

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **THE ROSENDIN FOUNDATION** EIN or SSN **84-4957804**

Name and title of officer or person subject to tax **JOLSNA THOMAS
PRESIDENT**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b <u>204.</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **CLIFTONLARSONALLEN LLP** to enter my PIN **55902**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 9/7/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68601455902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **JENNA BERTUCELLI** Date 09/06/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

For calendar year **2022** or tax year beginning , and ending

Name of foundation THE ROSENDIN FOUNDATION		A Employer identification number 84-4957804
Number and street (or P.O. box number if mail is not delivered to street address) 880 MABURY ROAD	Room/suite	B Telephone number 833-767-3634
City or town, state or province, country, and ZIP or foreign postal code SAN JOSE, CA 95133		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,803,241.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	1,722,606.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	25,607.	25,607.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,622.			
	b Gross sales price for all assets on line 6a 203,229.				
	7 Capital gain net income (from Part IV, line 2)		1,622.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	54,073.	0.		STATEMENT 2	
12 Total. Add lines 1 through 11	1,803,908.	27,229.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages	370,292.	0.		370,292.
	15 Pension plans, employee benefits				
	16a Legal fees STMT 3	1,978.	0.		1,978.
	b Accounting fees STMT 4	10,605.	5,303.		5,302.
	c Other professional fees STMT 5	43,619.	7,263.		36,356.
	17 Interest				
	18 Taxes STMT 6	1,997.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy	23,100.	0.		23,100.
	21 Travel, conferences, and meetings	29,537.	0.		29,537.
	22 Printing and publications	4,630.	0.		4,630.
	23 Other expenses STMT 7	90,559.	0.		25,485.
	24 Total operating and administrative expenses. Add lines 13 through 23	576,317.	12,566.		496,680.
	25 Contributions, gifts, grants paid	555,000.			555,000.
26 Total expenses and disbursements. Add lines 24 and 25	1,131,317.	12,566.		1,051,680.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	672,591.				
b Net investment income (if negative, enter -0-)		14,663.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	19,216.	283,884.	283,884.
	2 Savings and temporary cash investments	80,282.	477,137.	477,137.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 8	1,188,251.	1,042,220.	1,042,220.
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		1,287,749.	1,803,241.	1,803,241.
Liabilities	17 Accounts payable and accrued expenses	152,870.	194,914.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe			
23 Total liabilities (add lines 17 through 22)		152,870.	194,914.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	1,134,879.	1,608,327.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances		1,134,879.	1,608,327.	
30 Total liabilities and net assets/fund balances		1,287,749.	1,803,241.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	1,134,879.
2 Enter amount from Part I, line 27a	2	672,591.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	1,807,470.
5 Decreases not included in line 2 (itemize) UNREALIZED LOSS	5	199,143.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	1,608,327.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES		P	01/01/21	12/31/22
b CAPITAL GAINS DIVIDENDS				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 188,866.		201,607.	-12,741.	
b 14,363.			14,363.	
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69
			(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				-12,741.
b				14,363.
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2 1,622.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		{ }		3 N/A

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	204.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	204.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	204.
6 Credits/Payments:			
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a 1,000.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d Backup withholding erroneously withheld	6d 0.		
7 Total credits and payments. Add lines 6a through 6d		7	1,000.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	796.
11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 796. Refunded		11	0.

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>CA, AZ, HI, MD, NV, NC, OR, TN, TX, VA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>WWW.THEROSENDINFUNDATION.ORG</u>		
14 The books are in care of <u>SARA CASINI</u> Telephone no. <u>833-767-3634</u> Located at <u>880 MABURY ROAD, SAN JOSE, CA</u> ZIP+4 <u>95133</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	N/A
c Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?	2a	X
If "Yes," list the years _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	4b	X

Form 990-PF (2022)

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services 0

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 0.

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	1,031,013.
b	Average of monthly cash balances	1b	794,776.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,825,789.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,825,789.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	27,387.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	1,798,402.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	89,920.

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	89,920.
2a	Tax on investment income for 2022 from Part V, line 5	2a	204.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	204.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	89,716.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	89,716.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	89,716.

Part XI Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,051,680.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	1,051,680.

Form 990-PF (2022)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				89,716.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020	149,509.			
e From 2021	795,695.			
f Total of lines 3a through e	945,204.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 1,051,680.				
a Applied to 2021, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2022 distributable amount				89,716.
e Remaining amount distributed out of corpus	961,964.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	1,907,168.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2017 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	1,907,168.			
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020	149,509.			
d Excess from 2021	795,695.			
e Excess from 2022	961,964.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 11

