Form **990-EŽ** 

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public Inspection

Α	For the	2008 calendar year, or tax year beginning and ending				<del></del>		
В	Check if	applicable Please C Name of organization	D Emplo	yer identification number				
Н	Address	inhologia	6 5	1227042				
Н	Name ch	print or FRIENDS OF ROSE CANYON		1227043 hone number				
Н	Initial ret	See COOA TITOU ANDROUGH	, tallion and all a second to the second to					
Н	Terminal	Specific Specific	L			S - 597 - 0220 Exemption		
Н	Amende	manue GANT DIEGO GA 02122			Numb			
Щ		on pending Utons.   SAN DIEGO CA 92122 tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach		G Accounting		Cash X Accrual		
	• Seci	a completed Schedule A (Form 990 or 990-EZ).	ļ	Other (specify)		Casil Las Accidal		
_	Websit	e: www.rosecanyon.org		H Check ▶	If the	organization is <b>not</b>		
'n		zation type (check only one)— X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or	527	required to	attach Sche	dule B (Form 990,		
	Check							
		equired, but if the organization chooses to file a return, be sure to file a complete return.		,		••		
		s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Fo	orm 990-EZ		▶ \$	321,593		
_	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balance			uctions fo	or Part I.)		
	1	Contributions, gifts, grants, and similar amounts received	•		1	103,606		
	2	Program service revenue including government fees and contracts			2			
	3	Membership dues and assessments			3			
	4	Investment income			4	4,018		
	5a	Gross amount from sale of assets other than inventory 5a						
95	b	Less: cost or other basis and sales expenses 5b						
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	•		5c			
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming	, check he	re 🕨 🗀				
Revenue	a	Gross revenue (not including \$ of contributions	-,		'			
æ		reported on line 1) 6a						
	ь	Less direct expenses other than fundraising expenses 6b						
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c			
	7a	Gross sales of inventory, less returns and allowances 7a						
	Ь	Less cost of goods sold 7b	1					
	°	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		<del> </del>	7c			
	8	Other revenue (describe  See Statement 1			) 8	213,969		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		<del></del>	9	321,593		
_	10	Grants and similar amounts paid (attach schedule)		<del></del>	10			
5007	11	Benefits paid to or for members			11	······································		
⋜	1	Salaries, other compensation, and employee benefits			12	37,684		
အ စို့	13	Professional fees and other payments to independent contractors			13	73,818		
Sesuedx:	14	Occupancy, rent, utilities, and maintenance			14			
ĘΧ̈	15				15	2,394		
]"	16	Printing, publication Figos applying Statement 2			) 16	47,072		
$\supset$	17	Total expenses. Add lines 10 through 1600			17	160,968		
₩ <u>8</u>	18	Excess of Apricial the Year ( Author 17 from line 9)		****	18	160,625		
<b>爱</b> g	19	Net assets or fund balances at beginning of year (grom line 27, column (A)) (must agree with end-of-year figure	ure reported o	n pnor vear's return)	) — <del> </del>	18,827		
<b>₹</b>	20	Other changes in get assets of fund balances (attach explanation)		p.i.or your o rottom,	20	· · · · · · · · · · · · · · · · · · ·		
SCANNED Not Assets	21	Net assets of fund balances at end of year: Combine lines 18 through 20			▶ 21	179,452		
-	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more,	file Form	990 instead of				
		(See the instructions for Part II.)		Beginning of year		(B) End of year		
22	Cash.	savings, and investments		56,8	19 22	205,266		
		and buildings			23			
		assets (describe  See Statement 3	,	_	24	2,908		
	Total		·	56,8		208,174		
		liabilities (describe ► See Statement 4	,	37,9		28,722		
		sets or fund balances (line 27 of column (B) must agree with line 21)		18,8		179,452		
_		cy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.				Form 990-EZ (2008)		
DA		•				IQ Zd		
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form 990-EZ (2008) FRIENDS OF ROSE CANYON		-122/043			Page 2
Part III Statement of Program Service Accomplishments	(See the instructi	ons for Part III	<u>.)</u>	Exp	oenses
What is the organization's primary exempt purpose?				(Required	l for 501(c)(3)
See Statement 5				and (4) or	ganizations
Describe what was achieved in carrying out the organization's exempt purposes. In	a clear and concise ma	anner,		and 4947	(a)(1) trusts;
lescribe the services provided, the number of persons benefited, or other relevant in				optional fo	
8 See Statement 6				<u></u>	<u> </u>
o See Statement v					
Vallation annual includes feeting annual a	hl. h		$\neg 1$ .		26,942
(Grants \$ ) If this amount includes foreign grants, c	neck nere		<del></del>	28a	20,342
See Statement 7			1	į.	
				i	
			<u>,  </u>		
(Grants \$ ) If this amount includes foreign grants, c	heck here	<u> </u>	نلل	29a	87,659
See Statement 8					
(Grants \$) If this amount includes foreign grants, c	heck here	<b>.</b>	$\square$ :	30a	35,348
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign grants, c	heck here	•	$\Box$	31a	
Total program service expenses (add lines 28a through 31a)	TICOR HOTO			32	149,949
	and over if not co	mnoncated (See			
Part IV List of Officers, Directors, Trustees, and Key Employees. List e	(b) Title and average	(c) Compensation	(d) C	Contributions to	(e) Expense
(a) Name and address	hours per week	(If not paid,	employe	e benefit plans &	account and
	devoted to position	enter -0)	deferre	d compensation	other allowances
DEBORAH KNIGHT SAN DIEGO	PRESIDENT		]		
6804 FISK AVENUE CA 92122		34,296	5	0	0
GRETCHEN NELL SAN DIEGO	VICE PRES				
6804 FISK AVENUE CA 92122		(		0	0
LISA HEIKOFF SAN DIEGO					
6804 FISK AVENUE CA 92122		(	0	0	0
KEVIN WIRSING SAN DIEGO	TREASURER				
6804 FISK AVENUE CA 92122		1	اه	0	0
LARRY HOGUE SAN DIEGO	SECRETARY				<u> </u>
6804 FISK AVENUE CA 92122	020022	1	اه	0	
GOUT FISH AVERUE CA 72122		,	<del></del>		
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			}		
			$\bot$		ļ
DAA				F	orm <b>990-EZ</b> (2008)

At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country:

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 45 "Yes," Form 990 must be completed instead of Form 990-EZ

Yes No X

Form 990-EZ (2008)

Yes X No

employed >

EIN

Phone

no 🕨

Paid

Preparer's

Use Only

signature

Firm's name (or yours

address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

ıf self-employed),

This tax return

non-paid preparer.

prepared by a

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

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate Instructions.

OMB No 1545-0047

**2008**Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS OF ROSE CANYON

Employer identification number 65 – 1227043

Pa	art I	Reason for Public Charit	y Status (All organizations	must co	mplete	this p	art.) (s	ee ins	tructio	ons)		
The	orgar	nization is not a private foundation becau	se it is: (Please check only one or	ganization.	)							
1	$\Box$	A church, convention of churches, or as	sociation of churches described in	section 1	70(b)(1)( <i>A</i>	A)(i).						
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ili). (Attach Schedule H.)									
4	П	A medical research organization operati							e hospil	tal'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 Pa	- ·		-, - g-··							
6	$\Box$	A federal, state, or local government or		ction 170(i	5)(1)(A)(v	<b>\</b>						
7	H	An organization that normally receives a					the ge	neral nu	blic			
•	ப	described in section 170(b)(1)(A)(vI).	•	ira govorni	incinal an	0 0	i ale gei	iciai po	50			
8	$\Box$	A community trust described in section		1.1								
9	X	An organization that normally receives.		•	ntributions	s memb	archin fa	ee and	laross			
3		receipts from activities related to its exe	• • • • • • • • • • • • • • • • • • • •						_			
		support from gross investment income a	•						113			
		acquired by the organization after June		•		i waxi ii	om busii	103303				
10		An organization organized and operated			•	n\(A\) (c)	oo inetru	ctions\				
11	H	An organization organized and operated	• •	•	•	, .		,				
•••	ш	purposes of one or more publicly suppo	•				•		tion			
		509(a)(3). Check the box that describes		-								
		a Type I b Type II	c Type III–Function		•	d	一ĭ	ıı. e III–Otl	205			
^		By checking this box, I certify that the or	<b>—</b> "			,			ICI			
e	ш	persons other than foundation manager	•				•		rtion			
		509(a)(1) or section 509(a)(2).	and outer than one or more publi	oly suppor	ica organi	Zadono	0000100		2011			
f		If the organization received a written de	termination from the IRS that it is a	Type I Ty	me II or T	vne III e	upportin					
•		organization, check this box		i type i, ty	pe 11, 01 1	ype iii s	арроган	9				
_		<del>-</del>	ation accepted any diff or contribut	tion from a	ny of the							ш
g		Since August 17, 2006, has the organiz	ation accepted any gift of contribu	uon nom a	iy or use							
		following persons?	agatrala, githar along or tagathar u	uth noroen	docombo	d in (ii)						
		(i) A person who directly or indirectly	•	nui personi	s describe	:u iii (ii)				14-0)	Yes	No
		and (iii) below, the governing body  (ii) A family member of a person desc	• • •							11g(i) 11g(ii)		<u> </u>
		(III) A 35% controlled entity of a person	• •							11g(ii)		<del> </del>
<b>h</b>		· ·	** **	cupports						Lington	<u>и</u>	<u> </u>
h		Provide the following information about	the organizations the organization	T- Supports.		1		т.				
(i)		e of supported (ii) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization		ou notify	(vi) I organizat	s the	, ,	nount of	
	Org	ganization	above or IRC section	1	sted in your document?	-	nization in of your	1 -	zed in the	sup	port	
			(see instructions) )			sup	port?		S۶			
				Yes	No	Yes	No	Yes	No			
				1		<u> </u>	ļ					
				<u> </u>			-	<del> </del>				
				1		<u> </u>				<del></del>		
			-	-	-			<del> </del>		<u> </u>		
Tota	al											

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2007. 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 IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(e) 2008

(d) 2007

(c) 2006

(b) 2005

(f) Total

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.)

(a) 2004

DAA						Schedule A (Form 99	0 or 990-EZ) 2008
20	Private foundation. If the organization did				nd see instructions	<u></u>	<b>_</b>
	line 18 is not more than 33 1/3 %, check th						<b>&gt;</b>
b	33 1/3 % support tests—2007. If the orga						
	17 is not more than 33 1/3 %, check this big						▶ [
19a	33 1/3 % support tests—2008. If the orga			14, and line 15 is m	ore than 33 1/3 %.		
18	Investment income percentage from 2007					18	%
17	Investment income percentage for 2008 (li			column (f))		17	%
	ction D. Computation of Investme						
16	Public support percentage from 2007 Sche		-	vn.		16	%
15	Public support percentage for 2008 (line 8,			(f))	· •	15	%
Sec	ction C. Computation of Public Su		ge		<del></del>		
	organization, check this box and stop here			, <u></u> your a		-,	<b>▶</b> 🗵
14	First five years. If the Form 990 is for the	organization's first.	second, third, fourt	h, or fifth tax vear a	s a section 501(c)(	3)	
	and 12)	30,224			2.2,200		483,100
13	Total support. (Add lines 9, 10c, 11,	38,224	46,710	116,279	174,263	107,624	
-	loss from the sale of capital assets (Explain in Part IV.)			[ [	,		
12	Other income. Do not include gain or				1		
	whether or not the business is regularly carried on		· · · · · · · · · · · · · · · · · · ·				
	activities not included in line 10b,				1		
11	Net income from unrelated business						
С	Add lines 10a and 10b	-			908	4,018	4,926
-	section 511 taxes) from businesses acquired after June 30, 1975						
b	Unrelated business taxable income (less	1					
	rents, royalties and income from similar sources				908	4,018	4,926
	payments received on securities loans,						
10a	Gross income from interest, dividends,						
9	Amounts from line 6	38,224	46,710	116,279	173,355	103,606	478,174
	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Sec	tion B. Total Support	.,,,,,					
8	line 6.)	38,224	40,710	110,2/9	1/3,355	103,600	478,174
C	Add lines 7a and 7b  Public support (Subtract line 7c from	38,224	46,710	116,279	173,355	103,606	
_	the year or \$5,000	-					
	persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for					Ì	
b	received from other than disqualified				Ì		
<b>L</b>	received from disqualified persons  Amounts included on lines 2 and 3						
7a	Amounts included on lines 1, 2, and 3						
6	Total. Add lines 1-5	38,224	46,710	116,279	173,355	103,606	478,174
	furnished by a governmental unit to the organization without charge						
5	The value of services or facilities						
-	benefit and either paid to or expended on its behalf						·
4	Tax revenues levied for the organization's						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	organization's tax-exempt purpose	···					
	sold or services performed, or facilities furnished in any activity that is related to the						
2	Gross receipts from admissions, merchandise	33,223					
	membership fees received (Do not include any "unusual grants")	38,224	46,710	116,279	173,355	103,606	478,174
1	Gifts, grants, contributions, and						

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

#### **Political Campaign and Lobbying Activities**

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

FRIENDS OF ROSE CANY	ON		65-12270	43
Part I-A To be completed by all organization	s exempt under section 5	01(c) and sect	tion 527 organizat	ions.
See the instructions for Schedule C f	•			
Provide a description of the organization's direct and ind	irect political campaign activities ir	Part IV.	<del></del>	
2 Political expenditures			▶ \$	
3 Volunteer hours				
Part I-B To be completed by all organization	s exempt under section 5	01(c)(3).		·
See the instructions for Schedule C f	or details.			
Enter the amount of any excise tax incurred by the organ	nization under section 4955		▶ \$ _	
2 Enter the amount of any excise tax incurred by organization	tion managers under section 4955		▶ \$ _	<del>_</del>
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 To be completed by all organization	s exempt under section 5	01(c), except	section 501(c)(3).	
See the instructions for Schedule C f	or details.			
1 Enter the amount directly expended by the filing organizati	on for section 527 exempt function	1		
activities			▶ \$ _	
2 Enter the amount of the filing organization's funds contribu	ted to other organizations for secti	ion	<del>_</del> .	
527 exempt function activities			▶ \$	
3 Total of direct and indirect exempt function expenditures. A	Add lines 1 and 2 and enter here a	nd		
on Form 1120-POL, line 17b			▶ \$	
4 Did the filing organization file Form 1120-POL for this year	?			Yes No
5 State the names, addresses and employer identification no	ımber (EIN) of all section 527 polit	ical organizations	to which payments	
were made. Enter the amount paid and indicate if the amo	unt was paid from the filing organia	zation's funds or w	ere political	
contributions received and promptly and directly delivered	to a separate political organization	n, such as a separa	ate segregated fund	
or a political action committee (PAC) If additional space is	needed, provide information in Pa	art IV.		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	·		filing organization's	contributions received and
			funds If none, enter -0-	promptly and directly
			ļ	delivered to a separate political organization If
				none, enter -0-
		•		
				<del></del>
				<del></del>
DAA For Privacy Act and Paperwork Reduction Act Notice,	see the instructions for Form 99	90.	Schedule C (Form	1 990 or 990-EZ) 2008

section 4911 tax for this year?

che	edule C (Form 990 or 990-EZ) 2008 FRI	ENDS OF ROSE CANYON	65-122704	3 Page 2
P		anizations exempt under section 501(c)(3		
		501(h)). See the instructions for Schedule	C for details.	
1	Check ▶ ☐ if the filing organizati	ion belongs to an affiliated group.		
3	Check 🕨 🔲 if the filing organizati	ion checked box A and "limited control" pro	ovisions apply.	
		bying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" n	neans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence pub	olic opinion (grass roots lobbying)	262	
b	Total lobbying expenditures to influence a le	egislative body (direct lobbying)	1,669	
c	Total lobbying expenditures (add lines 1a ai	nd 1b)	1,931	
d	Other exempt purpose expenditures		160,968	
е	Total exempt purpose expenditures (add lin	es 1c and 1d)	162,899	
1	Lobbying nontaxable amount. Enter the amount	ount from the following table in both		· ·
	columns.		32,580	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
l	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		
I	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)	8,145	
r	Subtract line 1g from line 1a Enter -0- if line	e g is more than line a	0	
i	Subtract line 1f from line 1c. Enter -0- if line	f is more than line c	0	
1	If there is an amount other than zero on eith	ner line 1h or line 1i, did the organization file Form 4720	reporting	

#### 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 instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal beginning in)	year (a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total				
2a Lobbying non-taxable amou	int 13,679	17,239	34,619	32,580	98,117				
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e)</li> </ul>	)				147,176				
c Total lobbying expenditures	52	18,539	9,273	1,931	29,795				
d Grassroots non-taxable am	ount 3,420	4,310	8,655	8,145	24,530				
e Grassroots ceiling amount (150% of line 2d, column (e	))				36,795				
f Grassroots lobbying expen	ditures 52		540	262	854				

Schedule C (Form 990 or 990-EZ) 2008

Yes No

Schedule C (Form 990 or 990-EZ) 2008

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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?

b If "Yes," enter the amount of any tax incurred under section 4912

X

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details. (b) Yes No Amount 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: X Volunteers? X Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X c Media advertisements? X d Mailings to members, legislators, or the public? X e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? X g Direct contact with legislators, their staffs, government officials, or a legislative body? X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? X i Other activities? If "Yes," describe in Part IV j Total lines 1c through 1i

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

FRIENDS OF ROSE CANYON

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

	Dues, assessments and similar amounts from members		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).	_	
а	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 (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information.

## 20052005 FRIENDS OF ROSE CANYON

65-1227043 FYE: 12/31/2008

## **Federal Statements**

#### Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

	Description	 Amount
LEGAL FEES	REIMBURSEMENT	\$ 213,969
Total		\$ 213,969

#### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Travel	1,265
Insurance	1,808
CONSULTANT FEES	30,101
OUTREACH EXP	12,012
LICENSES & FEES	120
BANK CHGS/PAYPAL FEES	84
OFFICE SUPPLIES/EXP	1,532
STAFF TRAINING	150
Total	\$ 47,072

#### Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year		
Accounts Receivable	\$	\$ 2,908		
Total	\$0	\$ 2,908		

#### Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	E	Beginning of Year	 End of Year
Accounts Payable and Accrued Expenses Payroll Taxes Payable	\$	35,867 2,125	\$ 27,790 932
Total	\$	37,992	\$ 28,722

65-1227043

## **Federal Statements**

FYE: 12/31/2008

#### Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

TO PROTECT, PRESERVE AND RESTORE ROSE CANYON AND THE ROSE CREEK WATERSHED.

# Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

#### Description

#### EDUCATIONAL ACTIVITIES

- a. Events in Rose Canyon: nature walks and live animal presentations for school, scout groups, and general public. 25 events, total of 1000 attendees.
- b. Teacher training session at local school and two in-class lessons for each of four classes: served 5 teachers and 136 students.
- c. Native plant restoration: 25 participants at one event.
- d. Outreach: two events that reached 500 people.

