109,107	3 157,236
	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	352	8 272
	9 Prepaid expenses and deferred charges	259,188	9 9,745
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,389	
	b Less: accumulated depreciation	10b 31,674	10c 3,715
	11 Investments—publicly traded securities	6,140,226	11 5,609,704
	12 Investments—other securities. See Part IV, line 11		12
	13 Investments—program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11		15
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,124,840	16 7,340,733	
Liabilities	17 Accounts payable and accrued expenses	23,255	17 29,027
	18 Grants payable	3,131,193	18 1,176,870
	19 Deferred revenue	1,529,498	19 205,250
	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	42,228	25 37,058
	26 Total liabilities. Add lines 17 through 25	4,726,174	26 1,448,205
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	865,127	27 1,359,275
	28 Temporarily restricted net assets	4,515,860	28 4,515,573
	29 Permanently restricted net assets	17,679	29 17,680
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	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 Total net assets or fund balances	5,398,666	33 5,892,528	
34 Total liabilities and net assets/fund balances	10,124,840	34 7,340,733	

Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI <input checked="" type="checkbox"/>		
1	Total revenue (must equal Part VIII, column (A), line 12)	5,648,015
2	Total expenses (must equal Part IX, column (A), line 25)	5,101,382
3	Revenue less expenses. Subtract line 2 from line 1	546,633
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5,398,666
5	Net unrealized gains (losses) on investments	-53,966
6	Donated services and use of facilities	1,672
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	-477
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	5,892,528

Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII <input type="checkbox"/>		
	Yes	No
1	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.	
2a		X
	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	
2b	X	
	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	
2c	X	
	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
3a		X
	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	
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
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 (Form 990 or 990-EZ).)
- 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 (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)						
Total						

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) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,756,236	5,569,582	8,092,657	5,764,129	5,473,392	28,655,996
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,756,236	5,569,582	8,092,657	5,764,129	5,473,392	28,655,996
5 The portion of total contributions 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)						4,876,888
6 Public support. Subtract line 5 from line 4.						23,779,108

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	3,756,236	5,569,582	8,092,657	5,764,129	5,473,392	28,655,996
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,878	35,779	194,887	305,810	145,276	705,630
9 Net income from unrelated business activities, whether or not the business is regularly carried on					25,199	25,199
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	585	795	16,262	14,279	31,044	62,965
11 Total support. Add lines 7 through 10						29,449,790

12 Gross receipts from related activities, etc. (see instructions) 12 3,253

13 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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	80.74 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	83.71 %

- 16a 33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. 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—2014. 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 in line 11 on 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. 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 Total annual distributions. 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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME \$ **31,921**

Schedule B
(Form 990, 990-EZ,
or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

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

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

Name of the organization

Employer identification number

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

94-3179772

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 33¹/₃ % 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).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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
1	\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 123,656	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 1,062,997	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 600,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 172,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ROSE FOUNDATION FOR COMMUNITIES	Employer identification number 94-3179772
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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
7	\$ 215,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 152,000	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.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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

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

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

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

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

- 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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,060													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	2,486													
c Total lobbying expenditures (add lines 1a and 1b)	3,546													
d Other exempt purpose expenditures	5,097,836													
e Total exempt purpose expenditures (add lines 1c and 1d)	5,101,382													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	405,069													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.													
g Grassroots nontaxable amount (enter 25% of line 1f)	101,267													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	400,709	419,156	549,958	405,069	1,774,892
b Lobbying ceiling amount (150% of line 2a, column(e))					2,662,338
c Total lobbying expenditures	10,134	65,516	49,642	3,546	128,838
d Grassroots nontaxable amount	100,177	104,789	137,490	101,267	443,723
e Grassroots ceiling amount (150% of line 2d, column (e))					665,585
f Grassroots lobbying expenditures	9,912	60,380	107	1,060	71,459

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
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).