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a Paid during the year				
ALOHA HARVEST 3599 WAIALAE AVENUE SUITE 23 HONOLULU, HI 96816	N/A	PC	TO ELIMINATE HUNGER AND FOOD WASTE BY RESCUING QUALITY, EXCESS FOOD TO HELP FEED THE HOMELESS,	10,000.
ANTELOPE VALLEY DREAM CENTER 43145 BUS CTR PKWY SUITE 106 LANCASTER, CA 93535	N/A	PC	TO REACH THE "UNREACHED" PEOPLE OF THE ANTELOPE VALLEY, AND SURROUNDING COMMUNITIES, WHO DO NOT	15,000.
ARIZONA SUSTAINABILITY ALLIANCE 8205 SOUTH PRIEST DRIVE #11962 TEMPE, AZ 85284	N/A	PC	TO EMPOWER ARIZONA CITIZENS TO WORK TOGETHER TOWARD MORE VERDANT, EQUITABLE, AND SUSTAINABLE	5,000.
ASIAN FAMILY SUPPORT SERVICES AUSTIN P.O. BOX 16254 AUSTIN, TX 78761	N/A	PC	TO PROMOTE ABUSE-FREE ASIAN COMMUNITIES THROUGH ADVOCACY, SUPPORT, AWARENESS, AND ACCESS TO SOCIAL	10,000.
ATLAST ASPIRING TEXAS LATINOS ACHIEVING SUCCESS TOGETHER 2309 N RIDGE ROAD MCKINNEY, TX 75072	N/A	PC	TO INSPIRE AND EMPOWER LATINO HIGH SCHOOL STUDENTS TO BECOME LEADERS IN THEIR SCHOOL AND COMMUNITY	2,500.
Total	SEE CONTINUATION SHEET(S)			3a 555,000.
b Approved for future payment				
NONE				
Total				3b 0.

THE ROSENDIN FOUNDATION

84-4957804

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AVANCE-AUSTIN 745 MANSELL AVE AUSTIN, TX 78702	N/A	PC	TO CREATE PATHWAYS TO ECONOMIC MOBILITY FOR PREDOMINANTLY LATINO FAMILIES THROUGH HIGH-QUALITY,	10,000.
BACKPACK FRIENDS, INC. 3217 HAWKS SWOOP TRAIL PFLUGERVILLE, TX 78660	N/A	PC	TO ALLEVIATE CHILDHOOD HUNGER IN LOCAL COMMUNITIES THROUGH AWARENESS, STRATEGIC PARTNERSHIPS AND	25,000.
BOYS & GIRLS CLUBS OF SILICON VALLEY 518 VALLEY WAY MILPITAS, CA 95035	N/A	PC	TO INSPIRE AND EMPOWER ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REALIZE THEIR FULL	50,000.
CASA OF CENTRAL OREGON 1029 NW 14TH STREET SUITE 100 BEND, OR 97703	N/A	PC	TO RECRUITS, TRAINS AND SUPPORTS VOLUNTEERS WHO ADVOCATE FOR THE BEST INTERESTS OF ABUSED	10,000.
CHICANOS POR LA CAUSA, INC. 1112 E BUCKEYE ROAD PHOENIX, AZ 85034	N/A	PC	TO DRIVE ECONOMIC AND POLITICAL EMPOWERMENT.	25,000.
CHILD ADVOCATES OF SILICON VALLEY 509 VALLEY WAY BUILDING 2 MILPITAS, CA 95035	N/A	PC	TO BE THERE FOR EVERY FOSTER CHILD IN SILICON VALLEY WHO HAS EXPERIENCED ABUSE, NEGLECT AND/OR	10,000.
CLASSROOM CENTRAL, INC. 2116 WILKINSON BLVD CHARLOTTE, NC 28208	N/A	PC	TO EQUIP STUDENTS IN NEED TO EFFECTIVELY LEARN BY COLLECTING AND DISTRIBUTING FREE SCHOOL SUPPLIES TO	10,000.
COASTAL BEND FOOD BANK 826 KRILL STREET CORPUS CHRISTI, TX 78408	N/A	PC	TO REDUCE HUNGER IN SOUTH TEXAS THROUGH FOOD DISTRIBUTION AND NUTRITION EDUCATION.	2,500.
CORNERSTONES, INC. 11150 SUNSET HILLS ROAD SUITE 210 RESTON, VA 20190	N/A	PC	TO PROMOTE SELF-SUFFICIENCY BY PROVIDING SUPPORT AND ADVOCACY FOR THOSE IN NEED OF FOOD, SHELTER,	10,000.
CROOK COUNTY ROTARY FOUNDATION 252 NW CLAYPOOL STREET PRINEVILLE, OR 97754	N/A	PC	TO CREATE POSITIVE, LASTING CHANGE IN OUR COMMUNITIES AND AROUND THE WORLD.	2,500.
Total from continuation sheets				512,500.