# Statement 7 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

#### Description

RESEARCH, ANALYSIS, PUBLIC REVIEW AND COMMENT, LEGAL ACTION:

Worked with attorneys and technical experts to submit comments on environmental studies for a major development project that could have negative impacts on Rose Canyon. Reviewed public records related to the project, provided information to the public to comment, testified at hearings. Worked on on-going lawsuit over the City's violation of state environmental law in relation to a proposed road project that would impact Rose Canyon. Researced additional issues related to protecting Rose Canyon.

# Statement 8 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

#### Description

COLLABORATION WITH OTHER ORGANIZATIONS AND CITY STAFF a. Helped create new non-profit organization to promote, protect and restore San Diego canyons and creeks. b. Worked with stakeholders region-wide on issues that would impact Rose Canyon: brush management; potential discharges into Rose Creek; monthly water quality monitoring.

c. Monitored Rose Canyon Open Space Park and communicated with rangers; met with city staff on native plant restoration project; worked with city staff on assessing impacts of possible access paths in Rose Canyon.

DLN: 93492137032090

2009

OMB No 1545-1150

**Short Form** Form 990-EZ

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

Department of the Treasury Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than Open to Public \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Inspection

		e 2009 calendar year, o	or tax year	•	, and endin	<u> </u>	· · ·			entification number
_		change Please use IRS	FRIEND:	S OF ROSE CANYON				-	-	
$\prod_{N}$	ame ch	nange label or	- Number	and street (or P O bo	x, if mail is not delivered to str	eet address	s) Room/suite	65-12 <b>E</b> Teleph	27043 one nur	mber
_	ııtıal ret erminat	rype.		SK AVENUE `				5,661		597-0220
_		Specific		own, state or country,	and ZIP + 4			<b>F</b> Group	Exempt	tion
_		on pending Instructions.	- SAN DIE	GO, CA 92122				Numb		<b>&gt;</b>
<b>♣</b> Se	ction				mpt charitable trusts 990 or 990-EZ). 🕏		ccounting m ther (specify		– Cas	h 🔽 Accrual
I W e	ebsit e	: WWW ROSECAN	YON ORG			н	Check ► 「	ıfthe	-	zation
				01(c)(3) <b>4</b> (insert no	)	27	is <b>not</b> requir Schedule B			)-EZ, or 990-PF)
					ipporting organization and		s receipts ar	e normal	y not	more than
					but if the organization ch o or more, file Form 990 instea			De sure	to file	55,356
	rt I				Net Assets or Fund				ns for	<u> </u>
	1	Contributions, gifts,							1	52,759
	2	Program service rev	enue ınclu	dıng government fe	es and contracts .			.	2	
	3	Membership dues ar	nd assessn	nents				.	3	
	4	Investment income						·. ⊢	4	2,597
	5a	Gross amount from	sale of ass	ets other than inve	ntory	5a	.	·	•	
a)	b	Less cost or other				5b				
Ĭ	°			·	tory (Subtract line 5b fro				5c	
Revenue	6	• •			e parts of Schedule G) If			aming,		
		•		-f						
	a	Gross revenue (not	nclualing \$	_or contributions		1 -	1			
		reported on line 1)	• •			6a				
	b	Less direct expens				6b				
	C		•		tities (Subtract line 6b fro	om line 6 I	a)	•	6с	
	7a	Gross sales of inver	• •	returns and allowan	ces	7a	1			
	b	Less cost of goods	sold .			7b	)			
	С	Gross profit or (loss	) from sale	s of inventory (Sub	tract line 7b from line 7a)				7c	
	8	Other revenue (desc							8	
	9	Total revenue. Add	ınes 1, 2,	3, 4, 5c, 6c, 7c, and	18			•	9	55,356
	10	Grants and similar a	mounts pa	ıd (attach schedule	)				10	
	11	Benefits paid to or fo	r members						11	
	12	Salaries, other comp	ensation,	and employee bene	fits			[	12	46,310
e e	13	Professional fees an	d other pay	ments to independ	ent contractors				13	18,165
9	14	Occupancy, rent, ut	lities, and	maintenance .				[	14	742
Expenses	15	Printing, publication	s, postage	, and shipping .				. [	15	
	16	Other expenses (de	s c rıbe 🕨 🍱	]				,	16	12,596
	17	Total expenses. Add		hrough 16				<b>▶</b>	17	77,813
100	18	Excess or (deficit) fo	or the year	(Subtract line 17 fr	om line 9)				18	-22,457
NetAssets	19	Net assets or fund b	alances at	beginning of year (	from line 27, column (A))	(must ag	ree with		$\neg \uparrow$	
4		end-of-year figure re	ported on	prior year's return)				.	19	179,452
ž	20	Other changes in ne	t assets or	· · fund balances (att	ach explanation) .			.	20	·
	21	Net assets or fund b	alances at	end of year Combi	ne lines 18 through 20			▶ ┌	21	156,995
Pa	rt II	Balance Sheet	<b>s—</b> If Total	assets on line 25,	column (B) are \$1,250,0	00 or mo	re, file Form	990 ınst		
		(500	the instruc	tions for Part II)		(A) Ro	ginning of ye	<u> </u>	/B\	End of year
22	Cash	•		cions for rait ir )		(A) Be			(B)	
		, savings, and investr and buildings .	161112				205	,266 <b>22</b>		187,549
			 a				າ	908 <b>24</b>		4,577
		r assets (describe 🕞	<u></u>		)					
		assets  liabilities (describe	· %					,174 <b>25</b> ,722 <b>26</b>		192,126 35,131
			-	of column (P)	agree with line 21\	<u> </u>			<u> </u>	
41	net a	ssets or fund balance	<b>∍</b> (iiiie ∠ / (	n column (D) must	agree with line ZI) .	I	1/9	,452 <b>27</b>	1	156,995

Part III Statement of Program S		nents (See the instruction	s for Part III )		Expenses
What is the organization's primary exempt   TO PROTECT, PRESERVE AND RESTORE	•	E DOSE CDEEK WATER	CHED		quired for section 501 3) and 501(c)(4)
Describe what was achieved in carrying out				1 ' ''	anizations and section
describe the services provided, the number program title		• •	•		7 (a)(1) trusts , onal for others )
28 EDUCATIONAL ACTIVITIES A OUTD	OOR NATURE EVENTS (	GUIDED NATURE WAL	KS, NATIVE		
PLANT RESTORATION PROJECTS AND E	VENTS FOR SCHOOL GR	OUPS, SCOUT GROUP	S, AND THE		
GENERAL PUBLIC SIXTY EVENTS WITH					
ADULTS) B OUTREACH ONE EVENT TH PRESENTATIONS ON ENVIRONMENT AT					
	s amount includes foreign (			28a	18,414
29 RESEARCH, ANALYSIS, ADVOCACY, LISSUES RELATED TO THE ROSE CREEK	WATERSHED B ATTEND	ED MEETINGS RELATI	ED TO THE ROSE		·
CREEK WATERSHED C WORKED ON ON IMPACT ROSE CANYON D COMMUNICA					
ROSE CREEK WATERSHED E WORKED W					
THAT WOULD IMPACT THE ROSE CREEK					
(Grants \$ ) If this	s amount includes foreign (	grants, check here .	▶┌	29a	46,395
30 COLLABORATION WITH OTHER ORGAENVIRONMENTAL REPORT CARD FOR ELPROPOSED STORM WATER PROGRAM BC SERVED ON ADVISORY BOARD FOR SERVED	LECTED OFFICIALS AND CONDUCTED REGULAR	RESPONSE TO CITY WATER MONITORING	OF SAN DIEGO'S G IN ROSE CREEK		
CITIES COALITION, RECEIVED GRANT					
AND NATURE COLLABORATIVE F PART CHILDREN FROM AFTERSCHOOL PROGREMONITORED ROSE CANYON OPEN SPACE	AM ON GUIDED NATURE	WALKS IN ROSE CAN	IYON G		
OTHER CITY STAFF					
(Grants \$ ) If this  31 Other program services (attach schedul	s amount includes foreign (	grants, check here .	<u> ▶ ┌</u>	30a	4,400
	s amount includes foreign	grants, check here	<u>: :                                  </u>	31a	
32 Total program service expenses (add line				32	69,209
Part IV List of Officers, Directors, Trus		1	1		·
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	ans &	(e) Expense account and other allowances
	devoted to position	enter -o)	deletted compens	111011	other allowances

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	22		NI -	
24	·	33		No	
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νo	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033				
	(e) notice, reporting, and proxy tax requirements? 🔁	35a		Νo	
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Νο	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a				
b	Did the organization file Form 1120-POL for this year?	37b		Νo	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were				
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νo	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b				
39	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on line 9 39a				
ь	Gross receipts, included on line 9, for public use of club facilities 39b				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under				
	section 4911 , section 4912 , section 4955				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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				
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo	
41	List the states with which a copy of this return is filed 🕨 CA				
42a	The organization's books are in care of DEBORAH KNIGHT Telephone no	<b>(85</b>	8) 597	-0220	
	6804 FISK AVENUE  Located at SAN DIEGO, CA  ZIP + 4	<b>▶</b> 92	2122		
ь	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	425	Yes	No	
	account)?	42b		Νο	
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νo	
	If "Yes," enter the name of the foreign country 🕨				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> Г	
			Yes	No	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of				
	Form 990-EZ.	44		Νo	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νο	
			90-E7		

	All section 501(c)(3) orga 46-49b and complete the	tables for lines 50 and	1 3 1 .					
<b>16</b> Did t	the organization engage in direct	or indirect political camp	aıgn actıvıtıes on beha	lf of or in oppo	sition to		Yes	No
cand	lidates for public office? If "Yes,"	complete Schedule C, P	art I 📆			46		Νo
<b>7</b> Did t	old the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 🕏						Yes	
8 Isth	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							Νo
49a Did the organization make any transfers to an exempt non-charitable related organization?								Νo
<b>b</b> If"Y	es," was the related organization	ı a section 527 organizat	ion?			49b		
	plete this table for the organizati loyees) who each received more			,	,			
	e and address of each employee aid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee b	ibutions to enefit plans & empensation	a	Exper count a rallowa	and
ONE								
<b>i1</b> Com	tal number of other employees pa	on's five highest compen		· · · · ·	▶	•	an \$10	0,000
1 Com ofco (a) N		on's five highest compen n If there is none, enter '	'None "	_	▶ ach received m		an \$100 Compens	
1 Com ofco (a) N	iplete this table for the organizati ompensation from the organizatio	on's five highest compen n If there is none, enter '	'None "	_				
1 Com ofco (a) N	iplete this table for the organizati ompensation from the organizatio	on's five highest compen n If there is none, enter '	'None "	_				
1 Com ofco (a) N	iplete this table for the organizati ompensation from the organizatio	on's five highest compen n If there is none, enter '	'None "	_				
<b>1</b> Com	iplete this table for the organizati ompensation from the organizatio	on's five highest compen n If there is none, enter '	'None "	_				
1 Com of co (a) N	iplete this table for the organizati ompensation from the organizatio	on's five highest compen n If there is none, enter ' ndent contractor paid mo	'None " re than \$100,000	_				
1 Comofco (a) N ONE	iplete this table for the organization ompensation from the organizatio lame and address of each indepe	on's five highest compen  If there is none, enter '  ndent contractor paid mo  contractors each receivin	re than \$100,000  g over \$100,000  Th, including accompanying s	(b) Type	of service	(c) C	ompen:	sation
1 Com of co (a) N  ONE  1(d) Total	tal number of other independent of under penalties of perjury, I declare and belief, it is true, correct, and com	on's five highest compen  If there is none, enter '  ndent contractor paid mo  contractors each receivin	re than \$100,000  g over \$100,000  Th, including accompanying s	(b) Type	of service	(c) C	ompen:	sation
1 Com of co (a) N  ONE  1(d) Total ease gn	tal number of other independent of Under penalties of perjury, I declare and belief, it is true, correct, and com	on's five highest compen  If there is none, enter '  ndent contractor paid mo  contractors each receivin	re than \$100,000  g over \$100,000  Th, including accompanying s	(b) Type	of service	(c) C	ompen:	sation
1 Com of co (a) N  ONE  1(d) Tot ease gn ere	tal number of other independent of and belief, it is true, correct, and compensation of officer    DEBORAH KNIGHT PRESIDENT	on's five highest compen If there is none, enter indent contractor paid mo	g over \$100,000 .  m, including accompanying somethan officer) is based  ate D10-05-17 C. See	(b) Type  checkedules and state on all information  2010-05  Date	of service	(c) C	ompen:	sation
1 Com of co (a) N ONE  1(d) Total lease ign ere	tal number of other independent of and belief, it is true, correct, and compensation of officer  DEBORAH KNIGHT PRESIDENT Type or print name and title  Preparer's signature  Firm's name (or yours POWELL TA	on's five highest compen If there is none, enter indent contractor paid mo	g over \$100,000 .  m, including accompanying somethan officer) is based  ate D10-05-17 C. See	(b) Type  check If elf- mpolyed •   (b) Type	of service  ements, and to the of which prepare is-17	(c) C	ompen:	sation
1 Com of co (a) N	tal number of other independent of and belief, its true, correct, and compensation of formal belief, its true, correct, and compensation of ficer    DEBORAH KNIGHT PRESIDENT Type or print name and title	on's five highest compen If there is none, enter indent contractor paid motor of the part	g over \$100,000 .  m, including accompanying somethan officer) is based  ate D10-05-17 C. See	(b) Type  check if elf- mpolyed   (b) Type	of service  ements, and to the of which prepare 5-17  Preparer's identify (See instructions)	(c) C	ompen:	sation

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

#### OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization FRIENDS OF ROSE CANYON

# **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.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number** 

									65-122704	3	
	rt I			olic Charity Stat						ructions	
he	organiz	zatıon ıs	not a private	e foundation because	ıtıs (Forlır	nes 1 throug	h 11, check	only one box	)		
1	Γ	A churc	:h, conventio	on of churches, or as:	sociation of d	churches <b>se</b>	ction 170(b)	(1)(A)(i).			
2	$\sqcap$	A schoo	ol described	ın <b>section 170(b)(1)</b>	(A)(ii). (Atta	ach Schedul	e E )				
3	$\sqcap$	A hospi	tal or a coop	erative hospital serv	vice organiza	ition describ	ed in <b>section</b>	170(b)(1)(A	)(iii).		
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state									
5	$\Gamma$	An orga	nızatıon ope	rated for the benefit	of a college o	or university	owned or op	erated by a g	overnmental	unıt describ	 ed ın
		section	170(b)(1)(A	<b>A)(iv).</b> (Complete Pa	rt II )						
6	$\vdash$	A feder	al, state, or l	local government or	governmenta	ıl unıt descri	bed in <b>sectio</b>	n 170(b)(1)(	A)(v).		
7	Γ	describ	ed ın	t normally receives a		part of its s	upport from a	government	al unit or fror	n the genera	l public
_	_			A)(vi) (Complete Pa		\(\alpha = \frac{1}{2}  \( \alpha = \frac{1}{2}  \( \alpha = \frac{1}{2}  \alpha \)		`			
8	   <b> </b>			described in <b>section</b>							
9	1•			t normally receives							
		•		ties related to its ex	-	_					
			_	ss investment incom				· ·		x) from busir	iesses
• •	_	•		anization after June 3	•			•	•		
10	<u> </u>	An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of									
11	ı	_	_	•							
					upported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the type of supporting organization and complete lines 11e through 11h						
			Type I	<b>b</b> Type II		_	- Functionally	_	d	┌ Type II	II - Other
e	Γ	other th	nan foundatio	x, I certify that the o on managers and oth	-		•	•	•	•	•
f			509(a)(2)	eceived a written det	termination f	rom the IDS	that it is a T	vne I Tvne I	I or Type III	supporting	organization
•		check t	-	eceived a written de	termination i	rom the 1K5	that it is a i	ype i, Type i	1 or type iii	supporting	
g		Since A	ugust 17, 2	006, has the organiz	ation accept	ed any gift o	r contributioi	n from any of	the		
			g persons?								
				ectly or indirectly co	•			ersons descr	ibed in (ii)		Yes No
				joverning body of the			ion?			11g(i)	+
		` '	•	r of a person describ	` ,		•			11g(ii)	
_				ed entity of a person						11g(iii	<u> </u>
h		Provide	the followin	g information about t	he supported	d organizatio	on(s)				
				(iii)	(iv)		(v)		(vi)		
	(i)			Type of organization	Is the		Did you not	tify the	Is the		
	Name		(ii)	(described on	organizati		organizat	•	organizati		(vii)
	suppor		EIN	lines 1- 9 above	col (ı) lıst your gove		col (ı) of	•	col (ı) orga		A mount of
organization or IRC section document? support?						rt?	in the U	S?	support?		
				(see	Vaa	Na	Vac	N-	V	N-	-
				ınstructions))	Yes	No	Yes	No	Yes	No	1
											-
											-
			I		l	1	1	1	1	1	1

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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						
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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b>_</b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

#### Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) **Section A. Public Support** Calendar year (or fiscal year beginning (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total ın) Gifts, grants, contributions, and 46,710 116,279 173,355 103,606 52,759 492,709 membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 46,710 116,279 173,355 103,606 52,759 492,709 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c 492,709 from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(b)** 2006 **(c)** 2007 (f) Total (a) 2005 (d) 2008 **(e)** 2009 ın) 46,710 116,279 173,355 103,606 52,759 492,709 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on 908 4,018 2,597 7,523 securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 4,018 2,597 7,523 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 46,710 116,279 174,263 107,624 55,356 500,232 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) 98 500 % 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 96 270 % 17 %

S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	17	2 000 9
18	Investment income percentage from 2008 Schedule A , Part III, line 17	18	4 000 9

19a 33 1/3% support tests-2009. 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

33 1/3% support tests-2008. 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

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

%

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93492137032090

### OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ 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

	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II	•			•	า
₽ Se	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line ction 501(c)(4), (5), or (6) organizations Complete Part III	Part	II-B Do	not co	mplete Part	
	me of the organization ENDS OF ROSE CANYON	mplo	oyer ide	ntıfıca	ition numbe	er
			22704			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a se	<u>ecti</u>	on 52	7 org	<u>janizatio</u>	<u>n.</u>
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV				
2	Political expenditures		•	\$		
3	V olunteer hours			_		
Par	t 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		•	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		•	\$		
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
ь	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ect	ion 50	)1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ivitie	s 🕨	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	27	►	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b	<b>F</b>	\$		
4	Did the filing organization file Form 1120-POL for this year?			T	☐ Yes	√ No
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization.	Als	o enter	the ar	nount of po	litical

fund or a political action comm	uttee (PAC) If additional space is	s needed, provide ir	nformation in Part IV	, , ,
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

i Subtract line 1f from line 1c If zero or less, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and	filed Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked bo			
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)		
Ь	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	952	
c	Total lobbying expenditures (add lines 1a and 1	b)	952	
d	Other exempt purpose expenditures		159,700	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	160,652	
f	Lobbying nontaxable amount Enter the amount to	from the following table in both	32,130	
	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 lir	ne 1f)	8,033	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		