	Yes	No
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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

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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" on 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

2015

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number of funds, aggregate values, and yes/no questions regarding donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including checkboxes for types of easements, a table for 'Held at the End of the Tax Year' (2a-2d), and various questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount 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 on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,679	15,866	23,247	22,542	24,655
b Contributions		1,000		565	
c Net investment earnings, gains, and losses	-448	2,132	5,208	2,599	363
d Grants or scholarships					
e Other expenditures for facilities and programs	1,335	1,319	12,590	2,459	2,475
f Administrative expenses					1
g End of year balance	15,898	17,679	15,866	23,247	22,542

- 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 on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-----|----------|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b** If "Yes" on line 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" on 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		35,389	31,674	3,715
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	3,715

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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) ACCRUED COMPENSATION	37,058
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	37,058

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,620,413
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		-53,966
	b Donated services and use of facilities	2b		516
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		25,848
	e Add lines 2a through 2d		2e	-27,602
3	Subtract line 2e from line 1		3	5,648,015
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,648,015

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

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

1	Total expenses and losses per audited financial statements		1	5,122,546
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		21,164
	e Add lines 2a through 2d		2e	21,164
3	Subtract line 2e from line 1		3	5,101,382
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,101,382

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 \$ 7,161

FUNDRAISING EXPENSES \$ 18,687

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

DEPRECIATION DIFFERENCE \$ 2,477

Part XIII Supplemental Information (continued)

FUNDRAISING EXPENSE

\$ 18,687

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

2015

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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" on 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							
Total							

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.

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.....

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

	Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FILM FESTIVAL (event type)	SILENT AUCTION (event type)	NONE (total number)	(add col. (a) through col. (c))
1	Gross receipts	32,135	9,323		41,458
2	Less: Contributions	1,091	6,070		7,161
3	Gross income (line 1 minus line 2)	31,044	3,253		34,297
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	3,000		3,000
	7	Food and beverages	9,617		9,617
	8	Entertainment			
	9	Other direct expenses		6,070	6,070
10	Direct expense summary. Add lines 4 through 9 in column (d)				18,687
11	Net income summary. Subtract line 10 from line 3, column (d)				15,610

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

	Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	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: _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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)	ALLIANCE FOR CLIMATE EDUCATION 426 17TH STREET, SUITE 450 OAKLAND CA 94612	26-3106566	3	10,000				ENVIRONMENTAL STEWAR
(2)	ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND CA 94607	94-2235908	3	20,000				ENVIRONMENTAL STEWAR
(3)	ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND CA 94607	94-2235908	3	25,000				ENVIRONMENTAL STEWAR
(4)	ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND CA 94607	94-2235908	3	50,000				CONSUMER RIGHTS
(5)	BACK TO NATIVES RESTORATION PO BOX 10820 SANTA ANA CA 92711	61-1523908	3	20,000				ENVIRONMENTAL STEWAR
(6)	BAY.ORG THE EMBARCADERO AT BEACH STREET SAN FRANCISCO CA 94133	90-0401015	3	14,650				ENVIRONMENTAL STEWAR
(7)	BETTER WORLD GROUP 1612 W OLIVE AVENUE, # 302 BURBANK CA 91506	26-1734195	3	115,000				ENVIRONMENTAL STEWAR
(8)	BETTER WORLD GROUP 1612 W OLIVE AVENUE, # 302 BURBANK CA 91506	26-1734195	3	50,220				ENVIRONMENTAL STEWAR
(9)	BLACK ORGANIZING PROJECT 1035 W GRAND AVENUE OAKLAND CA 94607	46-4578588	3	20,000				ENVIRONMENTAL STEWAR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 332**
- 3 Enter total number of other organizations listed in the line 1 table **u 3**