THE ROSENDIN FOUNDATION

84-4957804

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DOWN SYNDROME CONNECTION OF THE BAY AREA 101-J TOWN AND COUNTRY DRIVE DANVILLE, CA 94526	N/A	PC	TO EMPOWER, INSPIRE, AND SUPPORT PEOPLE WITH DOWN SYNDROME, THEIR FAMILIES, AND THE COMMUNITY THAT	5,000.
ELGIN CARES PO BOX 711 ELGIN, TX 78621	N/A	PC	TO PUT GOD'S LOVE INTO ACTION BY CARING FOR AND SHARING WITH INDIVIDUALS AND FAMILIES TO BUILD	10,000.
EMERGING STARS 8721 SUNNYBROOKE FARM RD SPOTSYLVANIA, VA 22551	N/A	PC	TO BE A CATALYST THAT HELPS THESE YOUNG ADULTS REACH THEIR GOALS AND FULFILL THEIR POTENTIAL.	5,000.
FAMILY HOUSE, INC 540 MISSION BAY BOULEVARD NORTH SAN FRANCISCO, CA 94158	N/A	PC	TO SERVE AS A HOME AWAY FROM HOME FOR FAMILIES OF CHILDREN WITH CANCER AND OTHER LIFE-THREATENING	10,000.
GALLATIN SHALOM ZONE 600 SMALL STREET, SUITE 107 GALLATIN, TN 37066	N/A	PC	TO PROVIDE HIGH QUALITY EDUCATION AND CHILDCARE IN A SAFE, RESPECTFUL AND INCLUSIVE ENVIRONMENT	25,000.
GRAYSON COUNTY CHILDREN'S ADVOCACY CENTER 910 COTTONWOOD ROAD SHERMAN, TX 75090	N/A	PC	TO PROVIDE A MULTI-DISCIPLINARY COLLABORATION OF SERVICES FOR THE PURPOSE OF PREVENTION,	25,000.
HEART OF OREGON CORPS PO BOX 279 BEND, OR 97709	N/A	PC	INSPIRE AND EMPOWER POSITIVE CHANGE IN THE LIVES OF YOUNG PEOPLE THROUGH JOBS, EDUCATION, AND	5,000.
HOMEPLATE YOUTH SERVICES PO BOX 1413 BEAVERTON, OR 97075	N/A	PC	TO SUPPORT THE POSITIVE DEVELOPMENT OF YOUNG PEOPLE EXPERIENCING HOMELESSNESS OR	15,000.
HONOLULU HABITAT FOR HUMANITY 922 AUSTIN LANE NO C-1 HONOLULU, HI 96817	N/A	PC	TO BRING PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE.	5,000.
HOUSE OF RUTH MARYLAND, INC. 2201 ARGONNE DRIVE BALTIMORE, MD 21218	N/A	PC	TO LEAD THE FIGHT TO END VIOLENCE AGAINST WOMEN AND THEIR CHILDREN BY CONFRONTING THE	10,000.
Total from continuation sheets				

THE ROSENDIN FOUNDATION

84-4957804

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	N/A	PC	TO HELP PEOPLE WHOSE LIVES AND LIVELIHOODS ARE SHATTERED BY CONFLICT AND DISASTER, INCLUDING THE CLIMATE	2,500.
KINDERMOURN 1320 HARDING PLACE CHARLOTTE, NC 28204	N/A	PC	TO OFFER SUPPORT AND COUNSELING PROGRAMS, CREATING AWARENESS OF BEREAVEMENT ISSUES AND EMPOWERING THE	10,000.
LIFEOLGY AZ, INC. 3718 NORTH 62ND AVENUE PHOENIX, AZ 85043	N/A	PC	TO EMPOWER SELF-SUFFICIENCY IN YOUTH AND YOUNG ADULTS BETWEEN THE AGES OF 14-29.	25,000.
MOBILE HOPE ASSOCIATION P.O. BOX 4135 ASHBURN, VA 20148	N/A	PC	TO PROVIDE, THROUGH THEIR MOBILE SERVICES AND LEESBURG FACILITY, ESSENTIAL NEEDS, EMOTIONAL SUPPORT AND	50,000.
MUSIC CITY CONSTRUCTION CAREERS PO BOX 290153 NASHVILLE, TN 37229	N/A	PC	TO CREATE PATHWAYS TO MIDDLE-CLASS BUILDING TRADES JOBS FOR NASHVILLE RESIDENTS, WITH AN EMPHASIS ON	10,000.
NATE'S PLACE, A WELLNESS AND RECOVER CENTER 3840 CHANNEL ISLANDS BLVD OXNARD, CA 93035	N/A	PC	TO DELIVER TARGETED PROGRAMS, HEALTHY REPLACEMENT ACTIVITIES, AND PEER SUPPORT RECOVERY	15,000.
NEVADA BALLERS CLUB 6365 BLACK SWAN LN LAS VEGAS, NV 89118	N/A	PC	TO HELP BOYS AND GIRLS OF ALL AGES LEARN DEVELOP THE TOOLS TO EXCEL IN THEIR SCHOOL, SPORTS & COMMUNITY,	7,500.
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LN PLANO, TX 75075	N/A	PC	TO CLOSE THE HUNGER GAP IN NORTH TEXAS BY PROVIDING ACCESS TO NUTRITIOUS FOOD.	5,000.
OLIVE CREST 2130 EAST 4TH STREET #200 SANTA ANA, CA 92705	N/A	PC	TO PREVENT CHILD ABUSE BY STRENGTHENING, EQUIPPING, AND RESTORING CHILDREN AND FAMILIES IN CRISIS	10,000.
PARTNERS FOR EDUCATION, AGRICULTURE AND SUSTAINABILITY (PEAS) 1712 BISSEL LN AUSTIN, TX 78745	N/A	PC	TO CULTIVATE JOYFUL CONNECTIONS WITH THE NATURAL WORLD THROUGH OUTDOOR LEARNING AND EDIBLE EDUCATION.	5,000.
Total from continuation sheets				