# 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 instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) Total			
2a	Lobbying non-taxable amount	17,239	34,619	32,580	32,130	116,568			
ь	Lobbying ceiling amount (150% of line 2a, column(e))					174,852			
c	Total lobbying expenditures	18,539	9,273	1,931	952	30,695			
d	Grassroots non-taxable amount	4,310	8,655	8,145	8,033	29,143			
е 	Grassroots ceiling amount (150% of line 2d, column (e))					43,715			
f	Grassroots lobbying expenditures		540	262		802			

	hedule C (Form 990 or 990-EZ) 2009					age <b>3</b>
Pa	art II-B Complete if the organization is exempt under section 501(c)(3) a (election under section 501(h)).	and has NOT	filed I	orm	5768	3
			(a)		(b)	
		Yes	No		A moun	it
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 referend through the use of	lum,	•			
а	a Volunteers?		No			
b	<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	,	Νο			
c	c Media advertisements?		Νο			
d	d Mailings to members, legislators, or the public?		Νο			
e	e Publications, or published or broadcast statements?		Νο			
f			Νο			
g	g Direct contact with legislators, their staffs, government officials, or a legislative body?		Νο			
h	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νο			
i	i Other activities? If "Yes," describe in Part IV		Νο			
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	b If "Yes," enter the amount of any tax incurred under section 4912					
c	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?		No			
Par	art III-A Complete if the organization is exempt under section $501(c)(4)$ ,	section 501(	c)(5),	or s	ectio	n
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	103	No
2				2		No
3		>		3		No
	art III-B Complete if the organization is exempt under section 501(c)(4),		c)(5).	or s	ectio	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR answered "Yes".					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	political				
а	a Current year	2a				
b	<b>b</b> Carryover from last year	2b				
c	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 does the organization agree to carryover to the reasonable estimate of nondeductible lobbying political expenditure next year?					
5	·	+				
	Part IV Supplemental Information	5				
	Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C	`line 5 and Par	+ II-R I	ne 1		
	ilso, complete this part for any additional information					
	Identifier Return Reference	Explanation				

#### **Additional Data**

Software ID: Software Version:

**EIN:** 65-1227043

Name: FRIENDS OF ROSE CANYON

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
DEBORAH KNIGHT 55 6804 FISK AVE SAN DIEGO, CA 92122	PRESIDENT 0	40,796	2,148	
GRETCHEN NELL 50 6804 FISK AVE SAN DIEGO, CA 92122	VICE PRES 0	0		
LISA HEIKOFF 50 6804 FISK AVE SAN DIEGO, CA 92122	N/A O	0		
KEVIN WIRSING   6804 FISK AVE SAN DIEGO, CA 92122	TREASURER 0	0		
LARRY HOGUE  6804 FISK AVE SAN DIEGO, CA 92122	SECRETARY O	0		

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# **TY 2009 Compensation Explanation**

Name: FRIENDS OF ROSE CANYON

Person Name	Explanation
DEBORAH KNIGHT	
GRETCHEN NELL	
LISA HEIKOFF	
KEVIN WIRSING	
LARRY HOGUE	

#### **TY 2009 Other Assets Schedule**

Name: FRIENDS OF ROSE CANYON

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	2,908	3,554
PREPAID EXPENSES AND DEFERRED CHARGES		529
COMPUTER		1,236
LESS ACCUMULATED DEPRECIATION		742
	2,908	4,577

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# **TY 2009 Other Expenses Schedule**

Name: FRIENDS OF ROSE CANYON

Description	Amount
EXPENSES	
OFFICE	1,818
TRAVEL	1,238
INSURANCE	2,077
CONSULTANT FEES	1,533
OUTREACH EXP	4,754
LICENSES & FEES	85
BANK CHGS/PAYPAL FEES	441
OFFICE SUPPLIES/EXP	102
STAFF TRAINING	85
FLYERS	416
MISCELLANEOUS	47

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#### **TY 2009 Other Liabilities Schedule**

Name: FRIENDS OF ROSE CANYON

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	27,790	31,548
PAYROLL TAXES PAYABLE	932	3,583
	28,722	35,131

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**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93492137032090

OMB No 1545-0172

Form 4562

Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates **Identifying number** FRIENDS OF ROSE CANYON INDIRECT DEPRECIATION 65-1227043 **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 the instructions for a higher limit for certain businesses 250,000 2 2 Total cost of section 179 property placed in service (see instructions) . **3** Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800.000 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 (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 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) 14 618 15 Property subject to section 168(f)(1) election . . . . . . . . 15 **16** Other depreciation (including ACRS) 16 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 2009 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property 618 5 0 НΥ 200 DB 124 c 7-year property d 10-year property **e** 15-year property **f** 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs MM S/L property ΜМ 27 5 yrs S/L 39 yrs S/L i Nonresidential real property ММ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year 12 yrs S/L c 40-year 40 yrs ΜМ S/L Part IV **Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 742 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

compl	ete <b>only</b>	24a, 24b, colui	mns (a	) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (	C if ap	oplicat	ile.
Section A—Deprec																
<b>24a</b> Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ <sub>No</sub>			<b>24b</b> If	"Yes," ı	s the ev	/ idence	written?		sГNo	)
										1						
(a) Type of property (list Distorbicles first)	( <b>b)</b> Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	<b>(f)</b> Recove period		<b>(g)</b> Method/ conventio		<b>(h</b> Deprec dedud	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (	during the	tax year	and u	sed mo	re tha	in 25						
<b>26</b> Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ss use													
		%							S/L	-						
		%							S/L					]		
20 0 dd		%	7 5-4			21		4	S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	· biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
<b>30</b> Total business/inve		-	the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	<b>V</b> ehı	-	V e hı	f) cle 6
<b>31</b> Total commuting m	ıles drıven	during the year	.  -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			·  _													
<b>34</b> Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
<b>35</b> Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
<b>36</b> Is another vehicle a	avaılable f	or personal use?														
<b>Section</b> Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
<b>37</b> Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
<b>38</b> Do you maintain a vemployees? See the																
<b>39</b> Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
<b>41</b> Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		·		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
<b>42</b> A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
<b>43</b> A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . .

44

efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

FRIENDS OF ROSE CANYON

As Filed Data -

DLN: 93492133027871

D Employer identification number

65-1227043

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

**B** Check if applicable

Address change

Namo chango

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

**Short Form** 

(except black lung benefit trust or private foundation) ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

and ending 12-31-2010

**Open to Public** Inspection

	itial ret	-	Number and street (or P O box, if mail is not delivered to street address) Ro 6804 FISK AVENUE	oom/suite	E Telephone num	iber	
_	eminat	dili			(858) 5	597-0220	
_		l return	City or town, state or country, and ZIP + 4		<b>F</b> Group Exemption	on	
$\Gamma_{Ap}$	plication	on pending	SAN DIEGO, CA 92122		Number ►		
			Cash  ✓ Accrual Other (specify) ►		•		
		ing method I •• WWWROSECAN	* * * * * * * * * * * * * * * * * * * *	_	I Check ► 厂	ıf tha ora	ianization ic <b>not</b>
			ly one)— 501(c)(3) 501(c)( ) ◀(Insert no ) 4947(a)(1) or	_	required to att (Form 990, 99	ach Sch	edule B
\$5	0,000	A Form 990-E2	zation is not a section 509(a)(3) supporting organization <b>and</b> it: Z or Form 990 return is not required though Form 990-N (e-pos file a return, be sure to file a complete return				
	lines 5		e 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if	total assets	s (Part II, line 25, co ► \$	lumn (B) b	elow) are \$500,000 or 120,766
Pa	rt I		Expenses, and Changes in Net Assets or Fund Ba		(See the instruct	tions for	Part I ) ▼
	1	Contributions, o	gifts, grants, and similar amounts received			1	63,896
	2	Program servic	e revenue including government fees and contracts			2	
	3	Membership du	es and assessments			3	
	4	Investment inc	ome			4	566
	5a	Gross amount f	rom sale of assets other than inventory	5a			
<u>a</u>	ь	Less cost or of	ther basis and sales expenses	5b		1	
Revenue	С	Gain or (loss) fr	rom sale of assets other than inventory (Subtract line 5b from l	ıne 5a)		5c	
ě Š	6	Gaming and fun	idraising events				
	а	Gross income from	gaming (attach Schedule G if greater than \$15,000)	6a			
	b		rom fundraising events (not including \$ _of contributions from fe 1) (attach Schedule G if the sum of such gross income and co		-		
	С	Less direct exp	penses from gaming and fundraising events	6c			
	d	Net income or (	(loss) from gaming and fundraising events (Add lines 6a and 6b	and subt	tract line 6c)	6d	
	7a	Gross sales of i	inventory, less returns and allowances	7a			
	ь	Less cost of go	oods sold	7b		1	
	С	Gross profit or (	(loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue	(describe in Schedule O )			8	56,304
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	120,766
	10	Grants and sım	ılar amounts paıd (lıst ın Schedule O)		-	10	
	11	Benefits paid to	or for members			11	
	12	Salaries, other	compensation, and employee benefits			12	63,242
Š.	13	Professional fee	es and other payments to independent contractors			13	54,066
Expenses	14	Occupancy, rer	nt, utilities, and maintenance			14	197
÷ E	15	Printing, publica	ations, postage, and shipping			15	779
	16	Other expenses	s (describe in Schedule O)			16	13,397
	17	Total expenses.	. Add lines 10 through 16			17	131,681
	18	Excess or (defi	cit) for the year (Subtract line 17 from line 9)			18	-10,915
ο O	19	Net assets or fu	und balances at beginning of year (from line 27, column (A)) (m	ust agree	e with		
NetAssets		end-of-year figu	ure reported on prior year's return)			19	156,995
Ž	20	Other changes	ın net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fu	und balances at end of year Combine lines 18 through 20 .			21	146,080

Part II	Bal	lance	Sheets

Check if the organization used	Schedule O to respond to	any question in th	ıs Part II		
(See the instruct	ions for Part II)	Γ	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		[	187,549	22	163,279
23 Land and buildings		[		23	
24 Other assets (describe in Schedule O)			4,577	24	7,838
25 Total assets		[	192,126	25	171,117
26 Total liabilities (describe in Schedule C	))		35,131	26	25,037
27 Net assets or fund balances (line 27 of	column (B) <b>must</b> agree wit	h line 21) .	156,995	27	146,080
Part III Statement of Program S			· · · ·		Expenses
Check if the organization used What is the organization's primary exempt property and restricted the comparison of the c	Schedule O to respond to ourpose? ROSE CANYON AND THE the organization's exempt	any question in the ROSE CREEK W. purposes In a cl	ATERSHED ear and concise manner,	(c) org 49	equired for section 501 (3) and 501(c)(4) ganizations and section 47(a)(1) trusts, tional for others)
28 EDUCATIONAL ACTIVITIES A OUTD ENVIRONMENTAL RESTORATION PROJE GENERAL PUBLIC, SUPPORT FOR TWO E OF 1,347 PARTICIPANTS B OUTREACH ONE EVENT THAT REACHED AN ESTIMA ENVIRONMENT ATTENDED BY 335 STUE	ECTS FOR SCHOOL GROU AGLE SCOUT PROJECTS ONE EVENT THAT REAG TED 150 PEOPLE C IN- DENTS AND 18 TEACHER s amount includes foreign g	PPS, SCOUT GRO FORTY EIGHT E CHED AN ESTIM, CLASS PRESENT S Irants, check here	UPS, AND THE EVENTS WITH A TOTAL ATED 400 PEOPLE, ATIONS ON	28a	32,697
ISSUES RELATED TO THE ROSE CREEK NOTER OF THE ROSE CREEK WATERSHED C WORKED ON ONIMPACT ROSE CANYON, SETTLED THE LESSUES RELATED TO THE ROSE THAT WOULD BE DETRIMENTAL E WOR PROJECTS THAT WOULD IMPACT THE ROSE OF THE ROSE O	NATERSHED B ATTENDE GOING LAWSUIT RELAT AWSUIT D COMMUNIC, SE CREEK WATERSHED, I KED WITH LEGAL AND TE OSE CREEK WATERSHED	ED MEETINGS RE ED TO A PROJEC ATED WITH DEC! NCLUDING POT ECHNICAL CONS F MONITORED ABOUT ISSUES	ELATED TO THE ROSE OF THAT WOULD ISION MAKERS ON ENTIAL PROJECTS GULTANTS ON CONDITIONS IN ROSE RELATED TO ROSE	29a	81,827
30 COLLABORATION WITH OTHER ORGA				29a	81,827
ENVIRONMENTAL REPORT CARD FOR ELPROPOSED STORM CHANNEL MAINTEN, POTENEIAL PROJECTS THAT WOULD HAREGULAR WATER MONITORING IN ROSE CANYONLANDS, INC E PARTICIPATED PARTICIPATED PARTICIPATED PARTICIPATED	ITY OF SAN DIEGO'S RESPONSE TO YON C CONDUCTED RD FOR SAN DIEGO	30a	5,645		
<b>31</b> Other program services (describe in Sch		, rants, eneck nere		30a	5,045
	s amount includes foreign g	rants, check here	<b>▶</b> ┌	31a	1
32 Total program service expenses (add line				32	· · · · · · · · · · · · · · · · · · ·
Part IV List of Officers, Directors, Trus					ons for Part IV )
Check if the organization used (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensat (If not paid, enter -0)	ion <b>(d)</b> Contributions	to ans	
See Additional Data Table					

Form	990-EZ (2010)				Page
Pa	rt V Other Information (Note the statement requirements in the instr	ructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this	s Part V			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Y description of each activity in Schedule O		33		No
34	Were any significant changes made to the organizing or governing documents? If "Y		33		No
34	of the amended documents if they reflect a change to the organization's name. Othe Schedule O (see instructions)		34		No
35	If the organization had income from business activities, such as those reported on l others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or wa $(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and p	` 1` 1'- <b></b>	35a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions) .		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disthe year? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a			†
ь	Did the organization file <b>Form 1120-POL</b> for this year?		37b		No
	Did the organization borrow from, or make any loans to, any officer, director, trustee	. or kev emplovee <b>or</b> were			+
	any such loans made in a prior year and still outstanding at the end of the tax year of		38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b			<del>                                     </del>
39	Section 501(c)(7) organizations. Enter		1		
	Initiation fees and capital contributions included on line 9	39a			
	Gross receipts, included on line 9, for public use of club facilities	39b			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization duri	na the vear under			
	section 4911 •, section 4912 •, section 4955	= :			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any sector transaction during the year or did it engage in an excess benefit transaction in a prior reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	tion 4958 excess benefit or year that has not been	40b		No
c	Section $501(c)(3)$ and $501(c)(4)$ organizations. Enter amount of tax imposed on org disqualified persons during the year under sections $4912,4955$ , and $4958$		100		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein organization	mbursed by the			
e	All organizations. At any time during the tax year, was the organization a party to a p transaction? If "Yes," complete Form 8886-T		40e		No
41	List the states with which a copy of this return is filed				
42a	The organization's books are in care of 🏲 DEBORAH KNIGHT	Telephone no	<b>(85</b>	8) 597	-0220
	6804 FISK AVENUE Located at ► SAN DIEGO, CA	ZIP + 4	<b>▶</b> _9:	2122	
ь	At any time during the calendar year, did the organization have an interest in or a si	gnature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account)?	count, or other financial	42b	103	No
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, ReFinancial Accounts.	eport of Foreign Bank and			
c	At any time during the calendar year, did the organization maintain an office outside	of the US?	42c		No
	If "Yes," enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form</b> 3 and enter the amount of tax-exempt interest received or accrued during the tax year				<b>▶</b> Γ
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be c	ompleted instead of		Yes	No
	Form 990-EZ.		44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,'	Form 990 must he completed			+ 110
	instead of Form990-EZ	555 mast be completed	44b		No
c	Did the organization receive any payments for indoor tanning services during the ye	ar <sup>?</sup>			110
			44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? in Schedule O	? If 'No,' provide an explanation	44d		