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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)	BLACK ORGANIZING PROJECT 1035 W GRAND AVENUE OAKLAND CA 94607	46-4578588	3	7,500				ENVIRONMENTAL STEWAR
(2)	BLACK ORGANIZING PROJECT 1035 W GRAND AVENUE OAKLAND CA 94607	46-4578588	3	25,000				ENVIRONMENTAL STEWAR
(3)	BLACK WOMEN FOR WELLNESS 4340 11TH AVENUE, 2ND FLOOR LOS ANGELES CA 90008	95-4624707	3	50,000				CONSUMER RIGHTS
(4)	BLUE TOMORROW COMMUNITY SUPPORT PRO 510 STATE STREET, SUITE 275 SANTA BARBARA CA 93101	46-5400758	3	18,600				ENVIRONMENTAL STEWAR
(5)	BLUE TOMORROW COMMUNITY SUPPORT PRO 510 STATE STREET, SUITE 275 SANTA BARBARA CA 93101	46-5400758	3	26,505				ENVIRONMENTAL STEWAR
(6)	BLUE TOMORROW COMMUNITY SUPPORT PRO 510 STATE STREET, SUITE 275 SANTA BARBARA CA 93101	46-5400758	3	9,300				ENVIRONMENTAL STEWAR
(7)	BREAST CANCER FUND 1388 SUTTER STREET, SUITE 400 SAN FRANCISCO CA 94109	94-3155886	3	70,000				CONSUMER RIGHTS
(8)	BUTTE ENVIRONMENTAL COUNCIL 116 W. SECOND STREET, SUITE 3 CHICO CA 95928	94-2309829	3	10,000				ENVIRONMENTAL STEWAR
(9)	CALIFORNIA INDIAN ENVIRONMENTAL ALL 526 GRAND AVENUE OAKLAND CA 94610	27-0861293	3	20,000				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**

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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

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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
- 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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)	CALIFORNIA INDIAN ENVIRONMENTAL ALL 526 GRAND AVENUE OAKLAND CA 94610	27-0861293	3	25,000				ENVIRONMENTAL STEWAR
(2)	CALIFORNIA PRODUCT STEWARDSHIP COUN 1822 21ST STREET, SUITE 100 SACRAMENTO CA 95811	77-0695467	3	19,949				CONSUMER RIGHTS
(3)	CALIFORNIA WATER IMPACT NETWORK 808 ROMERO CANYON ROAD SANTA BARBARA CA 93108	30-0006662	3	16,000				ENVIRONMENTAL STEWAR
(4)	CALIFORNIA WATER IMPACT NETWORK 808 ROMERO CANYON ROAD SANTA BARBARA CA 93108	30-0006662	3	27,000				ENVIRONMENTAL STEWAR
(5)	CENTER FOR COMMUNITY ACTION & ENV J PO BOX 33124 RIVERSIDE CA 92519	33-0562082	3	31,500				ENVIRONMENTAL STEWAR
(6)	CENTER FOR ENERGY EFFICIENCY AND RE 1100 11TH STREET, SUITE 311 SACRAMENTO CA 95814	68-0260751	3	5,400				ENVIRONMENTAL STEWAR
(7)	CENTER FOR ENVIRONMENTAL HEALTH 528 61ST, SUITE A OAKLAND CA 94609	94-3251981	3	140,000				CONSUMER RIGHTS
(8)	CENTER FOR YOUNG WOMEN'S DEVELOPMEN 832 FOLSOM STREET, SUITE #700 SAN FRANCISCO CA 94107	94-3227681	3	15,000				HUMAN RIGHTS
(9)	CENTER ON RACE, POVERTY & THE ENVIR 1999 HARRISON STREET, SUITE 650 OAKLAND CA 94612	05-0557231	3	62,325				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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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)	CENTRAL COAST ALLIANCE UNITED FOR 2021 SPERRY AVENUE VENTURA CA 93003	A 77-0578864	3	276,000				ENVIRONMENTAL STEWAR
(2)	CENTRAL SIERRA ENVIRONMENTAL RESOUR PO BOX 396 TWIN HARTE CA 95383	77-0279240	3	13,500				ENVIRONMENTAL STEWAR
(3)	CLEAN WATER FUND 350 FRANK OGAWA PLAZA, SUITE 200 OAKLAND CA 94612	52-1043444	3	31,500				ENVIRONMENTAL STEWAR
(4)	COLLECTIVE HERITAGE INSTITUTE 1607 PASEO DE PERALTA, SUITE 3 SANTA FE NM 87501	85-0432731	3	20,000				CIVIC ENGAGEMENT
(5)	COLUMBIA RIVER INTER-TRIBAL FISH CO 700 NE MULTNOMAH STREET, SUITE 1200 PORTLAND OR 97232	93-0695227	3	30,000				ENVIRONMENTAL STEWAR
(6)	COMMUNITY WATER CENTER 909 12TH STREET, SUITE 200 SACRAMENTO CA 95814	80-0267674	3	17,500				ENVIRONMENTAL STEWAR
(7)	COMMUNITY WATER CENTER 909 12TH STREET, SUITE 200 SACRAMENTO CA 95814	80-0267674	3	28,000				ENVIRONMENTAL STEWAR
(8)	CONSUMER ACTION 1170 MARKET STREET, SUITE 500 SAN FRANCISCO CA 94102	23-7172908	3	45,707				CONSUMER RIGHTS
(9)	COUNCIL FOR RESPONSIBLE GENETICS 5 UPTON ROAD, SUITE 3 CAMBRIDGE MA 02140	04-2780776	3	40,000				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**