THE ROSENDIN FOUNDATION

84-4957804

Part XIV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PROJECT 150 3600 N RANCHO DRIVE LAS VEGAS, NV 89130	N/A	PC	TO PROVIDE SUPPORT AND SERVICES TO HOMELESS, DISPLACED, AND DISADVANTAGED HIGH SCHOOL STUDENTS SO	25,000.
RRUFF (HEALING HEROES) 3031 STANFORD RANCH ROAD ROCKLIN, CA 95765	N/A	PC	TO SERVE DISABLED VETERANS AND THE CANINE COMMUNITY.	10,000.
SACRAMENTO FOOD BANK & FAMILY SERVICES 1951 BELL AVE SACRAMENTO, CA 95838	N/A	PC	TO ASSIST THOSE IN NEED BY ALLEVIATING THEIR IMMEDIATE PAIN AND PROBLEMS AND MOVING THEM TOWARD	5,000.
SAFE ALLIANCE 601 E. 5TH ST., STE. 400 CHARLOTTE, NC 28202	N/A	PC	TO PROVIDE HOPE AND HEALING TO THOSE IMPACTED BY DOMESTIC VIOLENCE AND SEXUAL ASSAULT.	5,000.
SAFE HOUSE 921 AMERICAN PACIFIC DR. SUITE 300 HENDERSON, NV 89014	N/A	PC	TO STOP ABUSE IN THE FAMILY ENVIRONMENT BY PROVIDING SAFE SHELTER, SUPPORT, ADVOCACY, COUNSELING,	5,000.
SAN ANTONIO AREA FOUNDATION 155 CONCORD PLAZA DRIVE SAN ANTONIO, TX 78216	N/A	PC	TO SUPPORT AREA NONPROFITS PROVIDING MUCH NEEDED ASSISTANCE, INCLUDING MENTAL HEALTH	5,000.
SHE BUILT THIS CITY 1026 JAY ST SUITE 133 CHARLOTTE, NC 28208	N/A	PC	TO ADDRESS PROBLEMS SUCH AS UNEQUAL PAY, UNCONSCIOUS BIAS, LACK OF SUPPORT FOR WOMEN IN THE WORKPLACE, AND	5,000.
SHINE TOGETHER 508 VALLEY WAY MILPITAS, CA 95035	N/A	PC	TO BUILD PATHWAYS TO PROSPERITY FOR TWO GENERATIONS YOUNG MOTHERS AND THEIR CHILDREN.	5,000.
THE TEEN PROJECT, INC. 8140 SUNLAND BLVD SUN VALLEY, CA 91352	N/A	PC	TO PROVIDE HEALING AND HOPE TO YOUNG WOMEN WHO HAVE SURVIVED HUMAN TRAFFICKING AND HOMELESSNESS, MANY	20,000.
UNITED SUICIDE SURVIVORS INTERNATIONAL 10122 BUENA VISTA DR CONIFER, CO 80433	N/A	PC	TO CHANGE THE CULTURE OF WORKPLACES TO REDUCE JOB STRAIN AND NEGATIVE, FEAR-BASED, PREJUDICIAL AND	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - ALOHA HARVEST

TO ELIMINATE HUNGER AND FOOD WASTE BY RESCUING QUALITY, EXCESS FOOD TO HELP FEED THE HOMELESS, NEEDY, AND HUNGRY IN HAWAII.

NAME OF RECIPIENT - ANTELOPE VALLEY DREAM CENTER

TO REACH THE "UNREACHED" PEOPLE OF THE ANTELOPE VALLEY, AND SURROUNDING COMMUNITIES, WHO DO NOT RESIDE NEAR ASSISTING RESOURCES.

NAME OF RECIPIENT - ARIZONA SUSTAINABILITY ALLIANCE

TO EMPOWER ARIZONA CITIZENS TO WORK TOGETHER TOWARD MORE VERDANT, EQUITABLE, AND SUSTAINABLE COMMUNITIES.

NAME OF RECIPIENT - ASIAN FAMILY SUPPORT SERVICES AUSTIN

TO PROMOTE ABUSE-FREE ASIAN COMMUNITIES THROUGH ADVOCACY, SUPPORT, AWARENESS, AND ACCESS TO SOCIAL SERVICES.

NAME OF RECIPIENT - ATLAST ASPIRING TEXAS LATINOS ACHIEVING SUCCESS TOGETHER

TO INSPIRE AND EMPOWER LATINO HIGH SCHOOL STUDENTS TO BECOME LEADERS IN THEIR SCHOOL AND COMMUNITY WHILE ALSO PREPARING THEM TO SEEK CAREERS WHERE LATINOS ARE UNDERREPRESENTED AND IMPACT THEIR COMMUNITY.

NAME OF RECIPIENT - AVANCE-AUSTIN

TO CREATE PATHWAYS TO ECONOMIC MOBILITY FOR PREDOMINANTLY LATINO FAMILIES THROUGH HIGH-QUALITY, CULTURALLY RESPONSIVE, TWO-GENERATION PROGRAMMING THAT ENSURES SCHOOL READINESS FOR YOUNG CHILDREN AND OPPORTUNITIES FOR PARENTS TO BUILD SOCIAL AND ECONOMIC CAPITAL.

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BACKPACK FRIENDS, INC.

TO ALLEVIATE CHILDHOOD HUNGER IN LOCAL COMMUNITIES THROUGH AWARENESS,
STRATEGIC PARTNERSHIPS AND COMMUNITY SERVICE.

NAME OF RECIPIENT - BOYS & GIRLS CLUBS OF SILICON VALLEY

TO INSPIRE AND EMPOWER ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US
MOST, TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE, AND
CARING ADULTS.

