990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2016

Open to Public

Department of the Treasury internal Revenue Service

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

For the 2016 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change Name change FRIENDS OF ROSE CA 65-1227043 Initial return Number and street (or P.O. box, if mail is not deliver E Telephone number Final return/terminated 6804 FISK AVENUE 858-597-0220 Amended return City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Application pending SAN DIEGO Number > X Accrual Other (specify) Accounting Method: Cash Check ▶ if the organization is not Website: www.rosecanyon.org required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 86,427 Parti Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 775 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 Investment income 647 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 161 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 13,555 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 85,138 9 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 69,294 13 Professional fees and other payments to independent contractors 53,612 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 1,136 15 16 Other expenses (describe in Schedule O) 7,667 16 131,709 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -46,571Vet Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 479,925 19 Other changes in net assets or fund balances (explain in Schedule O) 20 433,354 Net assets or fund balances at end of year. Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O	to respond to any	question in this Part	11		X
		(A) Be	ginning of year		(B) End of year
ash, savings, and investments			479,367	22	432,812
Edila alla ballallias			0	23	
4 Other assets (describe in Schedule O)	****************		1,644	24	2,285
20 10141 433013			481,011	25	435,097
26 Total liabilities (describe in Schedule O)			1,086		1,743
27 Net assets or fund balances (line 27 of column (B) must ag	ree with line 21)		479.925	27	433,354
Part III Statement of Program Service Accom	plishments (se	ee the instructions for	Part III)		
Check if the organization used Schedule O	o respond to any	question in this Part	III X		Expenses
What is the organization's primary exempt purpose?				(Re	quired for section
See Schedule O					(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for	each of its three la	rgest program services.			anizations; optional for
as measured by expenses. In a clear and concise manner, describ	be the services pro-	vided, the number of	5		ers.)
persons benefited, and other relevant information for each program	n title.			•	
28 See Schedule O					
E-170					

(Grants \$ 22,502) If this amount includes	foreign grants, che	ck here		28a	54,377
29 See Schedule O				20a	34,317
		i monte de la constante de la			
(Grants \$ 2,000) If this amount includes	foreign grants, che	ck hara		29a	61 100
3U See Schedule O				29a	61,180
(Grants \$) If this amount includes	foreign grants, che	ok hara		20-	77
31 Other program services (describe in Schedule O)	Toroign grants, one	CK Here		30a	
(Grants \$) If this amount includes	foreign grants, cho	ok horo		0.4	
7 ii tille ameant molades	Toreign grants, the	GK DETE		31a	
32 Total program service expenses (add lines 28a through 31a	\				115 624
32 Total program service expenses (add lines 28a through 31a Part W List of Officers, Directors, Trustees, and Key F	mployees (list occ	h one even if not some	nsated — see the	22	115,634
32 Total program service expenses (add lines 28a through 31a Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	mployees (list occ	h one even if not compe n in this Part IV	nsated — see the	22	115,634
32 Total program service expenses (add lines 28a through 31a Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	mployees (list eac	h one even if not compern in this Part IV (c) Reportable compensation	(d) Health ben	32 instruc	ctions for Part IV)
32 Total program service expenses (add lines 28a through 31a Part W List of Officers, Directors, Trustees, and Key F	mployees (list eac pond to any question	h one even if not compe n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health beni contributions to er benefit plans,	instruction of the series of t	ctions for Part IV)
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