Form 990-E2	Z (2010)							Page
							Yes	No
	related organization a controlle Form 990 and Schedule R must be			fsection 512	2(b)(13)? <i>If</i>	45		No
	a 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,' Form 990 and Schedule R must be completed instead of Form990-EZ							N
16 Did the	e organization engage, directly of lates for public office? If "Yes,"	or indirectly, in political	campa <u>ig</u> n activities on l			45a		No
Part VI	Section 501(c)(3) orga			exempt c	haritable tri	46 usts (	nnlv	No
ui c v i	All section 501(c)(3) organ 47-49b and 52.			•			•	stions —
	Check if the organization used	Schedule O to respond	to any question in this F	Part VI .			Yes	.
				_				140
7 Did the	e organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pa	rt II 📆		47	Yes	N o
8 Is the	organization a school described	d in section 170(b)(1)(A	)(II)? If "Yes," complete S	Schedule E		48		No
<b>9a</b> Did the	e organization make any transfe	ers to an exempt non-ch	arıtable related organıza	tion?		49a		No
<b>b</b> If"Yes	s," was the related organization	a section 527 organiza	cion?			49b		
•	ete this table for the organization	•			•			
		(b) Title and average	The organization from the organization		ributions to		Expe	nse
	and address of each employee d more than \$100,000	hours per week devoted to position	(c) Compensation		oenefit plans & compensation		ccount er allowa	
ONE		·			·			
<b>50(f)</b> Total	I number of other employees pa	ıd over \$100,000 .				·		
1 Comple of com	I number of other employees pa ete this table for the organization ipensation from the organization me and address of each indeper	on's five highest comper n Ifthere is none, enter	"None"	T	each received n		an \$10 Compen	
Complession (a) Nar	ete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	T				
Comploof com (a) Nar	ete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	T				
Comploof com (a) Nar	ete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	T				
Comploof com (a) Nar	ete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"	T				
of comploof com (a) Nar	ete this table for the organization opensation from the organization me and address of each indeper	on's five highest comper on If there is none, enter indent contractor paid m	"None " pre than \$100,000	T				
of compload of com (a) Nar ONE	ete this table for the organization	on's five highest comper If there is none, enter indent contractor paid min ontractors each receiving	"None "  pre than \$100,000  ang over \$100,000 .	<b>(b)</b> Type	ofservice	(c) C	Compen	sation
1 Comploof com (a) Nar ONE  1(d) Total 2 Did total must	ete this table for the organization pensation from the organization me and address of each independent of the organization complete Sche	on's five highest compendent of there is none, enterndent contractor paid mondent contractor paid mondent contractors each received dule A? NOTE: All Section A	"None"  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization  cluding accompanying sch	(b) Type	a of service	npt cha	aritable <b>fes</b>	trusts
1 Comploof com (a) Nar ONE  1(d) Total 2 Did total must	ete this table for the organization pensation from the organization me and address of each independent of the organization complete Schet attach a completed Schedule ies of perjury, I declare that I have not belief, it is true, correct, and complete ies of perjury, I declare that I have not belief, it is true, correct, and complete ies of perjury.	on's five highest compendent of there is none, enterndent contractor paid mondent contractor paid mondent contractors each received dule A? NOTE: All Section A	"None"  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization  cluding accompanying sch	(b) Type	(a)(1) nonexen	npt cha	aritable <b>fes</b>	sation trusts <b>No</b>
1 Complosion (a) Nar ONE  1(d) Total 2 Did total must be derived an owledge an owledge.	ete this table for the organization pensation from the organization me and address of each independent of the organization complete Schet attach a completed Schedule	on's five highest compendent of there is none, enterndent contractor paid mondent contractor paid mondent contractors each received dule A? NOTE: All Section A	"None"  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization  cluding accompanying sch	(b) Type	(a)(1) nonexentatements, and to	npt cha	aritable <b>fes</b>	sation trusts <b>No</b>
of comples of com  (a) Nar  ONE  (i) Total  (i) Total  (ii) Total  (iii) Total  (ii	ete this table for the organization pensation from the organization me and address of each independent of the organization complete Schet attach a completed Schedule lies of perjury, I declare that I have not belief, it is true, correct, and complete its true, correct its t	on's five highest compendent of there is none, enterndent contractor paid mondent contractor paid mondent contractors each received dule A? NOTE: All Section A	"None"  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization  cluding accompanying sch	(b) Type	(a)(1) nonexentatements, and to	npt cha	aritable <b>fes</b>	trusts
of comploation (a) Narroll (a)	ete this table for the organization pensation from the organization me and address of each independent of the organization complete. Schett attach a completed Schedule ies of perjury, I declare that I have not belief, it is true, correct, and complete ies of perjury. I declare that I have not belief, it is true, correct, and complete ies of perjury. I declare that I have not belief, it is true, correct, and complete ies of perjury. I declare that I have not belief, it is true, correct, and complete ies of perjury. I declare that I have not belief, it is true, correct, and complete ies of perjury. I declare that I have not belief, it is true, correct, and complete ies of perjury. I declare that I have not belief, it is true, correct, and complete ies of perjury. I declare that I have not belief, it is true, correct, and complete ies of perjury. I declare that I have not belief, it is true, correct, and complete ies of perjury.	on's five highest compendent on If there is none, enterndent contractor paid months on tractors each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  on 501(c)(3) organization  cluding accompanying scheparer (other than officer)  oate 011-05-13	(b) Type  ons and 4947 edules and state is based on a	(a)(1) nonexentatements, and to	npt cha	aritable fes stof my prepare	trusts No r has a
of comploy of com (a) Nar  ONE  51(d) Total 52 Did total 62 Did total 62 must nowledge annowledge.  ign lere	ete this table for the organization pensation from the organization me and address of each independent of the organization complete. Schet attach a completed Schedule ies of perjury, I declare that I have belief, it is true, correct, and complete ies of perjury. I declare that I have belief, it is true, correct, and complete ies of perjury. I declare that I have belief, it is true, correct, and complete ies of perjury. I declare that I have belief, it is true, correct, and complete ies of perjury. I declare that I have belief, it is true, correct, and complete ies of perjury. I declare that I have belief ies of perjury. I declare that I have b	on's five highest compendent on If there is none, enterndent contractor paid months on tractors each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  on 501(c)(3) organization  cluding accompanying scheparer (other than officer)  oate 011-05-13	eck if	r of service  (a)(1) nonexen  (a)(1) nonexen  atements, and to ill information of	npt cha	aritable fes stof my prepare	trusts No r has a
of comples of com (a) Nar  ONE  51(d) Total 52 Did to must have been been been been been been been be	ete this table for the organization pensation from the organization me and address of each independent of the organization complete. Schet attach a completed Schedule ies of perjury, I declare that I have belief, it is true, correct, and complete ies of perjury. I declare that I have belief, it is true, correct, and complete ies of perjury. I declare that I have belief, it is true, correct, and complete ies of perjury. I declare that I have belief, it is true, correct, and complete ies of perjury. I declare that I have belief, it is true, correct, and complete ies of perjury. I declare that I have belief.  *******  Signature of officer  DEBORAH KNIGHT PRESIDENT Type or print name and title  Preparer's signature  NANCY C POWELL  Firm's name (or yours pewell table).	on's five highest compendent on If there is none, enterndent contractor paid mindent contractors each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  on 501(c)(3) organization  cluding accompanying scheparer (other than officer)  oate 011-05-13	eck if	r of service  (a)(1) nonexen  atements, and to ili information of	npt cha verident	aritable fes st of my prepare	trusts No r has ar

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization FRIENDS OF ROSE CANYON

Department of the Treasury Internal Revenue Service

# **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.

Attach to Form 990 or Form 990-EZ. See separate instructions. **Employer identification number** 

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instruc									
Calra	ctions									
ie orgar	ization is not a private foundation because it is (For lines 1 through 11, check only one box )									
1 F	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>									
2	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )									
з Г	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 <b>section 170(b)(1)(A)(iii).</b> 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 un	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 )									
ь Г	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>									
7	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	ne general	public							
в Г	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )									
9 🔽	An organization that normally receives (1) more than 331/3% 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 that	an 331/3%	of							
	its support from gross investment income and unrelated business taxable income (less section 511 tax) f	rom busine	esses							
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )									
о Г	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).									
1 <u></u>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carrone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III - Functionally integrated d	, ,	a)(3).	Check						
е Г	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)									
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III su check this box	ipporting o	rganız	ation,						
9	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	ı	1							
	(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)	44 (2)	Yes	No						
	and (III) below, the governing body of the the supported organization?	11g(i)								
	(ii) a family member of a person described in (i) above?	11g(ii)								
	(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)								
h	Provide the following information about the supported organization(s)									

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	your governing document?		s the Ization in I listed in I		organization in col (i) organized in the US?		(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
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.)

-	action A Public Support	organización i	and to quality t	maci die eests	nocea below, pic	sase complete	1 41 ( 111. )
	ection A. Public Support	1	1	1	<del>                                     </del>		·
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf		1	+	+		
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge		1	+			
4	Total. Add lines 1 through 3			<del>                                     </del>			
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						
c	(f) Public Support. Subtract line 5 from		+	+	+		
6	line 4						
S	ection B. Total Support	1	1	ı	1		<u> </u>
	endar year (or fiscal year beginning				T		
Care	in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	( <b>e)</b> 2010	<b>(f)</b> Total
7	A mounts from line 4						
-	Gross income from interest,				+		
8	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar	l					
	sources						
9	Net income from unrelated						
,	business activities, whether or						
	not the business is regularly	l					
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )	l					
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or t	fifth tax vear as a	501(c)(3) organi	ızatıon.
	check this box and <b>stop here</b>	5	,	,,	, u u	_ (-)(-) = (-)	<b>▶</b> □
	<u> </u>						
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(line 6 column (	f) divided by line	11 column (f))		14	<del></del>
15	Public Support Percentage for 2009	Schedule A, Pai	t II, line 14			15	
162	33 1/3% support test—2010. If the			con line 13 and	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	-		•	1 13 33 1/3/0	. J. mora, check	<b>▶</b> □
ь	33 1/3% support test—2009. If the	•			5a, and line 15 is 3	3 3 1/3% or more.	. ,
_	box and <b>stop here.</b> The organization				, 10 10 10 1	2 2, 3 , 3 01 111010	, check this ▶□
17a	10%-facts-and-circumstances test-				ne 13, 16a. or 16h	and line 14	- 1
	is 10% or more, and if the organizat						
	in Part IV how the organization mee			· · · · · · · · · · · · · · · · · · ·		•	rted
	organization				42200 40	,, ouppor	<b>▶</b> □
ь	10%-facts-and-circumstances test-	<b>-2009.</b> If the ora	nızatıon dıd not o	heck a box on li	ne 13, 16a, 16b. o	r 17a and line	- 1
_	15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						у
	supported organization					•	<b>▶</b> □
18	Private Foundation If the organizati	on dıd not check	a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and see	•
	instructions		· ·				<b>▶</b> □

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 201	0	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no	t 116,279	173,355	103,606	52,759	6	53,897	509,896
2	include any "unusual grants ") Gross receipts from admissions,							
2	merchandise sold or services							
	performed, or facilities furnished in	1					6,304	56,304
	any activity that is related to the							·
	organization's tax-exempt purpose							
3	Gross receipts from activities that	:						
	are not an unrelated trade or							
4	business under section 513 Tax revenues levied for the							
4	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	0						
	the organization without charge							
6	<b>Total.</b> Add lines 1 through 5	116,279	173,355	103,606	52,759	12	20,201	566,200
7a	A mounts included on lines 1, 2,							
	and 3 received from disqualified							
h	persons Amounts included on lines 2 and 3	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							F66 200
	from line 6 )							566,200
	ction B. Total Support	Т	T					
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 201	0	(f) Total
9	A mounts from line 6	116,279	173,355	103,606	52,759	12	0,201	566,200
10a	Gross income from interest,							
	dividends, payments received on		908	4,018	2,597		566	8,089
	securities loans, rents, royalties and income from similar		300	4,010	2,337		300	0,00
	sources							
b	Unrelated business taxable							
	income (less section 511 taxes) from businesses acquired after							
	June 30, 1975							
c	Add lines 10a and 10b		908	4,018	2,597		566	8,089
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							
13	IV ) Total support (Add lines 9, 10c,							
13	11 and 12 )	116,279	174,263	107,624	55,356	12	0,767	574,289
14	First Five Years If the Form 990 is	for the organizatio	n's first, second,	thırd, fourth, or fı	fth tax year as a	section501	L(c)(3	
	check this box and <b>stop here</b>							<b>►</b> □
Se	ection C. Computation of Pub	olic Support Pe	rcentage					
15	Public Support Percentage for 201			L3 column (f))		15		98 590 %
16	Public support percentage from 20		•	(.,,		16		98 500 %
	support percentage from 20	15 concadio A, l a	,			10		90 300 %
Se	ection D. Computation of Inv	estment Incor	ne Percentad	ie				
17	Investment income percentage for				(f))	17		1 000 %
18	Investment income percentage fro	m <b>2009</b> Schedule A	, Part III, line 17	7		18		2 000 %
	Investment income percentage fro 33 1/3% support tests—2010. If the		,		line 15 is more t	<b>18</b> han 33 1/3%	% and	2 000 % line 17 is not

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

#### DLN: 93492133027871

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

lf th		t have NOT filed Form 5768 (elections, in the sound of th			
Na	me of the organization	·		Employer iden	tification number
FRI	IENDS OF ROSE CANYON			65-1227043	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(		organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	litical campaign act	tivities in Part IV	
2	Political expenditures			<b>.</b>	\$
3	V olunteer hours				
Dar	t I-B Complete if the or	annization is avampt und	or costion FO1/	a)(2)	
1		ganization is exempt under tax incurred by the organization			
2		e tax incurred by organization mai			<b>*</b>
				H 4 9 5 5	→ Yes ✓ No
3	Was a correction made?	section 4955 tax, did it file Form 4	+/20 IOI LIIIS year/		Yes   No
4a					Tes   ™NO
b Par	If "Yes," describe in Part IV  1 I-C Complete if the or	ganization is exempt und	er section 501/	c) except section 501	(c)(3).
1	<u> </u>	ended by the filing organization for	_		¢
2		organization's funds contributed to			Ψ
_	exempt funtion activities		o other organization.	<b>&gt;</b>	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file I	Form 1120-POL for this year?			
5	organization made payments lamount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	r the amount paid fro id directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3	) and filed Form 5	768 (	election
	Check If the filing organization belongs to a Check I if the filing organization checked box	n affiliated group « A and "limited control" provisions apply	_		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organizatio Totals	- 1	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		1,474	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)		3,733	
c	Total lobbying expenditures (add lines 1a and 1b	o)		5,207	
d	Other exempt purpose expenditures		13	1,445	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	13	6,652	
f	Lobbying nontaxable amount Enter the amount f columns	rom the following table in both	2	7,330	
	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			

\$225,000 plus 5% of the excess over \$1,500,000

1	Grassroots	nontaxable	amount (ei	nter 25%	of line 1f)

Over \$1,500,000 but not over \$17,000,000

Over \$17,000,000

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter - 0-

j	j    If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 re	eporting
	section 4911 tax for this year?	

\$1,000,000

┌ Yes ┌ No

6,833

# 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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	(e) Total
2a	Lobbying non-taxable amount	34,619	32,580	32,130	27,330	126,659
b	Lobbying ceiling amount (150% of line 2a, column(e))					189,989
c	Total lobbying expenditures	9,273	1,931	952	5,207	17,363
_d	Grassroots non-taxable amount	8,655	8,145	8,033	6,833	31,666
е 	Grassroots ceiling amount (150% of line 2d, column (e))					47,499
f	Grassroots lobbying expenditures	540	262		1,474	2,276

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)).

	(election under section 501(n)).					
		(a	1)		(b)	
		Yes	No		moun	it
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					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities? If "Yes," describe in Part IV		Νο			
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
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?		Νo			
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	501(c	)(5), (	or se	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo
	t III-B Complete if the organization is exempt under section 501(c)(4), section ! 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
Ь	Carryover from last year	2b				
С	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				
_	Takable difficult of 1000 yillig diff pointed experiments (See instructions)					

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

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DLN: 93492133027871

OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization FRIENDS OF ROSE CANYON

**Employer identification number** 

65-1227043

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	LITIGATION COST RECOVERY 56,304 TOTAL 56,304

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 2,048 TRAVEL 1,081 INSURANCE 1,837 EDUCATION & OUTREACH 6,626 LICENSES & FEES 95 BANK CHGS/ONLINE FEES 726 CONTRIBUTIONS 850 MISCELLANEOUS 64 EVENT EXPENSE 70 TOTAL 13,397

ldentifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 3,554 5,856 PREPAID EXPENSES AND DEFERRED CHARGES 529 1,685 1,236 1,236 LESS ACCUMULATED DEPRECIATION 742 939 TOTAL 4,577 7,838

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 31,548 23,747 PAYROLL TAXES PAYABLE 3,583 1,290

ldentifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART	TO PROTECT, PRESERVE AND RESTORE ROSE CANYON AND THE ROSE CREEK WATERSHED

ldentifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	EDUCATIONAL ACTIVITIES A OUTDOOR NATURE EVENTS GUIDED NATURE WALKS AND ENVIRONMENTAL RESTORATION PROJECTS FOR SCHOOL GROUPS, SCOUT GROUPS, AND THE GENERAL PUBLIC, SUPPORT FOR TWO EAGLE SCOUT PROJECTS FORTY EIGHT EVENTS WITH A TOTAL OF 1,347 PARTICIPANTS B OUTREACH ONE EVENT THAT REACHED AN ESTIMATED 400 PEOPLE, ONE EVENT THAT REACHED AN ESTIMATED 150 PEOPLE C IN-CLASS PRESENTATIONS ON ENVIRONMENT ATTENDED BY 335 STUDENTS AND 18 TEACHERS

ldentifier	Return Reference	Explanation
SECOND A CHIEV EMENT	FORM 990- EZ, PART III, LINE 29	RESEARCH, ANALYSIS, ADVOCACY, LOBBYING, LEGAL ACTION A REVIEWED PUBLIC RECORDS ON ISSUES RELATED TO THE ROSE CREEK WATERSHED B ATTENDED MEETINGS RELATED TO THE ROSE CREEK WATERSHED C WORKED ON ON-GOING LAWSUIT RELATED TO A PROJECT THAT WOULD IMPACT ROSE CANYON, SETTLED THE LAWSUIT D COMMUNICATED WITH DECISION MAKERS ON MULTIPLE ISSUES RELATED TO THE ROSE CREEK WATERSHED, INCLUDING POTENTIAL PROJECTS THAT WOULD BE DETRIMENTAL E WORKED WITH LEGAL AND TECHNICAL CONSULTANTS ON PROJECTS THAT WOULD IMPACT THE ROSE CREEK WATERSHED F MONITORED CONDITIONS IN ROSE CANYON AND COMMUNICATED WITH RESPONSIBLE AGENCIES ABOUT ISSUES RELATED TO ROSE CANYON

ldentifier	Return Reference	Explanation
THIRD ACHIEVEMENT	FORM 990-EZ, PART III, LINE 30	COLLABORATION WITH OTHER ORGANIZATIONS A WORKED ON PROJECTS INCLUDING AN ENVIRONMENTAL REPORT CARD FOR ELECTED OFFICIALS AND RESPONSE TO CITY OF SAN DIEGO'S PROPOSED STORM CHANNEL MAINTENANCE PROGRAM B COLLABORATED ON RESPONSE TO POTENEIAL PROJECTS THAT WOULD HAVE NEGATIVE IMPACTS ON ROSE CANYON C CONDUCTED REGULAR WATER MONITORING IN ROSE CREEK D SERVED ON ADVISORY BOARD FOR SAN DIEGO CANYONLANDS, INC E PARTICIPATED IN SAN DIEGO CHILDREN AND NATURE COLLABORATIVE F PARTICIPATED IN REVIEW OF HYDRO-STUDY OF ROSE CREEK WATERSHED

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DLN: 93492133027871

OMB No 1545-0172

Form 4562

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

Attachment Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** FRIENDS OF ROSE CANYON INDIRECT DEPRECIATION 65-1227043 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 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 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 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 2009 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 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. 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 15 Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) . 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 197 18 If you are electing to group any assets placed in service during the tax year into one or more . 📂 Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Section D-ASS	ets Placeu III	Service During 20.	to lax leal	using the dei	ierai bepreci	ation 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	<b>(f)</b> Method	(g)Depreciation deduction
<b>19a</b> 3-year property					·	
<b>b</b> 5-year property						
<b>c</b> 7 - year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs		S/L	
<b>h</b> Residential rental			27 5 yrs	ММ	S/L	
property			27 5 yrs	ММ	S/L	
i Nonresıdentıal real			39 yrs	ММ	S/L	
property				ММ	S/L	
Section	on C—Assets Plac	ced in Service During 201	0 Tax Year Using	g the Alternative	Depreciation Sys	tem

**20a** Class life **b** 12-year 12 yrs S/L **c** 40-year ΜМ 40 yrs

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 on the appropriate lines of your return Partnerships and S corporations—see inst		22	197
23 For assets shown above and placed in service during the current year, enter the	23		