NAME OF RECIPIENT - CASA OF CENTRAL OREGON

TO RECRUITS, TRAINS AND SUPPORTS VOLUNTEERS WHO ADVOCATE FOR THE BEST
INTERESTS OF ABUSED AND NEGLECTED CHILDREN IN THE COURT SYSTEM.

NAME OF RECIPIENT - CHILD ADVOCATES OF SILICON VALLEY

TO BE THERE FOR EVERY FOSTER CHILD IN SILICON VALLEY WHO HAS
EXPERIENCED ABUSE, NEGLECT AND/OR ABANDONMENT.

NAME OF RECIPIENT - CLASSROOM CENTRAL, INC.

TO EQUIP STUDENTS IN NEED TO EFFECTIVELY LEARN BY COLLECTING AND
DISTRIBUTING FREE SCHOOL SUPPLIES TO THEIR TEACHERS.

NAME OF RECIPIENT - CORNERSTONES, INC.

TO PROMOTE SELF-SUFFICIENCY BY PROVIDING SUPPORT AND ADVOCACY FOR THOSE
IN NEED OF FOOD, SHELTER, AFFORDABLE HOUSING, QUALITY CHILDCARE, AND
OTHER HUMAN SERVICES.

NAME OF RECIPIENT - DOWN SYNDROME CONNECTION OF THE BAY AREA

TO EMPOWER, INSPIRE, AND SUPPORT PEOPLE WITH DOWN SYNDROME, THEIR

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

FAMILIES, AND THE COMMUNITY THAT SERVES THEM, WHILE FOSTERING AWARENESS AND ACCEPTANCE IN ALL AREAS OF LIFE.

NAME OF RECIPIENT - ELGIN CARES

TO PUT GOD'S LOVE INTO ACTION BY CARING FOR AND SHARING WITH INDIVIDUALS AND FAMILIES TO BUILD COMMUNITIES, RESOURCES AND HOPE FOR AN ABUNDANT LIFE.

NAME OF RECIPIENT - FAMILY HOUSE, INC

TO SERVE AS A HOME AWAY FROM HOME FOR FAMILIES OF CHILDREN WITH CANCER AND OTHER LIFE-THREATENING ILLNESSES BY PROVIDING PHYSICAL COMFORT AND EMOTIONAL SUPPORT FREE FROM FINANCIAL CONCERNS.

NAME OF RECIPIENT - GALLATIN SHALOM ZONE

TO PROVIDE HIGH QUALITY EDUCATION AND CHILDCARE IN A SAFE, RESPECTFUL AND INCLUSIVE ENVIRONMENT THAT BUILDS A FOUNDATION FOR LIFE-LONG LEARNING.

NAME OF RECIPIENT - GRAYSON COUNTY CHILDREN'S ADVOCACY CENTER

TO PROVIDE A MULTI-DISCIPLINARY COLLABORATION OF SERVICES FOR THE PURPOSE OF PREVENTION, INTERVENTION, INVESTIGATION, PROSECUTION AND TREATMENT OF CHILD ABUSE.

NAME OF RECIPIENT - HEART OF OREGON CORPS

INSPIRE AND EMPOWER POSITIVE CHANGE IN THE LIVES OF YOUNG PEOPLE THROUGH JOBS, EDUCATION, AND STEWARDSHIP.

NAME OF RECIPIENT - HOMEPLATE YOUTH SERVICES

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

TO SUPPORT THE POSITIVE DEVELOPMENT OF YOUNG PEOPLE EXPERIENCING HOMELESSNESS OR HOUSING INSTABILITY THROUGH COMMUNITY BUILDING, EDUCATION, ACCESS TO SERVICES AND RESOURCES, AND YOUTH EMPOWERMENT

NAME OF RECIPIENT - HOUSE OF RUTH MARYLAND, INC.

TO LEAD THE FIGHT TO END VIOLENCE AGAINST WOMEN AND THEIR CHILDREN BY CONFRONTING THE ATTITUDES, BEHAVIORS AND SYSTEMS THAT PERPETUATE IT, AND BY PROVIDING VICTIMS WITH THE SERVICES NECESSARY TO REBUILD THEIR LIVES SAFELY AND FREE OF FEAR.

NAME OF RECIPIENT - INTERNATIONAL RESCUE COMMITTEE

TO HELP PEOPLE WHOSE LIVES AND LIVELIHOODS ARE SHATTERED BY CONFLICT AND DISASTER, INCLUDING THE CLIMATE CRISIS, TO SURVIVE, RECOVER AND GAIN CONTROL OVER THEIR FUTURE.

NAME OF RECIPIENT - KINDERMOURN

TO OFFER SUPPORT AND COUNSELING PROGRAMS, CREATING AWARENESS OF BEREAVEMENT ISSUES AND EMPOWERING THE COMMUNITY TO EFFECTIVELY ASSIST THOSE WHO HAVE SUFFERED AN UNTHINKABLE LOSS.

NAME OF RECIPIENT - MOBILE HOPE ASSOCIATION

TO PROVIDE, THROUGH THEIR MOBILE SERVICES AND LEESBURG FACILITY, ESSENTIAL NEEDS, EMOTIONAL SUPPORT AND REFERRALS FOR AT-RISK, PRECARIOUSLY HOUSE AND HOMELESS YOUTH 24 YEARS OF AGE AND YOUNGER LIVING IN LOUDOUN COUNTY.