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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Internal Revenue Service

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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
- 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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	20,000				ENVIRONMENTAL STEWAR
(2)	DEL AMO ACTION COMMITTEE 4542 IRONE AVENUE ROSAMOND CA 93560	33-0603114	3	18,000				ENVIRONMENTAL STEWAR
(3)	DESCHUTES ESTUARY RESTORATION TEAM PO BOX 11093 OLYMPIA WA 98508	27-2317887	3	10,000				ENVIRONMENTAL STEWAR
(4)	EARTH TEAM 2525 10TH STREET, UNIT B BERKELEY CA 94710	68-0347329	3	14,850				ENVIRONMENTAL STEWAR
(5)	EARTHJUSTICE 50 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO CA 94111	94-1730465	3	8,000				ENVIRONMENTAL STEWAR
(6)	EARTHJUSTICE 50 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO CA 94111	94-1730465	3	10,000				ENVIRONMENTAL STEWAR
(7)	EARTHJUSTICE 50 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO CA 94111	94-1730465	3	8,000				ENVIRONMENTAL STEWAR
(8)	EARTHRIGHTS INTERNATIONAL 1612 K STREET, NW SUITE 401 WASHINGTON DC 20006	04-3265555	3	12,000				ENVIRONMENTAL STEWAR
(9)	EARTHWORKS 1612 K STREET NW, SUITE 808 WASHINGTON DC 20006	52-1557765	3	15,000				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**

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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)	EAST BAY COMMUNITY LAW CENTER 2921 ADELINE STREET BERKELEY CA 94703	94-3042565	3	50,000				CONSUMER RIGHTS
(2)	ECOLOGICAL RIGHTS FOUNDATION PO BOX 1000 SANTA CRUZ CA 95061	68-0400522	3	28,800				ENVIRONMENTAL STEWAR
(3)	ELLA BAKER CENTER FOR HUMAN RIGHTS 1970 BROADWAY SUITE 1125 OAKLAND CA 94612	94-3252009	3	15,000				HUMAN RIGHTS
(4)	ENVIRONMENTAL JUSTICE COALITION FOR PO BOX 188911 SACRAMENTO CA 95818	20-2539559	3	41,000				CONSUMER RIGHTS
(5)	ENVIRONMENTAL WORKING GROUP 2201 BROADWAY, SUITE 308 OAKLAND CA 94612	52-2148600	3	90,000				CONSUMER RIGHTS
(6)	FOOD & WATER WATCH 1616 P STREET NW, SUITE 300 WASHINGTON DC 20036	32-0160439	3	20,000				ENVIRONMENTAL STEWAR
(7)	FOOTHILL CONSERVANCY 35 COURT STREET, SUITE 1 JACKSON CA 95642	68-0205572	3	5,500				ENVIRONMENTAL STEWAR
(8)	FRESNO METROPOLITAN MINISTRY 4270 N BLACKSTONE AVENUE, SUITE 212 FRESNO CA 93726	94-2181848	3	6,454				ENVIRONMENTAL STEWAR
(9)	FRIENDS OF THE EARTH 2150 ALLSTON WAY, SUITE 240 BERKELEY CA 94704	23-7420660	3	7,000				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**