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

(a) (b) Business/ (d) (e) (f) (f) (Type of property (list Date placed in Investment Cost or other (business/investment Cost) (husiness/investment Cost) (hus	es," is the  g) hod/ ention  25  r," or rel ompleting	e evidence (h Depreci deduc	yritten? ) ation/ ttion	Yes see vehicle	(i) Elected ection 179 cost
(a) (b) Date placed in investment use percentage percentage which dispersed to the percentage percentage basis for depreciation (business/investment use only) and percentage percentage percentage basis (business/investment use only) and percentage percentage basis (business/investment use only) and percentage percentage basis (business/investment use only) and percentage basis (business use 26 Property used more than 50% in a qualified business use 27 Property used more than 50% in a qualified business use 28 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 29 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or less in a qualified business use 20 Property used 50% or l	g) hod/ ention  25  r," or rel mpleting	(h) Deprecial deduction de	s on for those	e vehicle	(i) Elected ection 179 cost
(a) Date placed in service whether the property (list vehicles first) which service whether service during the tax year and used more than 50% in a qualified business use  25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use  26 Property used more than 50% in a qualified business use  27 Property used 50% or less in a qualified business use  27 Property used 50% or less in a qualified business use  28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rel	29 elated persthis section (d)	s on for those	e vehicle	Elected ection 179 cost
26 Property used more than 50% in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
27 Property used more than 50% in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use	r," or rel	elated pers this section (d)	for those	:)	(f)
%   %	r," or rel	elated pers this section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rel	elated pers this section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rel	elated pers this section (d)	for those	:)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete in Section C to see if you meet an exception to see if you meet an exception to complete in Section C to see if you meet an exception to see if you meet an exception to complete in Section C to see if you meet an exception to see if you meet an exception to complete in Section B for vehicles owners or related person?  Section C—Questions for Employers Who Provide Vehicles for Use the sequence of the provide vehicles of the provide vehicles of the sequence of the provide vehicles of the pro	r," or rel	elated pers this section (d)	for those	:)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to or  30 Total business/investment miles driven during the year (do not include commuting miles)	mpleting	elated pers this section (d)	for those	:)	(f)
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from your provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete the your does not include commuting the year (do not include commuting miles)  31 Total commuting miles driven during the year  32 Total other personal (noncommuting) miles driven  33 Total miles driven during the year Add lines 30 through 32	mpleting	this section (d)	for those	:)	(f)
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing Section B for vehicles of the see if you meet an exception to completing Section B for vehicles of the see if you meet an exception to completing Section B for vehicles of the see if you meet an exception to completing Section B for vehicles of the see if you meet an exception to complete year and see if you meet an exception to complete year and see if you meet an exception to complete year and see if you meet an exception to complete year and see if you meet an exception to complete year and see if you meet an exception to complete year and see if you meet an exception to see if you meet an exception to complete year and see if you meet an exception to see if you meet an exception to complete year and see if you meet an exception to see if you meet an exception to complete year.  It is a year and see if you meet an exception to see if you meet an	mpleting	this section (d)	for those	:)	(f)
30 Total business/investment miles driven during the year (do not include commuting miles)		(d)	(е	:)	(f)
year (do not include commuting miles)	3 V 6	ehicle 4	Vehic	le 5	
31 Total commuting miles driven during the year  32 Total other personal(noncommuting) miles driven  33 Total miles driven during the year Add lines 30 through 32					
33 Total miles driven during the year Add lines 30 through 32					
33 Total miles driven during the year Add lines 30 through 32					
through 32					
during off-duty hours?					
35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use Answer these questions to determine if you meet an exception to completing Section B for vehicles owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or metal.	o Yes	es No	Yes	No	Yes No
owner or related person?					
Section C—Questions for Employers Who Provide Vehicles for Us Answer these questions to determine if you meet an exception to completing Section B for vehicles 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
Answer these questions to determine if you meet an exception to completing Section B for vehicles owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
<ul> <li>37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?</li> <li>38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or maintain.</li> </ul>					<b>ot</b> more th
as Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or many contents.	commu	uting by w	/OUT		N
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or m				Ye	s No
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or m				<u> </u>	-
<b>39</b> Do you treat all use of vehicles by employees as personal use?					
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employ vehicles, and retain the information received?	ees abo	out the us	e of the	!	
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instru	ctions )	)			
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the cover	ed vehic	cles			
Part VI Amortization					
(b) (c) (d) (A.				(f)	
(a) Date Amortizable Code Ar	(e)		A mor	tızatıor	ı for
. I amount I section I	nortizatio		th	ns year	
42 A mortization of costs that begins during your 2010 tax year (see instructions)	nortizatio period or	-			
	nortizatio				
	nortizatio period or				
43 A mortization of costs that began before your 2010 tax year	nortizatio period or				

44 Total. Add amounts in column (f) See the instructions for where to report

44

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492133027871

## **TY 2010 Compensation Explanation**

Name: FRIENDS OF ROSE CANYON

**EIN:** 65-1227043

Person Name	Explanation
DEBORAH KNIGHT	
GRETCHEN NELL	
LISA HEIKOFF	
KEV IN WIRSING	
LARRY HOGUE	

#### **Additional Data**

Software ID: Software Version:

**EIN:** 65-1227043

Name: FRIENDS OF ROSE CANYON

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
DEBORAH KNIGHT  6804 FISK AVE SAN DIEGO, CA 92122	PRESIDENT 40 00	56,264	2,289	
GRETCHEN NELL 50 6804 FISK AVE SAN DIEGO, CA 92122	VICE PRES 2 00	0		
LISA HEIKOFF 50 6804 FISK AVE SAN DIEGO, CA 92122	N/A 1 00	0		
KEVIN WIRSING 50 6804 FISK AVE SAN DIEGO, CA 92122	TREASURER 5 00	0		
LARRY HOGUE 50 6804 FISK AVE SAN DIEGO, CA 92122	SECRETARY 3 00	0		

efile GRAPHIC print - DO NOT PROCESS

A For the 2011 calendar year, or tax year beginning 01-01-2011

C Name of organization FRIENDS OF ROSE CANYON

As Filed Data -

DLN: 93492135039572

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

**B** Check if applicable

**Return of Organization Exempt From Income Tax** 

**Short Form** 

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

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

, and ending 12-31-2011

**Open to Public Inspection** 

	ldress (	change FRIENDS OF ROSE CANYON	65-1227043	3
_	ame ch	italiber and street (or 1 'o' box) it mains not delivered to street dudiess) troomi, said	Telephone n	
_	ıtıal ret		(858	3) 597-0220
_	eminat		Group Exem	<u> </u>
_		SAN DIEGO, CA 92122	Number	<b> -</b>
	pileatie	on pending		
		required to the required to th	o attach So	rganization is <b>not</b> chedule B or 990-PF)
		www.ROSECANYON.ORG  pt status(check only one)— 501(c)(3) 501(c)( ) ★(insert no ) 4947(a)(1) or 527		
norm	ally <b>n</b>	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization of the organization of the organization of the organization of the organization chooses to file a return, be sure to file a complete return		
<b>L</b> Add more,		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, line 2 Form 990 instead of Form 990-EZ	5, column (B	) below) are \$500,000 or
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Inst Check if the organization used Schedule O to respond to any question in this Part I	tructions fo	ᅜ
	1	Contributions, gifts, grants, and similar amounts received	1	72,026
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	416
	5a	Gross amount from sale of assets other than inventory 5a		
9	b	Less cost or other basis and sales expenses 5b		
Revenue	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
å	6	Gaming and fundraising events		
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	b	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)		
	c	Less direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances		
	Ь	Less cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	23,747
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	96,189
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	53,494
ů,	13	Professional fees and other payments to independent contractors	. 13	18,962
519	14	Occupancy, rent, utilities, and maintenance	. 14	
Expenses	15	Printing, publications, postage, and shipping	15	1,231
_	16	Other expenses (describe in Schedule O)	16	10,673
	17	Total expenses. Add lines 10 through 16	17	84,360
و	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	11,829
NetAssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
ž		end-of-year figure reported on prior year's return)	19	146,080
Ž	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	157,909

Cat No 10642I

Form 990-EZ (2010)			Page <b>2</b>
Part II Balance Sheets			
Check if the organization used Schedule O to respond to any question in t	hıs Part II		<u></u>
(See the instructions for Part II )	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	163,279	22	159,996
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	7,838	24	1,874
25 Total assets	171,117	25	161,870
26 Total liabilities (describe in Schedule O)	25,037	26	3,961
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	146,080	27	157,909
Part III Statement of Program Service Accomplishments Check if the organization used Schedule O to respond to any question in to What is the organization's primary exempt purpose? TO PROTECT, PRESERVE AND RESTORE ROSE CANYON AND THE ROSE CREEK N	(c)	Expenses equired for section 501 )(3) and 501(c)(4) ganizations and section	
Describe the organization's program service accomplishments for each of its three large measured by expenses. In a clear and concise manner, describe the services provided benefited, and other relevant information for each program title.	jest program services, as		47(a)(1) trusts, tional for others)
28 EDUCATIONAL ACTIVITIES OBJECTIVE TO CONNECT PEOPLE WITH NATURINSPIRE THEM TO SUPPORT CONSERVATION OF NATURAL AREAS A OUTDOO EVENTS AND ENVIRONMENTAL RESTORATION PROJECTS FOR SCHOOL GROUP AND THE GENERAL PUBLIC DID IN-CLASS PRESENTATIONS AND SUTDENT PROENVIRONMENT EIGHTY-SEVEN EVENTS WITH A TOTAL OF 2,350 PARTICIPANT	R NATURE WALKS AND S, SCOUT GROUPS, DJECTS ON THE LOCAL		

SCHOOLS, HAD BOOTH THAT REACHED AN ESTIMATED 450 PEOPLE AT LOCAL JULY 4TH EVENT C WROTE GRANT APPLICATIONS TO SUPPORT OUR EDUCATION PROGRAMS (Grants \$ 9,941) If this amount includes foreign grants, check here 28a 29,530 29 RESEARCH, ANALYSIS, ADVOCACY, LOBBYING, LEGAL ACTION OBJECTIVE TO PROTECT THE ROSE CREEK WATERSHED FROM DESTRUCTIVE IMPACTS AND BUILD SUPPORT FOR ITS PRESERVATION A REVIEWED PUBLIC RECORDS ON ISSUES RELATED TO THE ROSE CREEK WATERSHED B ATTENDED MEETINGS RELATED TO THE ROSE CREEK WATERSHED C COMMUNICATED WITH DECISION MAKERS ON ISSUES RELATED TO THE ROSE CREEK WATERSHED, INCLUDING POTENTIAL PROJECTS THAT WOULD HAVE DETRIMENTAL IMPACTS D WORKED WITH LEGAL AND TECHNICAL CONSULTANTS TO ANALYZE PROJECTS THAT WOULD IMPACT THE ROSE CREEK WATERSHED AND TO ADVOCATE FOR ALTERNATIVES E MONITORED CONDITIONS IN ROSE CANYON AND COMMUNICATED WITH RESPONSIBLE AGENCIES ABOUT ISSUES RELATED TO ROSE CANYON F PARTICIPATED IN CITY OF SAN DIEGO RE-DISTRICTING HEARINGS CONDUCTED BY INDEPENDENT COMMISSION (Grants \$ 9,250) If this amount includes foreign grants, check here 29a 38,314 30 COLLABORATION WITH OTHER ORGANIZATIONS OBJECTIVE TO WORK TOGETHER TO SOLVE COMMON ENVIRONMENTAL PROBLEMS A WORKED WITH OTHER ENVIRONMENTAL ORGANIZATIONS TO IMPROVE THE CITY OF SAN DIEGO'S PROPOSED STORM WATER CHANNEL MAINTENANCE PROGRAM B COLLABORATED ON RESPONSE TO POTENTIAL PROJECTS THAT WOULD HAVE NEGATIVE IMPACTS ON ROSE CANYON C CONDUCTED REGULAR WATER MONITORING IN ROSE CREEK D SERVED ON ADVISORY BOARD FOR SAN DIEGO CANYONLANDS, INC E PARTICIPATED IN SAN DIEGO CHILDREN AND NATURE COLLABORATIVE F PARTICIPATED WITH OTHER ORGANIZATIONS IN REVIEWING HYDRO-STUDY OF ROSE CREEK WATERSHED (Grants \$ 500) If this amount includes foreign grants, check here ▶┌ 30a 5,327 **31** Other program services (describe in Schedule O) If this amount includes foreign grants, check here (Grants \$ ) 31a **32 Total program service expenses** (add lines 28a through 31a) . . . 73,171

EDUCATIONAL MATERIALS TO 55 TEACHERS AND TWO PRINCIPALS AT LOCAL ELEMENTARY

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Pa	Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V $\cdot$ . $\cdot$ . $$			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Νo
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If 'Yes' to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If 'No,' provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	_		
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
		40b		Νo
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
	List the states with which a copy of this return is filed 🕨 CA			
42a	The organization's books are in care of ▶ DEBORAH KNIGHT Telephone no	<b>►</b> <u>(85</u>	8)597	-0220
	6804 FISK AVENUE  Located at SAN DIEGO, CA  ZIP + 4	► <u>9</u> 2	2122	
b	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)?	42b	Yes	<b>No</b> No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U S $^{\circ}$	42c		No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> Г
		ļ	Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		140

Form 990-EZ (2011)	Page <b>4</b>
	Yes No
Did the organization engage, directly or indirectly, in political campaign candidates for public office? If "Yes," complete Schedule C, Part I	activities on behalf of or in opposition to 46 No
	7(a)(1) nonexempt charitable trusts only. (1) nonexempt charitable trusts must answer questions
47-49b and 52.  Check if the organization used Schedule O to respond to any qu	estion in this Part VI
, , , , , , , , , , , , , , , , , , ,	Yes No
47 Did the organization engage in lobbying activities or have a section 50 If "Yes," complete Schedule C, Part II	1 (h) election in effect during the tax year?  47 Yes
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "	Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable re	elated organization?
<b>b</b> If "Yes," was the related organization a section 527 organization?	49b
50 Complete this table for the organization's five highest compensated em	unleyees (ether than efficers, directors, trustees and key
employees) who each received more than \$100,000 of compensation f	
(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position	(d) Contributions to employee benefit plans & account and deferred compensation other allowances
NONE	
NONE	
<ul><li>Complete this table for the organization's five highest compensated incompensation from the organization. If there is none, enter "None"</li><li>(a) Name and address of each independent contractor paid more than \$</li></ul>	
NONE	
NONE	
d Total number of other independent contractors each receiving over \$	.00,000
52 Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c must attach a completed Schedule A	
	· · ·
Under penalties of perjury, I declare that I have examined this return, including ac knowledge and belief, it is true, correct, and complete. Declaration of preparer (ot knowledge.	
Sign ****** Signature of officer	2012-05-14 Date
Here  DEBORAH KNIGHT PRESIDENT  Type or print name and title	
D-4-	Check if Preparer's taxpayer identification number
Paid NANCY C POWELL 2012-05-14	self- employed •     Preparer's taxpayer identification number (See instructions)
Preparer's Firm's name (or yours of self-employed), address and TIP and the self-employed of self-employed o	EIN ▶
address, and ZIP + 4 · 3268 GOVERNOR DR STE 179	Phone no  (858) 622-1229
SAN DIEGO, CA 92122	•

**Employer identification number** 

#### OMB No 1545-0047

Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization FRIENDS OF ROSE CANYON

Pa	rt I	Reas	on for Pu	ıblic Charity Sta	tus (All ord	nanizations	must comi	nlete this n	art ) See in			
				te foundation becaus						isti actions		
1	Ē			ion of churches, or a					,			
2			•	d in <b>section 170(b)(</b> 1			•					
3				perative hospital se				n 170(b)(1)	(A)(iii).			
4	Γ	A medi	cal researc	h organızatıon opera ity, and state						1)(A)(iii). E	nter the	
5	Γ	_	•	erated for the benefi ( <b>A)(iv).</b> (Complete P	=	or universi	ty owned or o	perated by a	government	al unit desc	rıbed ın	
6	$\Gamma$			local government o		tal unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).			
7	Γ	describ	oed in	at normally receives ( <b>A)(vi)</b> (Complete P		al part of its	support from	a governme	ntal unit or fr	om the gene	eral public	
8	$\Gamma$	A com	munity trust	: described in <b>sectio</b> i	n 170(b)(1)(	<b>A)(vi)</b> (Cor	nplete Part II	[ )				
9	굣	An orga	anızatıon th	at normally receives	(1) more th	an 331/3%	of its support	from contrib	outions, mem	bership fees	s, and gros	s
		receipt	s from activ	rities related to its e	xempt function	ons—subjec	t to certain e	xceptions, a	nd (2) no mo	re than 331,	/3% of	
		ıts sup	port from gr	oss investment inco	me and unrel	lated busine	ss taxable ın	come (less	section 511	tax) from bu	sinesses	
		acquire	ed by the or	ganızatıon after June	30,1975 S	ee <b>section</b> !	<b>509(a)(2).</b> (C	omplete Par	tIII)			
10	$\Gamma$	An orga	anızatıon or	ganized and operated	d exclusively	to test for p	oublic safety	See <b>section</b>	509(a)(4).			
11 e f g	' Г	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 that describes the type of supporting organization and complete lines 11e through 11h  a										
			-	er of a person descri						11g		
				lled entity of a perso						11g(	(iii)	
h		Provide	e the followi	ng information about	the supporte	ed organızat	ion(s)					
(i) Name of supported organization		e of orted	e of (ii) (described on col (i) listed in your governing ation or IRC section document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizat col (i) org	e Ion In anized	(vii) A mount of support?			
				(see instructions))	Yes	No	Yes	No	Yes	No	1	
				· · · · · · · · · · · · · · · · · · ·								
Tota	ı											

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Part III Support Schedule for Organizations Described in IRC 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.)

	ection A. Public Support						
Cale	ndar year (or fiscal year beginnin	( <b>a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do n include any "unusual grants")	ot 173,355	103,606	52,759	63,897	72,026	465,643
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished any activity that is related to the				56,304		56,304
	organization's tax-exempt purpose						
3	Gross receipts from activities the are not an unrelated trade or business under section 513	at					
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						
_	the organization without charge	172.25	102.505	F2 7F2	120 201	72.026	531.017
6 <b>7</b> -	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,	173,35	103,606	52,759	120,201	72,026	521,947
/a	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						
	Add lines 7a and 7b						
8	<b>Public Support</b> (Subtract line 7 c from line 6 )						521,947
Se	ection B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	<b>(f)</b> Total
_	in)						
9 10a	A mounts from line 6 Gross income from interest.	173,355	103,606	52,759	120,201	72,026	521,947
IUa	dividends, payments received on	.					
	securities loans, rents, royalties		4,018	2,597	566	416	8,505
	and income from similar						
h	sources Unrelated business taxable						
_	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b	908	4,018	2,597	566	416	8,505
с 11	Net income from unrelated	300	4,010	2,337	300	410	0,303
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income Do not include						
12	gain or loss from the sale of						
	capital assets (Explain in Part						
12	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )	174,263	107,624	55,356	120,767	72,442	530,452
14	First Five Years If the Form 990	s for the organization	n's first, second,	thırd, fourth, or fı	fth tax year as a	501(c)(3) organı	
	check this box and <b>stop here</b>						<b>▶</b> □
Se	ection C. Computation of Pu	ıblic Support Pe	rcentage				
15	Public Support Percentage for 20			. 3 column (f))		15	98 400 %
16	Public support percentage from 2	010 Schedule A, Pa	art III, line 15			16	98 590 %
			,				20 330 70
Se	ection D. Computation of In	vestment Inco	me Percentag	e			
17	Investment income percentage for				(f))	17	2 000 %
18	Investment income percentage fr	om <b>2010</b> Schedule A	A, Part III, line 17	7		18	1 000 %
19a	<b>33 1/3% support tests—2011.</b> If	the organization did	not check the box	x on line 14, and	line 15 is more t	han 33 1/3% and	line 17 is not
	more than 33 1/3%, check this bo						<b>▶</b> ▽

33 1/3% support tests—2010. 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).					
	Facts And Circumstances Test					
Explanation						

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93492135039572

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	organization	
FRIEND	S OF R	OSE CANYON	

Volunteer hours

Employer identification number

65-1227043

Par	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 on behalf of or in opposition to candidates for public office in Part IV		
2	Political expenditures	<b>b</b> -	¢

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

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes 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>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

cinculate e (i	5111 556 51 556 EE/ E011		ı uy
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5	768 (	(election
	under section 501(h)).		