NAME OF RECIPIENT - MUSIC CITY CONSTRUCTION CAREERS

TO CREATE PATHWAYS TO MIDDLE-CLASS BUILDING TRADES JOBS FOR NASHVILLE

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

RESIDENTS, WITH AN EMPHASIS ON SERVING WOMEN, COMMUNITIES OF COLOR, TRANSITIONING VETERANS, AND OTHER POPULATIONS HISTORICALLY UNDERSERVED BY WORKFORCE DEVELOPMENT PROGRAMS.

NAME OF RECIPIENT - NATE'S PLACE, A WELLNESS AND RECOVER CENTER TO DELIVER TARGETED PROGRAMS, HEALTHY REPLACEMENT ACTIVITIES, AND PEER SUPPORT RECOVERY COACHING TO TEENS AND YOUNG ADULTS (AGES 13-25) TO MAINTAIN SOBRIETY AND MENTAL HEALTH IN A SAFE, HEALTHY MANNER.

NAME OF RECIPIENT - NEVADA BALLERS CLUB TO HELP BOYS AND GIRLS OF ALL AGES LEARN DEVELOP THE TOOLS TO EXCEL IN THEIR SCHOOL, SPORTS & COMMUNITY, PREPARING OUR KIDS TO BE LEADERS IN LIFE.

NAME OF RECIPIENT - OLIVE CREST TO PREVENT CHILD ABUSE BY STRENGTHENING, EQUIPPING, AND RESTORING CHILDREN AND FAMILIES IN CRISIS "ONE LIFE AT A TIME."

NAME OF RECIPIENT - PROJECT 150 TO PROVIDE SUPPORT AND SERVICES TO HOMELESS, DISPLACED, AND DISADVANTAGED HIGH SCHOOL STUDENTS SO THEY CAN REMAIN IN SCHOOL, GRADUATE, AND BUILD BRIGHT FUTURES.

NAME OF RECIPIENT - SACRAMENTO FOOD BANK & FAMILY SERVICES TO ASSIST THOSE IN NEED BY ALLEVIATING THEIR IMMEDIATE PAIN AND PROBLEMS AND MOVING THEM TOWARD SELF SUFFICIENCY AND FINANCIAL INDEPENDENCE.

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - SAFE HOUSE

TO STOP ABUSE IN THE FAMILY ENVIRONMENT BY PROVIDING SAFE SHELTER,
SUPPORT, ADVOCACY, COUNSELING, AND EDUCATION.

NAME OF RECIPIENT - SAN ANTONIO AREA FOUNDATION

TO SUPPORT AREA NONPROFITS PROVIDING MUCH NEEDED ASSISTANCE, INCLUDING
MENTAL HEALTH SERVICES, IN THE UVALDE COMMUNITY.

NAME OF RECIPIENT - SHE BUILT THIS CITY

TO ADDRESS PROBLEMS SUCH AS UNEQUAL PAY, UNCONSCIOUS BIAS, LACK OF
SUPPORT FOR WOMEN IN THE WORKPLACE, AND OTHER CONSTRUCTS THAT ARE
RESTRICTING FULL EQUITY IN THE TRADES.

NAME OF RECIPIENT - THE TEEN PROJECT, INC.

TO PROVIDE HEALING AND HOPE TO YOUNG WOMEN WHO HAVE SURVIVED HUMAN
TRAFFICKING AND HOMELESSNESS, MANY FROM FOSTER CARE, BY INNOVATING
PROGRAMS FOCUSED ON DRUG TREATMENT, PSYCHOTHERAPY, LIFE SKILLS, HIGHER
EDUCATION AND MENTORING ALL WITH A TRAUMA-INFORMED LENS.

NAME OF RECIPIENT - UNITED SUICIDE SURVIVORS INTERNATIONAL

TO CHANGE THE CULTURE OF WORKPLACES TO REDUCE JOB STRAIN AND NEGATIVE,
FEAR-BASED, PREJUDICIAL AND DISCRIMINATORY THROUGH, BEHAVIORS AND
SYSTEMS REGARDING SUICIDE AND MENTAL HEALTH WHILE AT THE SAME TIME
PROMOTING PSYCHOLOGICALLY HEALTHY NORMS AND ENVIRONMENTS.

NAME OF RECIPIENT - US COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

TO PROTECT THE RIGHTS AND ADDRESS THE NEEDS OF PERSONS IN FORCED OR
VOLUNTARY MIGRATION WORLDWIDE AND SUPPORT THEIR TRANSITION TO A

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

DIGNIFIED LIFE.