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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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
- 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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)	FRIENDS OF THE EARTH PO BOX 96466 WASHINGTON DC 20077-7278	23-7420660	3	42,593				CONSUMER RIGHTS
(2)	FRIENDS OF THE RIVER FOUNDATION 1418 20TH STREET, SUITE 100 SACRAMENTO CA 95811	94-2400210	3	21,500				ENVIRONMENTAL STEWAR
(3)	FRIENDS OF THE SAN FRANCISCO ESTUAR PO BOX 791 OAKLAND CA 94604	68-0265026	3	20,000				ENVIRONMENTAL STEWAR
(4)	GEORGIA WATCH 55 MARIETTA STREET NW, SUITE 903 ATLANTA GA 30303	16-1639971	3	34,004				CONSUMER RIGHTS
(5)	GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE, SUITE A BOULDER CO 80301	84-1612422	3	10,000				ENVIRONMENTAL STEWAR
(6)	GOLDEN GATE SALMON ASSOCIATION, INC 1370 AUTO CENTER DRIVE PETALUMA CA 94952	27-4187163	3	20,000				ENVIRONMENTAL STEWAR
(7)	GREENACTION FOR HEALTH AND ENVIRONM 559 ELLIS STREET SAN FRANCISCO CA 94109	43-2050242	3	20,000				ENVIRONMENTAL STEWAR
(8)	GREENACTION FOR HEALTH AND ENVIRONM 559 ELLIS STREET SAN FRANCISCO CA 94109	43-2050242	3	25,000				ENVIRONMENTAL STEWAR
(9)	GREENACTION FOR HEALTH AND ENVIRONM 559 ELLIS STREET SAN FRANCISCO CA 94109	43-2050242	3	7,000				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

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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

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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)	GREENACTION FOR HEALTH AND ENVIRONM 559 ELLIS STREET SAN FRANCISCO CA 94109	43-2050242	3	14,000				ENVIRONMENTAL STEWAR
(2)	GROUNDSWELL FUND 436 14TH STREET, SUITE 723 OAKLAND CA 94612	47-4003615	3	15,000				ENVIRONMENTAL STEWAR
(3)	HAXGEO LLC 1463 E REPUBLICAN STREET, #182 SEATTLE WA 98112-4157	47-3854034	3	10,000				ENVIRONMENTAL STEWAR
(4)	HONOR THE EARTH 607 MAIN STREET CALLAWAY MN 56521	45-4714238	3	17,000				ENVIRONMENTAL STEWAR
(5)	IDENTITY THEFT RESOURCE CENTER PO BOX 26833 SAN DIEGO CA 92196	71-0910445	3	40,000				CONSUMER RIGHTS
(6)	INDIGENOUS ENVIRONMENTAL NETWORK PO BOX 485 BEMIDJI MN 56619	38-3653476	3	7,000				ENVIRONMENTAL STEWAR
(7)	INSTITUTO DE EDUCACION POPULAR DEL 1565 W 14TH STREET LOS ANGELES CA 90015	95-4431992	3	50,000				CONSUMER RIGHTS
(8)	JUSTICE FOR FAMILIES PO BOX 66403 PORTLAND OR 97290	45-2625169	3	10,000				HUMAN RIGHTS
(9)	KILLER WHALE TALES 5623 46TH AVENUE SW SEATTLE WA 98136	20-0418896	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 (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

2015

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Department of the Treasury
Internal Revenue Service