Α	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)

	Limits on Lobbying E (The term "expenditures" means ar		<b>(a)</b> Filing Organization Totals	's	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		475	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	4,	014	
c	Total lobbying expenditures (add lines 1a and 1	o)	4,	489	
d	Other exempt purpose expenditures		56,	124	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	60,	613	
f	Lobbying nontaxable amount Enter the amount to columns	12,	.123		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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			
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	3,	.031	
_					

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -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?

┌ Yes ┌ 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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> Total
2a	Lobbying non-taxable amount	32,580	32,130	27,330	12,123	104,163
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					156,245
c	Total lobbying expenditures	1,931	952	5,207	4,489	12,579
d	Grassroots non-taxable amount	8,145	8,033	6,833	3,031	26,042
e 	Grassroots ceiling amount (150% of line 2d, column (e))					39,063
f_	Grassroots lobbying expenditures	262		1,474	475	2,211

_	edule C (Form 990 or 990-EZ) 2011	10= 5			Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	NOT f	iled Fo	orm 5	/68
		(	a)	(	b)
		Yes	No	Am	ount
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?		No		
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
C	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i		1		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
Ь	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		1		
	, ,		No		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c	)(5), d		
	Ware substantially all (000% or more) dues resoured pendeductible by members?		_	1 Y	es No
1 2	Were substantially all (90% or more) dues received nondeductible by members?		$\vdash$	2	No
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?		F	3	No
	tt III-B Complete if the organization is exempt under section 501(c)(4), section 5	01/-	)/F) a		
Pel	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	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 Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information Identifier | Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492135039572

OMB No 1545-0047

Open to Public

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer ident if	ication number
FRIENDS OF ROSE CANYON		
	65-1227043	

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	WRITE-OFF OF PRIOR LEGAL EXP 23,747 TOTAL 23,747

ldentifier	Return Reference	Explanation
	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSE 857 OFFICE EXPENSE 844 TRAVEL 273 TRAVEL 545 TRAVEL 91 INSURANCE 2,600 EDUCATION & OUTREACH 4,572 LICENSES & FEES 60 BANK CHGS/ONLINE FEES 407 EVENT EXPENSE 305 NON-INVESTMENT DEPRECIATION 119 TOTAL 10,673

ldentifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 5,856 11 PREPAID EXPENSES AND DEFERRED CHARGES 1,685 1,125 1,236 1,236 LESS ACCUMULATED DEPRECIATION 939 1,058 DEPOSITS 0 560 TOTAL 7,838 1,874

ldentifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 23,747 3,434 PAYROLL TAXES PAYABLE 1,290 527

ldentifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	· '	TO PROTECT, PRESERVE AND RESTORE ROSE CANYON AND THE ROSE CREEK WATERSHED

ldentifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 28	EDUCATIONAL ACTIVITIES OBJECTIVE TO CONNECT PEOPLE WITH NATURE TO EDUCATE AND INSPIRE THEM TO SUPPORT CONSERVATION OF NATURAL AREAS A OUTDOOR NATURE WALKS AND EVENTS AND ENVIRONMENTAL RESTORATION PROJECTS FOR SCHOOL GROUPS, SCOUT GROUPS, AND THE GENERAL PUBLIC DID IN-CLASS PRESENTATIONS AND SUTDENT PROJECTS ON THE LOCAL ENVIRONMENT EIGHTY-SEVEN EVENTS WITH A TOTAL OF 2,350 PARTICIPANTS B PROVIDED EDUCATIONAL MATERIALS TO 55 TEACHERS AND TWO PRINCIPALS AT LOCAL ELEMENTARY SCHOOLS, HAD BOOTH THAT REACHED AN ESTIMATED 450 PEOPLE AT LOCAL JULY 4TH EVENT C WROTE GRANT APPLICATIONS TO SUPPORT OUR EDUCATION PROGRAMS

ldentifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 29	RESEARCH, ANALYSIS, ADVOCACY, LOBBYING, LEGAL ACTION OBJECTIVE TO PROTECT THE ROSE CREEK WATERSHED FROM DESTRUCTIVE IMPACTS AND BUILD SUPPORT FOR ITS PRESERVATION A REVIEWED PUBLIC RECORDS ON ISSUES RELATED TO THE ROSE CREEK WATERSHED B ATTENDED MEETINGS RELATED TO THE ROSE CREEK WATERSHED C COMMUNICATED WITH DECISION MAKERS ON ISSUES RELATED TO THE ROSE CREEK WATERSHED, INCLUDING POTENTIAL PROJECTS THAT WOULD HAVE DETRIMENTAL IMPACTS D WORKED WITH LEGAL AND TECHNICAL CONSULTANTS TO ANALYZE PROJECTS THAT WOULD IMPACT THE ROSE CREEK WATERSHED AND TO ADVOCATE FOR ALTERNATIVES E MONITORED CONDITIONS IN ROSE CANYON AND COMMUNICATED WITH RESPONSIBLE AGENCIES ABOUT ISSUES RELATED TO ROSE CANYON F PARTICIPATED IN CITY OF SAN DIEGO RE-DISTRICTING HEARINGS CONDUCTED BY INDEPENDENT COMMISSION

ldentifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 30	COLLABORATION WITH OTHER ORGANIZATIONS OBJECTIVE. TO WORK TOGETHER TO SOLVE COMMON ENVIRONMENTAL PROBLEMS A WORKED WITH OTHER ENVIRONMENTAL ORGANIZATIONS TO IMPROVE THE CITY OF SAN DIEGO'S PROPOSED STORM WATER CHANNEL MAINTENANCE PROGRAM B COLLABORATED ON RESPONSE TO POTENTIAL PROJECTS THAT WOULD HAVE NEGATIVE IMPACTS ON ROSE CANYON C CONDUCTED REGULAR WATER MONITORING IN ROSE CREEK D SERVED ON ADVISORY BOARD FOR SAN DIEGO CANYONLANDS, INC E PARTICIPATED IN SAN DIEGO CHILDREN AND NATURE COLLABORATIVE F PARTICIPATED WITH OTHER ORGANIZATIONS IN REVIEWING HYDRO-STUDY OF ROSE CREEK WATERSHED

Form 4562

DLN: 93492135039572

OMB No 1545-0172

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

Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** FRIENDS OF ROSE CANYON INDIRECT DEPRECIATION 65-1227043 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) . . . . . . . . . . . . . 1 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 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) **7** Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2010 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 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. 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 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2011 119 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 . . . . . Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basıs for (b) Month and depreciation (g)Depreciation (a) Classification of (d) Recovery year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property S/L g 25-year property 25 yrs 27 5 yrs ΜМ S/L h Residential rental property 27 5 yrs MMS/L 39 yrs MM i Nonresidential real property ММ Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs ΜМ S/L Part IV **Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 119 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomoŁ	iles.)
<b>24a</b> Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? ┌ Yes	Γ <sub>No</sub>		2	<b>4b</b> If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN	)
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		(busines	(e) deprecia ss/investr e only)		<b>(f)</b> Recover period	y M∈	(g) ethod/ ventior		<b>(h</b> Depreci deduc	ation/		(i) Electe section : cost	179
<b>25</b> Special depreciation allo 50% in a qualified busi	· · · · · · · · · · · · · · · · · · ·		erty placed	in service (	during the	tax year	and u	used moi	e than	25						
<b>26</b> Property used more	e than 50%	ın a qualıfıed	business	use												
		%									+			-		
		%									+			+		
<b>27</b> Property used 50%	orless in a		iness us	e										_		
		%							S/L - S/L -		_			4		
		%							S/L -							
28 Add amounts in co	olumn (h), lır	nes 25 throug	ıh 27 En	ter here a	and on lu	ne 21, <sub>l</sub>	oage	1 .	28	8						
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29				
			ction B													
Complete this section If you provided vehicles to														se vehic	les	
					a)	(1		1	(c)		(c			2)		f)
year (do not inclu-			_	Vehi	cle 1	Vehi	cle 2	. V	ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6
<b>31</b> Total commuting i	mıles drıven	during the ye	ar .													
32 Total other persor	nal(noncomm	nuting) miles	drıven													
33 Total miles driven through 32	during the y		s 30													
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Ye	s 1	No.	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															
<b>35</b> Was the vehicle us owner or related p		y by a more th	nan 5%													
<b>36</b> Is another vehicle			e? .													
Section	on C—Que	stions for	Emplo	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees	l .	
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha
<b>37</b> Do you maintain a employees? .		cy statement											our •	<u> </u>	es	No
<b>38</b> Do you maintain a	written polic	cy statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by					
employees? See t						ers, dire	ector	s, or 1	% or m	nore o	wners		• •	-	-+	
<b>39</b> Do you treat all us						•	٠. ٠	•	• .	•	. •		•	-		
<b>40</b> Do you provide movehicles, and reta				oyees, ol	btain info	ormatio •	n froi	m your •    •	emplo •	yees .	about •	the us	e of the	e		
<b>41</b> Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)					
<b>Note:</b> If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5				
Part VI Amo	rtization															
(a) Description of c	costs	(b) Date amortization begins	n	( A mort a mo	ızable			<b>(d)</b> Code ection		(e) mortiz period ercen	ation d or			<b>(f)</b> rtızatı hıs ye		
<b>42</b> A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns )		<u> </u>	3.3011	30					
		, ==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	,	,	1	,									
						-+			$\dashv$							
43 Amortization of co	sts that beg	jan before you	ur 2011 t	ax year		-			•		43					
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44					

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### **TY 2011 Compensation Explanation**

Name: FRIENDS OF ROSE CANYON

**EIN:** 65-1227043

Person Name	Explanation
DEBORAH KNIGHT	
GRETCHEN NELL	
LISA HEIKOFF	
KEVIN WIRSING	
LARRY HOGUE	
ARIANE JANSMA	

#### **Additional Data**

Software ID: Software Version:

**EIN:** 65-1227043

Name: FRIENDS OF ROSE CANYON

#### Form 990-EZ, Special Condition Description:

#### **Special Condition Description**

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and ot her allowances
DEBORAH KNIGHT 50 6804 FISK AVE SAN DIEGO,CA 92122	PRESIDENT 35 00	48,474		884
GRETCHEN NELL 50 6804 FISK AVE SAN DIEGO,CA 92122	VICE PRES 3 00	0		
LISA HEIKOFF 6804 FISK AVE SAN DIEGO,CA 92122	SECRETARY 0 50	0		
KEVIN WIRSING 50 6804 FISK AVE SAN DIEGO, CA 92122	TREASURER 1 00	0		
LARRY HOGUE 50 6804 FISK AVE SAN DIEGO,CA 92122	N/A 0 50	0		
ARIANE JANSMA (5) 6804 FISK AVENUE SAN DIEGO,CA 92122	N/A 0 50	0		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492133032083

**Open to Public** 

<u>Inspection</u>

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

### Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and

certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2012 calendar year, or tax year beginning 01-01-2012 , and ending 12-31-2012 C Name of organization D Employer identification number FRIENDS OF ROSE CANYON 65-1227043 Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 6804 FISK AVENUE (858) 597-0220 City or town, state or country, and ZIP + 4 F Group Exemption SAN DIEGO, CA 92122 Number

Check ► I if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ► www.ROSECANYON.ORG J Tax-exempt status(check only one) — 501(c)(3) 501(c)( ) ◀(insert no ) 4947(a)(1) or 527

K Check 🗐 if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are

normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return L 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 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 115,865 1 1 Program service revenue including government fees and contracts 2 2 3 3 Membership dues and assessments Investment income 4 650 Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Revenue Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 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) 6h Less direct expenses from gaming and fundraising events 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) Gross sales of inventory, less returns and allowances Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 116,515 9 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members . . . . . 11 11 Salaries, other compensation, and employee benefits 12 46,045 12 10,511 Professional fees and other payments to independent contractors Expenses 13 13 Occupancy, rent, utilities, and maintenance 14 14 15 1,877 Printing, publications, postage, and shipping 15 60,480 Other expenses (describe in Schedule O) 16 16 Total expenses. Add lines 10 through 16 118,913 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 -2,398 NetAssel Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 157,909 19 Other changes in net assets or fund balances (explain in Schedule O) 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 155,511 21

Check if the organization used	Schedule O to respond to	any question in this	Part II	<u></u>	
		(	<b>A)</b> Beginning of year		(B) End of year
22 Cash, savings, and investments			159,996	22	154,968
23 Land and buildings				23	
24 Other assets (describe in Schedule O			1,874	24	1,512
25 Total assets			161,870	25	156,480
26 Total liabilities (describe in Schedule (	0)	· · · · · <u> </u>	3,961	-	969
27 Net assets or fund balances (line 27 of	column (B) <b>must</b> agree wit	th line 21)	157,909	27	155,511
Check if the organization used  What is the organization's primary exempt TO PROTECT, PRESERVE AND RESTORE  Describe the organization's program service measured by expenses. In a clear and conception of the content o	Schedule O to respond to purpose? ROSE CANYON AND THI e accomplishments for eac cise manner, describe the s	any question in this  ROSE CREEK WAT  th of its three largest	Part III	(c) org 49	Expenses equired for section 501 )(3) and 501(c)(4) ganizations and section 47(a)(1) trusts, tional for others)
28 EDUCATIONAL ACTIVITIES OBJECT: INSPIRE THEM TO SUPPORT ENVIRONM GUIDED NATURE WALKS FOR SCHOOL OF CANYON AND MARIAN BEAR PARK IN TO PARTICIPANTS B PROVIDED IN-CLASS ENVIRONMENT AND TO PREPARE STUD PARTICIPANTS C ENGAGED VOLUNTE CANYON AND IN CONSTRUCTION, INST WITH 208 PARTICIPANTS D PARTICIP PEOPLE E WROTE GRANT APPLICATIO (Grants \$ )  If this	MENTAL PROTECTION AN GROUPS, SCOUT GROUPS HE ROSE CREEK WATERS 5 PRESENTATIONS AT SO ENTS FOR CANYON WAL ERS IN ENVIRONMENTA FALLATION, AND MONIT ATED IN JULY 4TH EVEN	ND RESTORATION  5, AND THE GENER  6HED 63 EVENTS V  CHOOLS ABOUT TH  KS 22 EVENTS WI  L RESTORATION PI  ORING OF BIRD BO  T THAT REACHED  DUCATION PROGRA	A CONDUCTED ALPUBLIC IN ROSE VITH 1,634 HE LOCAL ITH 628 ROJECTS IN ROSE EXES 38 EVENTS AN ESTIMATED 400	28a	32,022
29 RESEARCH, ANALYSIS, ADVOCACY, ICREEK WATERSHED FROM DESTRUCTIV RESTORATION A REVIEWED PUBLIC RIOTHER ORGANIZATIONS ON ISSUES REWITH DECISION MAKERS REGARDING PWATERSHED C WORKED WITH LEGAL CNEGATIVELY IMPACT THE ROSE CREEK REGULARLY MONITORED ROSE CANYON RESPONSIBLE PARTIES ABOUT ISSUES ISSUES RELATED TO THE ROSE CREEK DECISION MAKERS TO OPPOSE ENVIROENVIRONMENTALLY BENEFICIAL PROJECANYONLANDS, INC	E IMPACTS AND TO SUP ECORDS, ATTENDED MEI ELATED TO THE ROSE CREDONS AND TO SULTANTS TO ANALY WATERSHED AND TO ALL RELATED TO ROSE CAN WATERSHED AND ENGACOMMENTALLY DESTRUCT	PORT ITS PRESER'ETINGS, AND COLL REEK WATERSHED DIMPACT THE ROS ZE PROJECTS THA DVOCATE FOR ALT WITH RANGERS AN YON E INFORMED GED THE PUBLIC IN	VATION AND ABORATED WITH B COMMUNICATED GE CREEK AT WOULD ERNATIVES D ID OTHER THE PUBLIC OF I CONTACTING D SUPPORT		
•	s amount includes foreign 🤉	grants, check here	▶┌	29a	28,414
30 ENVIRONMENTAL RESTORATION OB RESTORE NATIVE PLANTS IN THE ROSE TO REMOVE NON-NATIVE TREES AND PFUNDING FOR REMOVAL OF INVASIVE WORKED WITH A LOCAL HIGH SCHOOL BENGAGED VOLUNTEERS FROM THE GHIGH SCHOOL IN THE RESTORATION O (Grants \$ )	CREEK WATERSHED A LANTS IN THE ROSE CR TREES AND PLANTS, EDU TEACHER ON PLANS TO ENERAL PUBLIC, SCOUT	PARTICIPATED IN EEK WATERSHED ( JCATED THE GENE ENGAGE STUDENT S, AND STUDENTS SE CANYON	A MAJOR PROJECT CONTRIBUTED RAL PUBLIC, AND S IN RESTORATION FROM THE LOCAL	30a	47,410
31 Other program services (describe in Sch (Grants \$ ) If this	nedule O ) s amount includes foreign (	grants check here	· -		,
32 Total program service expenses (add line				31a 32	
Part IV List of Officers, Directors, Trus	stees, and Key Employees	List each one even if not	compensated (see the instr	uctions	s for Part IV)
Check if the organization used	Schedule O to respond to	any question in this	Part IV	• •	
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099 MISC) (if not paid enter -0-)		o olans,	(e) Estimated amount of other compensation
See Additional Data Table					