NAME OF RECIPIENT - VIRGINIA GARCIA MEMORIAL FOUNDATION

TO PROVIDE HIGH QUALITY, COMPREHENSIVE, AND CULTURALLY APPROPRIATE

PRIMARY HEALTH CARE TO THE COMMUNITIES OF WASHINGTON AND YAMHILL

COUNTIES WITH A SPECIAL EMPHASIS ON MIGRANT AND SEASONAL FARMWORKERS

AND OTHERS WITH BARRIERS TO RECEIVING HEALTH CARE.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE ROSENDIN FOUNDATION

Employer identification number

84-4957804

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization THE ROSENDIN FOUNDATION	Employer identification number 84-4957804
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROSENDIN HOLDINGS, LLC 880 MABURY ROAD SAN JOSE, CA 95133	\$ 1,270,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SORLEY FAMILY TRUST PO BOX 7280 INCLINE VILLAGE, NV 89450	\$ 76,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MILWAUKEE TOOLS 13135 W LISBON ROAD BROOKFIELD, WI 53005	\$ 48,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SUNBELT RENTALS 2341 DEERFIELD DRIVE FORT MILL, SC 29715	\$ 27,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BORDER STATES 5519 E WASHINGTON STREET PHOENIX, AZ 85034	\$ 25,585.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STAPLES 500 STAPLES DRIVE FRAMINGHAM, MA 01702	\$ 12,604.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ROSENDIN FOUNDATION	Employer identification number 84-4957804
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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	WESCO DISTRIBUTION 2350 E RIVERVIEW, SUITE 150 PHOENIX, AZ 89034	\$ 12,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CHAMPION FIBERGLASS 6400 SPRING STUEBNER ROAD SPRING, TX 77362	\$ 8,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CHUBB INSURANCE 436 WALNUT STREET PHILADELPHIA, PA 19106	\$ 8,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	EPIC BROKERS ONE STATE STEER PLAZA NEW YORK, NY 10004	\$ 8,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	OPTIMAL POWER SOLUTIONS 795 FOLSOM STREET, 1ST FLOOR SAN FRANCISCO, CA 94107	\$ 8,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	RUTAN AND TUCKER 3000 EL CAMINO REAL, SUITE 200 PALO ALTO, CA 94306	\$ 8,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ROSENDIN FOUNDATION	Employer identification number 84-4957804
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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
13	TRAVELERS 401 LENNON LANE WALNUT CREEK, CA 94598	\$ 8,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	ZURICH INSURANCE GROUP 525 MARKET STREET, SUITE 2900 SAN FRANCISCO, CA 94105	\$ 8,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	MATT ENGLERT 13905 SHEILA AVENUE MORGAN HILL, CA 95037	\$ 7,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	INDEPENDENT ELECTRIC 4704 E BASELINE ROAD PHOENIX, AZ 85042	\$ 6,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	CONTRACTORS ELECTRICAL DISTRIBUTOR MILPITAS, SAN FRANCISCO, AND SACRAMENT 1033 MONTAGUE EXPRESSWAY MILPITAS, CA 95035	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	INFINITY CONTRACTORS PO BOX 7627 BELMONT, NC 28012	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ROSENDIN FOUNDATION	Employer identification number 84-4957804
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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
19	MICHAEL K LINZEY 705 CARLTON WAY BEL AIR, MD 21014	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	VARELA, LEE, METZ, AND GUARINO 333 BUSH STREET, SUITE 1500 SAN FRANCISCO, CA 94104	\$ 5,000.	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.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ROSENDIN FOUNDATION	Employer identification number 84-4957804
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization THE ROSENDIN FOUNDATION	Employer identification number 84-4957804
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

THE ROSENDIN FOUNDATION

84-4957804

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
CTC INTEREST INCOME	39,970.	14,363.	25,607.	25,607.	
TO PART I, LINE 4	39,970.	14,363.	25,607.	25,607.	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	54,073.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	54,073.	0.	

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	1,978.	0.		1,978.
TO FM 990-PF, PG 1, LN 16A	1,978.	0.		1,978.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	10,605.	5,303.		5,302.
TO FORM 990-PF, PG 1, LN 16B	10,605.	5,303.		5,302.

THE ROSENDIN FOUNDATION

84-4957804

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OUTSIDE SERVICES	36,356.	0.		36,356.
INV MGT FEES	7,263.	7,263.		0.
TO FORM 990-PF, PG 1, LN 16C	43,619.	7,263.		36,356.

FORM 990-PF

TAXES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL INCOMES TAXES	1,997.	0.		0.
TO FORM 990-PF, PG 1, LN 18	1,997.	0.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
GOLF TOURNAMENT EXPENSES	65,074.	0.		0.
MEALS	12,189.	0.		12,189.
SUPPLIES	6,927.	0.		6,927.
DUES AND SUBSCRIPTIONS	3,604.	0.		3,604.
BANK CHARGES	1,090.	0.		1,090.
LICENSES	680.	0.		680.
OTHER	525.	0.		525.
EDUCATION	470.	0.		470.
TO FORM 990-PF, PG 1, LN 23	90,559.	0.		25,485.