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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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(1)	KWIAHT PO BOX 415 LOPEZ ISLAND WA 98261	30-0355067	3	18,900				CONSUMER RIGHTS
(2)	LOS PADRES FOREST ASSOCIATION 6755 HOLLISTER AVENUE, SUITE #150 GOLETA CA 93117	77-0011516	3	18,000				ENVIRONMENTAL STEWAR
(3)	MADERA OVERSIGHT COALITION PO BOX 1282 COARSEGOLD CA 93614	26-0478083	4	7,520				ENVIRONMENTAL STEWAR
(4)	MIAMI FOUNDATION/LIBRARY FREEDOM 40 NW 3RD STREET, SUITE 305 MIAMI FL 33128	65-0350357	3	50,000				CONSUMER RIGHTS
(5)	MOVEMENT STRATEGY CENTER 436 14TH STREET, FIFTH FLOOR OAKLAND CA 94612	20-1037643	3	20,000				ENVIRONMENTAL STEWAR
(6)	MOVEMENT STRATEGY CENTER 436 14TH STREET, FIFTH FLOOR OAKLAND CA 94612	20-1037643	3	7,500				ENVIRONMENTAL STEWAR
(7)	MOVEMENT STRATEGY CENTER 436 14TH STREET, FIFTH FLOOR OAKLAND CA 94612	20-1037643	3	25,000				ENVIRONMENTAL STEWAR
(8)	MOVEMENT STRATEGY CENTER 436 14TH STREET, FIFTH FLOOR OAKLAND CA 94612	20-1037643	3	9,750				ENVIRONMENTAL STEWAR
(9)	MOVEMENT STRATEGY CENTER 436 14TH STREET, FIFTH FLOOR OAKLAND CA 94612	20-1037643	3	15,000				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

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Name of the organization

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

Employer identification number

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(1)	NATIVE MOVEMENT PO BOX 613 FLAGSTAFF AZ 86002	68-0535413	3	11,000				ENVIRONMENTAL STEWAR
(2)	OCCIDENTAL ARTS AND ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL CA 95465	68-0359676	3	30,000				ENVIRONMENTAL STEWAR
(3)	OLYMPIA COALITION FOR ECOSYSTEMS 1007 ROGERS STREET NW OLYMPIA WA 98502	47-1745539	3	10,000				ENVIRONMENTAL STEWAR
(4)	ONEBOTHELL PO BOX 1151 BOTHELL WA 98041	47-3307508	3	10,000				ENVIRONMENTAL STEWAR
(5)	ONEFAM 1600 7TH ST OAKLAND CA 94607	80-0411995	3	20,000				ENVIRONMENTAL STEWAR
(6)	ONEFAM 1600 7TH ST OAKLAND CA 94607	80-0411995	3	25,000				ENVIRONMENTAL STEWAR
(7)	ORANGE COUNTY COASTKEEPER 3151 AIRWAY AVE, SUITE F-110 COSTA MESA CA 92626	33-0847892	3	27,000				ENVIRONMENTAL STEWAR
(8)	ORANGE COUNTY COASTKEEPER 3151 AIRWAY AVE, SUITE F-110 COSTA MESA CA 92626	33-0847892	3	8,500				ENVIRONMENTAL STEWAR
(9)	OTTER PROJECT PO BOX 269 MONTEREY CA 93942	77-0490102	3	29,500				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) (2015)

**SCHEDULE I
(Form 990)**

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

2015

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Department of the Treasury
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**THE ROSE FOUNDATION FOR COMMUNITIES
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Employer identification number