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	v		<u>୮</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
ь	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 , section 4912 , section 4955			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed    CA			
42a	The organization's books are in care of ▶ DEBORAH KNIGHT Telephone no	<b>(</b> 85	8)597-	-0220
	Located at Fisk Avenue SAN DIEGO, CA ZIP + 4	► <u>9</u> 2	2122	
b	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)?	42b	Yes	<b>No</b> No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U S $\ref{S}$	42c		No
	If "Yes," enter the name of the foreign country 🕒			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			►F
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	90-EZ (2012)						Yes	Page 4
		rectly or indirectly, in political o "Yes," complete Schedule C , Pa			or in opposition to	. 46		No
Part \		organizations only		1.50				
	and 51	organizations must answer	•	•	·		s for lir	nes 50
	Check if the organizatio	n used Schedule O to respond	to any question in this P	art V I	<u> </u>			<u>Г</u>
							Yes	No
	id the organization engage in l "Yes," complete Schedule C,	obbying activities or have a se Part II 🕏	ction 501(h) election in		luring the tax year?	. 47	Yes	
<b>48</b> Is	the organization a school as	described in section 170(b)(1)	(A)(II)? If "Yes," comple	te Sch	edule E .	. 48		No
<b>49a</b> Di	ıd the organızatıon make any t	transfers to an exempt non-cha	rıtable related organızat	ion?		. 49a		No
<b>b</b> If	"Yes," was the related organi	zatıon a sectıon 527 organızatı	on?			. 49b		
		anization's five highest compen						
	mployees) who each received me and title of each employee more than \$100,000	more than \$100,000 of compe paid (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) co emplo	rthere is none, ento Health benefits, ontributions to byee benefit plans, and deferred compensation	<b>(e)</b> Es	tımated	amount ensation
NONE								
						l		
f T	Total number of other employe	ees paid over\$100,000				<u> </u>		
f T	Total number of other employo	ees paid over \$100,000				<b>-</b>		
<b>51</b> Co	omplete this table for the orga	nnization's five highest compen		actors	who each received	▶	an \$100	0,000,0
<b>51</b> Co	omplete this table for the orga compensation from the organ		None "		who each received		an \$100 Compens	
<b>51</b> Co of (a)	omplete this table for the orga compensation from the organ	anızatıon's five hıghest compen ıızatıon If there ıs none, enter "	None "				· 	
<b>51</b> Co of (a)	omplete this table for the orga compensation from the organ	anızatıon's five hıghest compen ıızatıon If there ıs none, enter "	None "				· 	
51 Co of (a)	omplete this table for the orga compensation from the organ	anızatıon's five hıghest compen ıızatıon If there ıs none, enter "	None "				· 	
51 Co of (a)	omplete this table for the orga compensation from the organ	anızatıon's five hıghest compen ıızatıon If there ıs none, enter "	None "				· 	
51 Co of (a)	omplete this table for the orga compensation from the organ	anızatıon's five hıghest compen ıızatıon If there ıs none, enter "	None "				· 	
51 Co of (a)	omplete this table for the orga compensation from the organ	anızatıon's five hıghest compen ıızatıon If there ıs none, enter "	None "				· 	
51 Co of (a)	omplete this table for the orga compensation from the organ	anızatıon's five hıghest compen ıızatıon If there ıs none, enter "	None "				· 	
<b>51</b> Co of (a)	omplete this table for the orga compensation from the organ	anızatıon's five hıghest compen ıızatıon If there ıs none, enter "	None "				· 	
51 Coof (a)	omplete this table for the organ compensation from the organ ) Name and address of each i	anization's five highest compensization. If there is none, enter " independent contractor paid mo	re than \$100,000	(b)	Type of service		· 	
51 Constant of the second of t	omplete this table for the organicompensation from the org	anızatıon's five hıghest compen ıızatıon If there ıs none, enter "	none " re than \$100,000  g over \$100,000	(b)	Type of service		· 	
51 Co of (a) NONE	omplete this table for the organicompensation from the organicompensation from the organicompensation from the organicompensation complete the organization complete	anization's five highest compensization. If there is none, enter " independent contractor paid mo	re than \$100,000  g over \$100,000	(b)	Type of service		ompen	sation
of (a) NONE  d T  52	omplete this table for the organic compensation from the organical part of the organical part of the organical part of the organical part of the organication complete nonexempt charitable trusts of perjury, I declare that ge and belief, it is true, correct,	anization's five highest compensization. If there is none, enter " independent contractor paid mo independent contractor paid mo independent contractor paid mo independent contractors each receiving e Schedule A?	re than \$100,000  g over \$100,000	ns and	Type of service	(c) C	✓ Yes	sation No
of (a) NONE  d T  52	omplete this table for the organic compensation from the organical part of the organical part of the organical part of the organical part of the organication complete nonexempt charitable trusts of perjury, I declare that ge and belief, it is true, correct,	anization's five highest compensization. If there is none, enter " independent contractor paid mo independent contractor paid mo independent contractors each receiving the schedule A? NOTE: All Section must attach a completed Schedulet I have examined this return, incomplete in the schedule to the sch	re than \$100,000  g over \$100,000	ns and	Type of service	(c) C	✓ Yes	sation No
d T  Sign	omplete this table for the organic compensation from the organical part of the organical part of the organical part of the organical part of the organication complete nonexempt charitable trusts are and belief, it is true, correct, ge.	anization's five highest compensization. If there is none, enter " independent contractor paid mo independent contractor paid mo independent contractors each receiving the schedule A? NOTE: All Section must attach a completed Schedulet I have examined this return, incomplete in the schedule to the sch	re than \$100,000  g over \$100,000	ns and	Type of service	(c) C	✓ Yes	sation No
d T  Sign	Total number of other independent of the organization from the organization complete the organization complete nonexempt charitable trusts age and belief, it is true, correct, ge.	anization's five highest compensization. If there is none, enter " independent contractor paid mo independent contractor paid mo independent contractors each receiving a schedule A? NOTE: All Section must attach a completed Schedule to I have examined this return, incomplete. Declaration of present	re than \$100,000  g over \$100,000	ns and	Type of service	(c) C	✓ Yes	sation No
d T  Sign	Total number of other independent of the organization from the organization complete nonexempt charitable trusts  enalties of perjury, I declare that ge and belief, it is true, correct, ge.  ****** Signature of officer DEBORAH KNIGHT PRESIDE	anization's five highest compensization. If there is none, enter " independent contractor paid mo independent contractor paid mo independent contractors each receiving the second secon	re than \$100,000  g over \$100,000  In 501(c)(3) organization fulle A  Sudding accompanying scheparer (other than officer) in the companying scheparer (other than officer)	ns and	Type of service  4947(a)(1)  nd statements, and ton all information of the description of	(c) C	✓ Yes	sation  s No
d T 52 Under per knowledge knowledge Sign Here	Total number of other indepen  Did the organization complete nonexempt charitable trusts  enalties of perjury, I declare that ge and belief, it is true, correct, ge.  ******  Signature of officer  DEBORAH KNIGHT PRESIDE Type or print name and title  Print/Type preparer's name  Firm's name  POWE	anization's five highest compensization. If there is none, enter " independent contractor paid mo independent contractor paid mo independent contractor paid mo independent contractors each receiving a contractor of present the complete complete. Declaration of present complete.	re than \$100,000  g over \$100,000  In 501(c)(3) organization fulle A  Sudding accompanying scheparer (other than officer) in the companying scheparer (other than officer)	ns and	Type of service  4947(a)(1)  nd statements, and to all information of the control	(c) C	✓ Yes	sation  s No
51 Coof (a) NONE  d T 52	Total number of other independent of the organization from the organization from the organization complete nonexempt charitable trusts age and belief, it is true, correct, ge.    Marria   Marr	anization's five highest compensization. If there is none, enter " independent contractor paid mo independent contractor paid mo independent contractors each receiving a complete service of the contractors are completed. School and complete. Declaration of present the complete of the c	re than \$100,000  g over \$100,000  In 501(c)(3) organization fulle A  Sudding accompanying scheparer (other than officer) in the companying scheparer (other than officer)	ns and	Type of service  4947(a)(1)  nd statements, and ton all information of the desired part of the desired par	(c) C	✓ Yes	sation  s No

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As Filed Data -

DLN: 93492133032083

**Employer identification number** 

OMB No 1545-0047

### SCHEDULE A PI

(Form 990 or 990EZ)

Name of the organization

FRIENDS OF ROSE CANYON

Department of the Treasury Internal Revenue Service

Total

### **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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2012

Open to Public Inspection

											1	
				,,	Yes	No	Yes	No	Yes	No		
			or IRC section (see instructions))	docume	T				T			
OI	ya iliZe			lines 1- 9 above	your gove	rnıng	suppor		in the U		Sup	port
	uppor ganiza			organization (described on	organızatı col (i) lıst		the organiz		organızat col (i) org		I	etary port
(i)	) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Dıd you	notify	(vi) Is	the	(vii) Ar	nount of
h		Provide	the followi	ng information about	the supporte	ed organizati	on(s)					
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	ibove?				J(iii)	
		•		er of a person descri		_					g(ii)	
				governing body of th	•		_	•	,		g(i)	
			ng persons? erson who d	rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	scribed in (ii)		Yes	No
g				2006, has the organi	zation accep	ted any gift	or contribution	on from any	of the			
f			this box	received a willtell de	e ce i i i i i i a ci o i i	nom the IR:	J LIIAL IL IS A	турет, гур	e ii, or rype	III suppor	ung organi	
£			1509(a)(2)	received a written de	atormination	from the IDS	S that it is a "	Typo I Typ	o II or Typo	III cuppor	tina orazni	72tion
е	,			ox, I certify that the on managers and otl								
_	_		Type I									
				ly supported organız bes the type of supp						ee <b>section</b>	509(a)(3).	Check
11	Γ			ganized and operated								
10	$\Gamma$	An orga	anızatıon org	ganized and operated	dexclusively	to test for p	ublic safety	See <b>section</b>	1 509(a)(4).			
its support from gross investment income and unrelated business taxable income (less section 511 tax) from be acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
					•	<del>-</del>			` '			
	'	_		ities related to its ex			* *		· ·	· ·	-	,,
9	,  -	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
8	$\vdash$			<b>on 170(b)(1)(A)(vi).</b> described in <b>sectior</b>			nlete Part II	)				
7	$\sqcap$			at normally receives			support from	a governme	ntal unit or f	rom the ger	neral public	3
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	.)(A)(v).			
		sect ion	170(b)(1)(	<b>A)(iv).</b> (Complete P	art II )							
5	$\sqcap$			erated for the benefi	t of a college	or universit	y owned or o	perated by a	governmen	tal unit des	cribed in	
4	ı			n organization operat ty, and state	ted in conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(III).	Enter the	
3	_			perative hospital se								
2				in <b>section 170(b)(1</b>								
1	Γ		-	on of churches, or as				ection 170(l	o)(1)(A)(i).			
he o	rganı	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	ox )			
Par	tΙ	Reas	on for Pu	blic Charity Sta	tus (All org	anızatıons	must comp	olete this p			s.	
									65-12270	043		

	(Complete only if you of Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ition failed to q	ualify under
	ection A. Public Support	idon ians to qu	anny under the	tests listed bei	ow, picase com	ipiete rait III.)	
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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	<b>Total.</b> Add lines 1 through 3						
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						
6	(f) <b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support			-			
	endar year (or fiscal year beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
9	dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not						
10	the business is regularly carried on Other income Do not include gain or loss from the sale of capital						
11	assets (Explain in Part IV ) <b>Total support</b> (Add lines 7 through						
12	10) Gross receipts from related activiti	es, etc (see inst	ructions)	l .	1	12	<u> </u>
13	First five years. If the Form 990 is this box and stop here	for the organizat	ion's first, second			501(c)(3) organ	ızatıon, check
	ection C. Computation of Pub						
14	Public support percentage for 2012	•		11, column (f))		14	
15	Public support percentage for 2011	•	•			15	
	33 1/3% support test—2012. If the and stop here. The organization qua 33 1/3% support test—2011. If the	llifies as a public organization did	ly supported orga not check a box o	inization on line 13 or 16a,			► neck this
	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> -is 10% or more, and if the organization Part IV how the organization meeorganization	<b>–2012.</b> If the org tion meets the "f ets the "facts-and	anization did not acts-and-circum d-circumstances	check a box on lii stances" test, ch ' test The organi	eck this box and s zation qualifies as	stop here. Explairs a publicly suppo	
18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private foundation. If the organizat instructions	nization meets th tion meets the "f	e "facts-and-circ acts-and-circum	umstances" test, stances" test Th	, check this box a le organization qu	nd <b>stop here.</b> alifies as a public	:ly ►⊏

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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.)

Se	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	103,606	52,759	63,897	72,026	115,865	408,153
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			56,304			56,304
3	purpose Gross receipts from activities that are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its						
5	behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	103,606	52,759	120,201	72,026	115,865	464,457
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	A mounts 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	<b>Public support</b> (Subtract line 7c from line 6)						464,457
Se	ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2000	( ) 2010	( D) 2011	( ) 2012	(C) T
	in) <b>▶</b>	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
9	Amounts from line 6	103,606	52,759	120,201	72,026	115,865	464,457
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,018	2,597	566	416	650	8,247
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	4,018	2,597	566	416	650	8,247
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 IV)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	107,624	55,356	120,767	72,442	116,515	472,704
14	<b>First five years.</b> If the Form 990 is f check this box and <b>stop here</b>			thırd, fourth, or f	ifth tax year as a	501(c)(3) organ	ızatıon, ▶┌
_Se	ction C. Computation of Publ						
15	Public support percentage for 2012		•	13, column (f))		15	98 260 %
16 Se	Public support percentage from 201  ction D. Computation of Inve					16	98 400 %
17	Investment income percentage for 2				n (f))	17	2 000 %
18	Investment income percentage from					18	2 000 %
	33 1/3% support tests—2012. If the more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qua	ilifies as a public	ly supported org	anızatıon	▶✓
Ь	<b>33</b> 1/3% support tests—2011. If the	organization did r	тос спеск а рох о	n line 14 or line :	19a, and line 16	is more than 33 i	./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

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93492133032083

### OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** FRIENDS OF ROSE CANYON 65-1227043 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

## 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 E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	915	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	3,047	
c	Total lobbying expenditures (add lines 1a and 1b	o)	3,962	
d	Other exempt purpose expenditures	114,881		
e	Total exempt purpose expenditures (add lines 1	118,843		
f	Lobbying nontaxable amount Enter the amount f	23,769		
	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		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	5,942	
h	Subtract line 1g from line 1a If zero or less, ente	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lir	ne 1h or line 1ı, dıd the organızatıon file Form 472	0 reporting	

# 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 instructions for lines 2a through 2f on page 4.)

	Lobbying Exper	nditures During 4	l-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount	32,130	27,330	12,123	23,769	95,352
b	Lobbying ceiling amount (150% of line 2a, column(e))					143,028
c	Total lobbying expenditures	952	5,207	4,489	3,962	14,610
d	Grassroots nontaxable amount	8,033	6,833	3,031	5,942	23,839
е 	Grassroots ceiling amount (150% of line 2d, column (e))					35,759
f	Grassroots lobbying expenditures		1,474	475	915	2,864

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge <b>S</b>
	Week Week was a second of the	( 6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
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					
а	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?					
е	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	O ther activities?					
j	Total Add lines 1c through 1:					
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c	)(5), (	or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N 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).					
	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

Complete this part to 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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492133032083

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization FRIENDS OF ROSE CANYON	Employer identifi	cation number
	65-1227043	

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSE 1,199 OFFICE EXPENSE 485 TRAVEL 823 INSURANCE 3,558 EDUCATION & OUTREACH 8,689 LICENSES & FEES 55 BANK CHGS/ONLINE FEES 490 EVENT EXPENSE 80 RESTORATION EXPENSE 45,030 NON-INVESTMENT DEPRECIATION 71 TOTAL 60,480

ldentifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 11 0 PREPAID EXPENSES AND DEFERRED CHARGES 1,125 1,125 1,236 1,236 LESS ACCUMULATED DEPRECIATION 1,058 1,129 DEPOSITS 560 280 TOTAL 1,874 1,512

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 3,434 0 PAYROLL TAXES PAYABLE 527 969

ldentifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	· '	TO PROTECT, PRESERVE AND RESTORE ROSE CANYON AND THE ROSE CREEK WATERSHED

ldentifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 28	EDUCATIONAL ACTIVITIES OBJECTIVE. TO CONNECT PEOPLE WITH NATURE TO EDUCATE AND INSPIRE THEM TO SUPPORT ENVIRONMENTAL PROTECTION AND RESTORATION. A CONDUCTED GUIDED NATURE WALKS FOR SCHOOL GROUPS, SCOUT GROUPS, AND THE GENERAL PUBLIC IN ROSE CANYON AND MARIAN BEAR PARK IN THE ROSE CREEK WATERSHED. 63 EVENTS WITH 1,634 PARTICIPANTS. B PROVIDED IN-CLASS PRESENTATIONS AT SCHOOLS ABOUT THE LOCAL ENVIRONMENT AND TO PREPARE STUDENTS FOR CANYON WALKS. 22 EVENTS WITH 628 PARTICIPANTS. C ENGAGED VOLUNTEERS IN ENVIRONMENTAL RESTORATION PROJECTS IN ROSE CANYON AND IN CONSTRUCTION, INSTALLATION, AND MONITORING OF BIRD BOXES. 38 EVENTS WITH 208 PARTICIPANTS. D. PARTICIPATED IN JULY 4TH EVENT THAT REACHED AN ESTIMATED 400 PEOPLE. E. WROTE GRANT APPLICATIONS TO SUPPORT OUR EDUCATION PROGRAMS.

ldentifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 29	RESEARCH, ANALYSIS, ADVOCACY, LOBBYING, LEGAL ACTION OBJECTIVE TO PROTECT THE ROSE CREEK WATERSHED FROM DESTRUCTIVE IMPACTS AND TO SUPPORT ITS PRESERVATION AND RESTORATION A REVIEWED PUBLIC RECORDS, ATTENDED MEETINGS, AND COLLABORATED WITH OTHER ORGANIZATIONS ON ISSUES RELATED TO THE ROSE CREEK WATERSHED B COMMUNICATED WITH DECISION MAKERS REGARDING PROPOSALS THAT WOULD IMPACT THE ROSE CREEK WATERSHED C WORKED WITH LEGAL CONSULTANTS TO ANALYZE PROJECTS THAT WOULD NEGATIVELY IMPACT THE ROSE CREEK WATERSHED AND TO ADVOCATE FOR ALTERNATIVES D REGULARLY MONITORED ROSE CANYON AND COMMUNICATED WITH RANGERS AND OTHER RESPONSIBLE PARTIES ABOUT ISSUES RELATED TO ROSE CANYON E INFORMED THE PUBLIC OF ISSUES RELATED TO THE ROSE CREEK WATERSHED AND ENGAGED THE PUBLIC IN CONTACTING DECISION MAKERS TO OPPOSE ENVIRONMENTALLY DESTRUCTIVE PROJECTS AND SUPPORT ENVIRONMENTALLY BENEFICIAL PROJECTS F SERVED ON ADVISORY BOARD FOR SAN DIEGO CANYONLANDS, INC

ldentifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 30	ENVIRONMENTAL RESTORATION OBJECTIVE TO REMOVE INVASIVE NON-NATIVE PLANTS AND RESTORE NATIVE PLANTS IN THE ROSE CREEK WATERSHED A PARTICIPATED IN A MAJOR PROJECT TO REMOVE NON-NATIVE TREES AND PLANTS IN THE ROSE CREEK WATERSHED CONTRIBUTED FUNDING FOR REMOVAL OF INVASIVE TREES AND PLANTS, EDUCATED THE GENERAL PUBLIC, AND WORKED WITH A LOCAL HIGH SCHOOL TEACHER ON PLANS TO ENGAGE STUDENTS IN RESTORATION B ENGAGED VOLUNTEERS FROM THE GENERAL PUBLIC, SCOUTS, AND STUDENTS FROM THE LOCAL HIGH SCHOOL IN THE RESTORATION OF NATIVE PLANTS IN ROSE CANYON