THE ROSENDIN FOUNDATION

84-4957804

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 8

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AMERICAN CENTURY SMALL CAP (342 SHARES)	FMV	5,839.	5,839.
ARTISAN MID CAP FUND-INS (416 SHARES)	FMV	13,907.	13,907.
CLEARBRIDGE SMALL CAP GROWTH FUND IS (408 SHARES)	FMV	15,238.	15,238.
COMMERCE GROWTH FUND INSTITUTIONAL FUND #337 (1,640 SHARES)	FMV	54,174.	54,174.
COMMERCE MIDCAP GROWTH FUND INSTITUTIONAL # 339 (1,010 SHARES)	FMV	39,945.	39,945.
COMMERCE VALUE FUND INSTITUTIONAL FUND #346 (2,298 SHARES)	FMV	74,093.	74,093.
DFA US LARGE CAP VALUE PORTFOLIO (1,198 SHARES)	FMV	49,713.	49,713.
DFA US TARGETED VALUE PORTFOLIO (1,155 SHARES)	FMV	31,629.	31,629.
FIDELITY LARGE CAP GROWTH INDEX FUND (1,360 SHARES)	FMV	28,310.	28,310.
FIDELITY LARGE CAP VALUE INDEX FUND - INS PR (4,009 SHARES)	FMV	59,335.	59,335.
FIDELITY MID CAP VALUE INDEX FUND (4,016 SHARES)	FMV	91,281.	91,281.
T ROWE PRICE GROWTH STOCK FUND-I (852 SHARES)	FMV	52,592.	52,592.
T ROWE PRICE NEW HORIZONS FUND-I (296 SHARES)	FMV	13,795.	13,795.
CAUSEWAY EMERGING MARKETS FUND IS (1,169 SHARES)	FMV	10,291.	10,291.
DFA INTERNATIONAL SMALL COMPANY PORTFOLIO (642 SHARES)	FMV	11,186.	11,186.
LAZARD EMERGING MARKETS EQUITY PORT INSTL (931 SHARES)	FMV	13,558.	13,558.
MFS RESEARCH INTERNATIONAL FUND R6 (1,440 SHARES)	FMV	28,420.	28,420.
T ROWE PRICE OVERSEAS STOCK FUND-I (1,745 SHARES)	FMV	19,123.	19,123.
VANGUARD INTERMEDIATE TERM INVESTMENT GRADE FUND ADM (8,588 SHARES)	FMV	71,448.	71,448.
SCHWAB SHORT TERM US TREASURY ETF (710 SHARES)	FMV	34,250.	34,250.
BAIRD AGGREGATE BOND FUND-IS (9,127 SHARES)	FMV	87,621.	87,621.
COMMERCE BOND FUND FUND #333 (8,537 SHARES)	FMV	147,944.	147,944.
DODGE & COX INCOME FUND (7,262 SHARES)	FMV	88,528.	88,528.
TOTAL TO FORM 990-PF, PART II, LINE 13		1,042,220.	1,042,220.

THE ROSENDIN FOUNDATION

84-4957804

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VI-A, LINE 10

STATEMENT 9

NAME OF CONTRIBUTOR

ADDRESS

ROSENDIN HOLDINGS, LLC

880 MABURY ROAD
SAN JOSE, CA 95133

THE ROSENDIN FOUNDATION84-4957804

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 10

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVRG HRS/WK</u>	<u>COMPEN- SATION</u>	<u>EMPLOYEE BEN PLAN CONTRIB</u>	<u>EXPENSE ACCOUNT</u>
JOLSNA THOMAS 880 MABURY ROAD SAN JOSE, CA 95133	PRESIDENT 36.00	0.	0.	0.
SALINA BROWN 880 MABURY ROAD SAN JOSE, CA 95133	VICE PRESIDENT 2.00	0.	0.	0.
HANK BRASCH 880 MABURY ROAD SAN JOSE, CA 95133	SECRETARY 2.00	0.	0.	0.
MATT VAN FOSSEN 880 MABURY ROAD SAN JOSE, CA 95133	TREASURER 2.00	0.	0.	0.
MATT HISAKA 880 MABURY ROAD SAN JOSE, CA 95133	DIRECTOR 1.00	0.	0.	0.
JOHN KOESTER 880 MABURY ROAD SAN JOSE, CA 95133	DIRECTOR 1.00	0.	0.	0.
STEPHANIE ROLDAN 880 MABURY ROAD SAN JOSE, CA 95133	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		0.	0.	0.

THE ROSENDIN FOUNDATION

84-4957804

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

GRANT COMMITTEE
880 MABURY ROAD
SAN JOSE, CA 95133

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

833-767-3634

ANNUAL GRANT PROGRAM

EMAIL ADDRESS

N/A

FORM AND CONTENT OF APPLICATIONS

ANNUAL GRANT APPLICATION - THE ROSENDIN FOUNDATION CARES ABOUT THE WELL-BEING OF OUR COMMUNITIES BY PARTNERING WITH COMMUNITY-FOCUSED NON-PROFIT ORGANIZATIONS TO SUPPORT HEALTH, INCLUDING EMOTIONAL, NUTRITIONAL, AND OCCUPATION PROGRAMS.

ANY SUBMISSION DEADLINES

THE DEADLINE FOR THE GRANT CYCLE IS AUGUST 15TH.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE ROSENDIN FOUNDATION HAS ONE GRANT CYCLE FOR FINANCIAL GRANTS UP TO \$50,000. NON-PROFIT ORGANIZATIONS WISHING TO BE CONSIDERED FOR FUNDING MUST FIRST SUBMIT A COMPLETED GRANT APPLICATION, ALONG WITH COPIES OF THE ORGANIZATION'S (OR THEIR SPONSORING ORGANIZATION'S) 501(C)(3) DETERMINATION LETTER, MOST RECENT AUDITED FINANCIAL STATEMENT, AND LIST OF CURRENT BOARD MEMBERS. THE FOUNDATION WILL ISSUE GRANTS IN NOVEMBER ANNUALLY.