94-3179772

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(1)	PESTICIDE ACTION NETWORK NORTH AMER 1611 TELEGRAPH AVENUE OAKLAND CA 94612	94-2949686	3	9,000				ENVIRONMENTAL STEWAR
(2)	PESTICIDE ACTION NETWORK NORTH AMER 1611 TELEGRAPH AVENUE OAKLAND CA 94612	94-2949686	3	17,300				ENVIRONMENTAL STEWAR
(3)	PESTICIDE ACTION NETWORK NORTH AMER 1611 TELEGRAPH AVENUE OAKLAND CA 94612	94-2949686	3	40,500				ENVIRONMENTAL STEWAR
(4)	POLITICAL RESEARCH ASSOCIATES 1310 BROADWAY SUITE 201 SOMERVILLE MA 02144	36-3193323	3	12,000				HUMAN RIGHTS
(5)	PUBLIC HEALTH INSTITUTE/REGIONAL AS 180 GRAND AVENUE, SUITE 750 OAKLAND CA 94612	94-1646278	3	17,500				ENVIRONMENTAL STEWAR
(6)	RACE FORWARD 32 BROADWAY SUITE 1801 NEW YORK NY 10004	94-2759879	3	30,000				HUMAN RIGHTS
(7)	RAINFOREST ACTION NETWORK 425 BUSH STREET SUITE 300 SAN FRANCISCO CA 94108	94-3045180	3	12,000				ENVIRONMENTAL STEWAR
(8)	RE SOURCES FOR SUSTAINABLE COMMUNIT 2309 MERIDIAN STREET BELLINGHAM WA 98225	91-1243957	3	9,000				ENVIRONMENTAL STEWAR
(9)	RE SOURCES FOR SUSTAINABLE COMMUNIT 2309 MERIDIAN STREET BELLINGHAM WA 98225	91-1243957	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 (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

2015

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Name of the organization

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Employer identification number

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(1)	REGENTS OF THE UNIVERSITY OF CA RIV 900 UNIVERSITY AVENUE RIVERSIDE CA 92521	95-6006142	3	15,000				ENVIRONMENTAL STEWAR
(2)	RESIDENTS FOR RESPONSIBLE DESALINAT PO BOX 5422 HUNTINGTON BEACH CA 92615-5422	20-3449139	3	12,000				ENVIRONMENTAL STEWAR
(3)	RIVER PROJECT 3912 LAUREL CANYON BLVD, #208 STUDIO CITY CA 91604	95-4858263	3	28,500				ENVIRONMENTAL STEWAR
(4)	RUCKUS SOCIETY PO BOX 28741 OAKLAND CA 94604	81-0504390	3	15,000				ENVIRONMENTAL STEWAR
(5)	SAN FRANCISCO BAYKEEPER 785 MARKET STREET, SUITE 850 SAN FRANCISCO CA 94103	68-0120240	3	40,000				ENVIRONMENTAL STEWAR
(6)	SANTA BARBARA CHANNELKEEPER 714 BOND AVENUE SANTA BARBARA CA 93103	91-2151460	3	13,500				ENVIRONMENTAL STEWAR
(7)	SAVE HABITAT AND DIVERSITY OF WETLA PO BOX 58963 RENTON WA 98058	91-2032943	3	10,000				ENVIRONMENTAL STEWAR
(8)	SIERRA FUND PO BOX 1255 PINE GROVE CA 95665	68-0485725	3	40,000				CONSUMER RIGHTS
(9)	SIERRA NEVADA ALLIANCE PO BOX 7989 SOUTH LAKE TAHOE CA 96158	77-0343881	3	5,400				ENVIRONMENTAL STEWAR

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

2015

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Name of the organization **THE ROSE FOUNDATION FOR COMMUNITIES
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94-3179772

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(1)	SILENT SPRING INSTITUTE 29 CRAFTS STREET NEWTON MA 02458	04-3237106	3	25,000				CONSUMER RIGHTS
(2)	SNO-KING WATERSHED COUNCIL 7815 NE 192 STREET KENMORE WA 98028	80-0764419	3	10,000				ENVIRONMENTAL STEWAR
(3)	SOCIAL AND ENVIRONMENTAL ENTREPRENE P.O. BOX 22944 OAKLAND CA 94609	95-4116679	3	20,000				ENVIRONMENTAL STEWAR
(4)	SOCIAL AND ENVIRONMENTAL ENTREPRENE P.O. BOX 22944 OAKLAND CA 94609	95-4116679	3	7,500				ENVIRONMENTAL STEWAR
(5)	SOCIAL AND ENVIRONMENTAL ENTREPRENE P.O. BOX 22944 OAKLAND CA 94609	95-4116679	3	25,000				ENVIRONMENTAL STEWAR
(6)	SOL COMMUNICATIONS 30275 HOT SPRINGS ROAD BIG BEND, CA 96011 CA 96011	95-4648687	3	6,500				ENVIRONMENTAL STEWAR
(7)	SOUTH YUBA RIVER CITIZENS LEAGUE 313 RAILROAD AVENUE, SUITE 101 NEVADA CITY CA 95959	68-0171371	3	25,000				ENVIRONMENTAL STEWAR
(8)	STILLWATERS ENVIRONMENTAL CENTER 26059 BARBER CUT OFF ROAD NE KINGSTON WA 98346	91-1959247	3	10,000				ENVIRONMENTAL STEWAR
(9)	STORY OF STUFF PROJECT 1442A WALNUT STREET, #272 BERKELEY CA 94709	46-4334785	3	40,000				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**

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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)	TEENS TURNING GREEN PO BOX 1146 ROSS CA 94957	75-3106659	3	25,000				CONSUMER RIGHTS
(2)	THIRD SECTOR NEW ENGLAND 89 SOUTH SECOND STREET, SUITE 700 BOSTON MA 02111	04-2261109	3	50,000				CONSUMER RIGHTS
(3)	TIDES CENTER 45 MAIN STREET, SUITE 506 BROOKLYN NY 11201	94-3213100	3	20,000				ENVIRONMENTAL STEWAR
(4)	TIDES CENTER 45 MAIN STREET, SUITE 506 BROOKLYN NY 11201	94-3213100	3	25,000				ENVIRONMENTAL STEWAR
(5)	TIDES CENTER 45 MAIN STREET, SUITE 506 BROOKLYN NY 11201	94-3213100	3	16,500				ENVIRONMENTAL STEWAR
(6)	TRUST FOR CONSERVATION INNOVATION 20055 DOROTHY STREET CANYON COUNTRY CA 91351	91-2166435	3	12,500				ENVIRONMENTAL STEWAR
(7)	TRUST FOR CONSERVATION INNOVATION 405 14TH STREET, SUITE 164 OAKLAND CA 94612-2705	91-2166435	3	25,000				CONSUMER RIGHTS
(8)	UNIVERSITY OF WASHINGTON FOUNDATION PO BOX 359505 SEATTLE WA 98195	91-6001537	3	48,184				CONSUMER RIGHTS
(9)	UTILITY REFORM NETWORK 785 MARKET STREET, SUITE 1400 SAN FRANCISCO CA 94103	23-7351081	3	60,000				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

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

Schedule I (Form 990) (2015)

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

Part III can be duplicated if additional space is needed.

(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	124,188		FMV	
2 NORCAL GRASSROOTS TRAININ	55	36,783		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 GRANTEEES 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" on 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

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

**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 on 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 used 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 on 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 on 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 on 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" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TIM LITTLE EXECUTIVE DIRECTOR	(i)	120,000	0	0	7,000	38,045	165,045	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.

OMB No. 1545-0047

2015

Open To Public 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.

1	(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.

1	(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	1,019	STIPEND & TRAVE	
(2)	ANUJA MENDIRATTA	FUNDING BOARD MEMBER	121	STIPEND & TRAVE	
(3)	BILL CENTER	FUNDING BOARD MEMBER	260	STIPEND & TRAVE	
(4)					
(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	8,730	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)						

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 O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2015**Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Name of the organization

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

Name of the organization

Employer identification number

THE ROSE FOUNDATION FOR COMMUNITIES

94-3179772

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

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

Name of the organization

Employer identification number

THE ROSE FOUNDATION FOR COMMUNITIES

94-3179772

CURRENT YEAR AUDIT - TAX DEPRECIATION DIFFERENCE - \$772

Public Inspection Copy

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CURRENT YEAR AUDIT - TAX DEPRECIATION DIFFERENCE \$ -2,477

TOTAL \$ -2,477

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2015

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.

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	500,000
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	2,000,000
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 2014 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 2016. 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	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	150

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 2015	17	2,475
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 type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2015 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						
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 2015 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	Total. 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	2,625
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** (2015)