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93492133032083 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** INDIRECT DEPRECIATION Name(s) shown on return FRIENDS OF ROSE CANYON 65-1227043 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. 500,000 1 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) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during . . . . . . . . . . . . . . . . the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · 71 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 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 71 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

<b>24a</b> Do you have evider	nce to support t	the business/inv	estment u	ise claime	d? <b>┌ Yes</b>	Гпо		24	Ib If "Y	es," ıs t	the ev	ıdence	written?	<del>,</del> Г <sub>Y</sub> е	s L N	D
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		Basis for (busines us			(f) Recovery period	Met	<b>g)</b> :hod/ ention		<b>(†</b> Depred dedu	iation/		(i) Electe section cost	179
25Special depreciation allo	•		y placed	ın service	during the	tax year	and ι	sed more	than	Ī						
50% in a qualified busi	•									25						
<b>26</b> Property used more	e than 50%   	in a qualified b	usiness	use	T			I			Т			$\neg$		
		%														
		%														
<b>27</b> Property used 50%	orless in a		ness us	е	1			ı	lc //		_					
		%			1				S/L - S/L -		+			-		
		%							S/L -							
28 Add amounts in co	olumn (h), lın	ies 25 through	27 En	ter here	and on lir	ne 21,	oage	1	28							
<b>29</b> Add amounts in co	olumn (ı), lını	e 26 Enterhe	re and o	n line 7,	page 1			–					29			
					mation	on U	se o	of Veh	icles				<u> </u>			
omplete this section	for vehicles	used by a sol	e propri	etor, par	tner, or o	ther "n	nore	than 5%	owne	r," or i	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer th	e questio	_	_			n excepti		mpletin I						<u></u>
<b>30</b> Total business/in			ng the		<b>a)</b> ıcle 1	Vehi	<b>o)</b> cle 2	l ve	<b>(c)</b> shicle 3	3   1	<b>(c</b> Vehid	-		<b>e)</b> icle 5		<b>f)</b> icle 6
year ( <b>do not</b> inclu	de commutin	ig miles) .	•													
<b>31</b> Total commuting i	miles driven	during the yea	r .													
32 Total other persor	nal(noncomm	nutina) miles d	rıven													
33 Total miles driven	•															
through 32 . <b>34</b> Was the vehicle a	vailable for m	ersonal use		Yes	No	Yes	No	Yes	l N		es	No	Yes	No	Yes	No
during off-duty ho		crsonar usc		165	140	163	140	163	- 14	<del>'</del>	CS	140	163	110	163	+ 140
35 Was the vehicle u		· · · · · ·	n 5%						-	_				+-		+
owner or related p		, by a more the														
<b>36</b> Is another vehicle	available fo	r personal use	?.													
Section Sectio	ns to determ		t an exc												not mo	re tha
<b>37</b> Do you maıntaın a				nibits all	personal	use of	vehi	cles, in	luding	comn	nutın	g, by	your	Y	'es	No
employees? .							•					•				
<b>38</b> Do you maintain a employees? See t												your				
<b>39</b> Do you treat all us	e of vehicles	s bv emplovee	s as per	sonal us	e?											-
<b>40</b> Do you provide movehicles, and reta	ore than five	vehicles to yo	ur empl						employ	ees al	bout	the us	se of			
<b>41</b> Do you meet the r				· · ·	· · ·	• • nstratio	n IIS	 e?(See	ınstru	· ·		•				
Note: If your answ	-							-			-					
	rtization	, 35, 40, 01 41	. 13 1 6.	3, do 110	Comple	16 5661	.1011 L	o lor the	COVE	eu vei	iicica			—		
Part VI Ailio	luzation	(b)				$\overline{}$			$\neg$	(e)						
(a) Description of c	osts	Date amortization begins		A mort	c <b>)</b> :izable ount			<b>(d)</b> Code ection	ļ	nortiza period ercenta	or			<b>(f)</b> ortizati his ye		
<b>42</b> A mortization of co	ctc that har			tav 2000	/coc :n=	tructic	) c \		I be		age					
TE A HIGHLIZALION OF CO	raca chat beg	ms during you	1 2012	cax year	(see ms	T	15/		- 1		I					
									_							
40.0			2012							Т						
<b>43</b> Amortization of co	_	-					•			-	43					
44 Total. Add amoun	ts ın column	(f) See the in:	structio	ns for wh	ere to re	port					44					

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### **TY 2012 Compensation Explanation**

Name: FRIENDS OF ROSE CANYON

**EIN:** 65-1227043

Person Name	Explanation
DEBORAH KNIGHT	
GRETCHEN NELL	
LISA HEIKOFF	
KEVIN WIRSING	
ARIANE JANSMA	
CHRISTINE MA ILLOUX	

### **Additional Data**

Software ID: Software Version:

**EIN:** 65-1227043

Name: FRIENDS OF ROSE CANYON

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	<b>(b)</b> A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount  of other compensation
PRESIDENT	33 00	40,629	1,930	
GRETCHEN NELL® VICE PRES, T	3 00	0		
LISA HEIKOFF® SECRETARY	1 00	0		
TREASURER	1 00	0		
ARIANE JANSMA 🕏 N/A	0 50	0		
N/A	0 50	0		

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DLN: 93492133035964

OMB No 1545-1150

Form 990-EZ **Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) ▶ Do not enter Social Security numbers on this form as it may be made public. By law, the

IRS generally cannot redact the information on the form.

**Short Form** 

► Information about Form 990-EZ and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

Department of the Treasury Internal Revenue Service  Information about Form 990-EZ and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .						Inspection
	or the	e 2013 calendar	year, or tax year beginning 01-01-2013 , and ending 12-31-2013			
			C Name of organization	D Employ	er id	entification number
	ddress	change	FRIENDS OF ROSE CANYON	65-1227	043	
	lame cl	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	<b>E</b> Telephor		mber
$\overline{}$	nitial re		6804 FISK AVENUE	(	858)	597-0220
_	emina	ed return	City or town, state or province, country, and ZIP or foreign postal code	<b>F</b> Group Ex	-	
		on pending	SAN DIEGO, CA 92122	Number	стъ	<b>-</b>
	ррпсат	lon pending				
<b>G</b> A	ccoun	ting Method <b>「</b>	Cash	- <b>F</b> If the to attach \$ 90, 990-E	Sche	
		e: • www.Rosec	ANYON ORG  only one)?			
		=	Corporation Trust Association Other			
			b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or or more, file Form 990 instead of Form 990-EZ	ıf total ass ►\$ 74		
	art I		Expenses, and Changes in Net Assets or Fund Balances (see the Ir	'	,	
		Check if the	organization used Schedule O to respond to any question in this Part I			<u> </u>
	1	Contributions	gifts, grants, and similar amounts received		1	74,750
	2	Program servi	ce revenue including government fees and contracts		2	
	3	Membership d	ues and assessments		3	
	4	Investment in		F	4	105
	5a	Gross amount	from sale of assets other than inventory	-	_	
a)	b		other basis and sales expenses			
Revenue	c		from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
eve.			indraising events	· · ·	JC	
Œ	6	_				
	а	Gross income	from gaming (attach Schedule G if greater than \$15,000) • 6a			
	b		from fundraising events (not including \$of contributions			
			ng events reported on line 1) (attach Schedule G if the ross income and contributions exceeds \$15,000)			
		_				
	С .			,		
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c	:)	6d	
	7a		f inventory, less returns and allowances			
	b	Less cost of				
	С	·	r (loss) from sales of inventory (Subtract line 7b from line 7a)	• • •	<b>7</b> c	
	8	O ther revenue	e (describe in Schedule O )		8	
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	74,855
	10	Grants and sir	milar amounts paid (list in Schedule O)	[	10	
	11	Benefits paid	co or for members	[	11	
	12	Salaries, othe	r compensation, and employee benefits	[	12	45,987
Ş.	13	Professional f	ees and other payments to independent contractors	[	13	27,767
Expenses	14	Occupancy, re	ent, utilities, and maintenance	[	14	
EX	15	Printing, publi	cations, postage, and shipping		15	3,509
_	16	O ther expense	es (describe in Schedule O )		16	17,106
	17	Total expense	s. Add lines 10 through 16	- ▶	17	94,369
υ <sub>1</sub>	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)		18	-19,514
etAssets	19	•	fund balances at beginning of year (from line 27, column (A)) (must agree with	ŀ		,
4.			gure reported on prior year's return)		19	155,511
Net	20		s in net assets or fund balances (explain in Schedule O)		20	133,311
_		_			-	135,997
	21	MEL 022612 OL	fund balances at end of year Combine lines 18 through 20		21	135,897

Part III Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 Cash, savings, and investments . 154,968 22 135,588 23 Land and buildings 23 24 Other assets (describe in Schedule O) 1,512 1,441 24 156,480 25 137,029 25 Total assets 969 26 1,032 26 Total liabilities (describe in Schedule O) 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . 155,511 135,997 Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** (Required for section 501 Check if the organization used Schedule O to respond to any question in this Part III (c)(3) and 501(c)(4) What is the organization's primary exempt purpose? organizations and section TO PROTECT, PRESERVE AND RESTORE ROSE CANYON AND THE ROSE CREEK WATERSHED 4947(a)(1) trusts, Describe the organization's program service accomplishments for each of its three largest program services, as optional for others ) measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title 28 EDUCATIONAL ACTIVITIES OBJECTIVE TO CONNECT PEOPLE WITH NATURE AND EDUCATE AND INSPIRE THEM TO SUPPORT ENVIRONMENTAL PROTECTION AND RESTORATION, PARTICULARLY IN ROSE CANYON AND THE ROSE CREEK WATERSHED 109 EVENTS, 3479 PARTICIPANTS A CONDUCTED GUIDED NATURE WALKS FOR SCHOOL GROUPS, SCOUT GROUPS, AND THE GENERAL PUBLIC IN ROSE CANYON AND MARIAN BEAR PARK IN THE ROSE CREEK WATERSHED B PROVIDED IN-CLASS PRESENTATIONS ABOUT LOCAL WILDLIFE AND THEIR HABITAT NEEDS, PROVIDED IN-CLASS BINOCULAR LESSONS TO PREPARE STUDENTS FOR CANYON BIRD WALKS C ENGAGED VOLUNTEERS IN ENVIRONMENTAL RESTORATION PROJECTS IN ROSE CANYON D PARTICIPATED IN JULY 4TH OUTREACH EVENT AND ROSE CREEK MURAL OUTREACH EVENT, REACHING OVER 400 PEOPLE E APPLIED FOR GRANTS TO SUPPORT OUR EDUCATION PROGRAMS If this amount includes foreign grants, check here 28a 43,491 29 RESEARCH, ANALYSIS, ADVOCACY, LOBBYING, LEGAL ACTION OBJECTIVE TO PROTECT THE ROSE CREEK WATERSHED FROM NEGATIVE IMPACTS AND TO SUPPORT ITS PRESERVATION AND RESTORATION A REVIEWED PUBLIC RECORDS, ATTENDED MEETINGS, AND COLLABORATED WITH OTHER ORGANIZATIONS ON ISSUES RELATED TO THE ROSE CREEK WATERSHED B COMMUNICATED WITH DECISION MAKERS AND THEIR STAFF MEMBERS C WORKED WITH LEGAL CONSULTANTS TO ANALYZE PROJECTS THAT WOULD HAVE IMPACTS ON THE ROSE CREEK WATERSHED AND TO ADVOCATE FOR ALTERNATIVES D REGULARLY MONITORED ROSE CANYON AND COMMUNICATED WITH RANGERS AND OTHER RESPONSIBLE PARTIES ABOUT ISSUES RELATED TO ROSE CANYON E INFORMED THE PUBLIC OF ISSUES RELATED TO THE ROSE CREEK WATERSHED AND ENGAGED MEMBERS OF THE PUBLIC IN CONTACTING DECISION MAKERS TO OPPOSE ENVIRONMENTALLY DESTRUCTIVE PROJECTS AND SUPPORT ENVIRONMENTALLY BENEFICIAL PROJECTS F SERVED ON ADVISORY BOARD FOR SAN DIEGO CANYONLANDS, INC SERVED AS AN ENVIRONMENTAL REPRESENTATIVE ON A WATER QUALITY IMPROVEMENT PLAN CONSULTATION COMMITTEE FORMED BY THE CITY OF SAN DIEGO AND THE STATE'S REGIONAL WATER QUALITY CONTROL BOARD If this amount includes foreign grants, check here 29a 36,947 30 ENVIRONMENTAL RESTORATION OBJECTIVE TO REMOVE INVASIVE NON-NATIVE PLANTS AND RESTORE NATIVE PLANTS A ENGAGED VOLUNTEERS FROM THE GENERAL PUBLIC. SCOUTS, AND STUDENTS IN REMOVAL OF INVASIVE NON-NATIVE PLANTS AND IN PLANTING AND CARING FOR NATIVE PLANTS (SEE ITEM C IN EDUCATIONAL ACTIVITIES ACHIEVEMENT) If this amount includes foreign grants, check here (Grants \$ ) 30a 2,781 31 Other program services (describe in Schedule O) If this amount includes foreign grants, check here . (Grants \$ ) 31a **32 Total program service expenses** (add lines 28a through 31a) 32 83,219 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) (a) Name and title (b) Average (c)Reportable (d) Health benefits, (e) Estimated amount hours per week compensation contributions to of other compensation devoted to position (Forms W-2/1099employee benefit plans, MISC) (if not paid, and deferred enter-0-) compensation 35 00 40,575 2,000 **PRESIDENT** LISA HEIKOFF 1 00 0 SECRETARY ARIANE JANSMA 0 1 00 VICE-PRESIDE

0

1 00

**TREASURER** 

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	v		<u>୮</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2,6a, and 7a, among others)?	35a		Νo
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Co	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Νo
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 💮 37a			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 •, section 4912 •, section 4955 •			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed F			
42a				-0220
	Located at Fisk Avenue SAN DIEGO, CA ZIP + 4	► <u>9</u> 2	2122	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	No No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		i	ī.
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947 (a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041?</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶┌
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990-EZ	(2013)							Page 4
							Yes	No
	organization engage, directly ates for public office? If "Yes,"				or in opposition to			
	Section 501(c)(3) orga					46		No
	All section $501(c)(3)$ orga		questions 47-49b an	id 52, a	and complete the	tables	for lin	nes 50
	and 51 Check if the organization used	d Schedule O to respond to	o any question in this Pa	art V I				г
							Yes	No
<b>47</b> Did the	organization engage in lobbyi	ng activities or have a sec	tion 501(h) election in	effect o	luring the tax vear?			
	" complete Schedule C, Part I					47	Yes	
<b>48</b> Is the o	organization a school as descr	ribed in section 170(b)(1)(	A)(11)? If "Yes," comple	te Sch	edule E	48		No
<b>49a</b> Did the	organization make any transf	ers to an exempt non-char	ıtable related organızat	ion?		49a		No
<b>b</b> If"Yes,	," was the related organization	ı a section 527 organizatio	n?			49b		
	te this table for the organizati							
	ees) who each received more and title of each employee	<b>(b)</b> A verage	sation from the organization (c) Reportable		f there is none, ente Health benefits,			amount
(,		hours per week devoted to position	compensation (Forms W-2/1099-	) c	ontributions to byee benefit plans,			ensation
		devoted to position	MISC)		and deferred			
				(	compensation			
IONE								
	ete this table for the organization the organization from the organization (a) Name and business addre	n If there is none, enter "N	lone "		who each received i		ompens	
					_			
<b>52</b> Did th	number of other independent of the organization complete Scho	edule A? <b>NOTE:</b> All Section	n 501(c)(3) organization	ns and	4947(a)(1)			
none	xempt charitable trusts must a	attach a completed Schedt	ne A	• •			) res	s   No
	es of perjury, I declare that I hav d belief, it is true, correct, and c							
- Ix					2014 05 42			
1	****** Signature of officer				2014-05-13 Date			
	DEBORAH KNIGHT PRESIDENT							
Sign lere	Type or print name and title  Print/Type preparer's name	Preparer's signature			Check rif PTIN			
	Type or print name and title  Print/Type preparer's name NANCY C POWELL			e 4-05-13	self-employed P0005	2500		
Paid Preparer	Type or print name and title  Print/Type preparer's name NANCY C POWELL  Firm's name POWELL TAX	& FINANCIAL SERVICES			self-employed P0005			
Paid	Type or print name and title  Print/Type preparer's name NANCY C POWELL  Firm's name POWELL TAX	& FINANCIAL SERVICES  NOR DR STE 179			self-employed P0005			

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As Filed Data -

DLN: 93492133035964

### SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

### **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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization FRIENDS OF ROSE CANYON

**Employer identification number** 

65-1227043 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 that describes the type of supporting organization and complete lines 11e through 11h Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		(iv) Is to organizate col (i) listo your gove docume	on in ted in rning	(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is t organizati col (i) orga in the U	on in anized	(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Pa	Support Schedule for (Complete only if you c						
	Part III. If the organiza	tion fails to qu	alıfy under the	tests listed bel	low, please com	iplete Part III.	)
	ection A. Public Support	1		1	1		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its						
3	behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
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						
6	(f) <b>Public support.</b> Subtract line 5 from line 4						
<u>-</u>	ection B. Total Support						
	endar year (or fiscal year beginning						
	in) 📂	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> 2013	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not						
	the business is regularly carried						
	on _						
10	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7 through						
12	10) Gross receipts from related activities	s etc (see inst	ructions)			12	
				l third former	fifth tay year as -	12   501(c)(3) organ	nization charle
13	<b>First five years.</b> If the Form 990 is f this box and <b>stop here</b>						
S	ection C. Computation of Pub						
14	Public support percentage for 2013	(line 6, column	(f) divided by line	11, column (f))		14	
15	Public support percentage for 2012	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2013. If the o	rganization did	not check the box	on line 13, and	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	lifies as a public	ly supported orga	nızatıon			<b>▶</b> ┌
ь	33 1/3% support test—2012. If the c				, and line 15 is 33	3 1/3% or more, c	
172	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test-</b>				ne 13 16a or 16	h and line 14	<b>►</b> I
1/4	is 10% or more, and if the organizat						ın
	in Part IV how the organization mee						
	organization			<b>5</b>		. , , , ,	▶
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat supported organization	ion meets the "f	acts-and-circums	stances" test Th	ne organization qu	aiifies as a publi	cly ▶□
18	Private foundation. If the organization	on did not check	cabox on line 13	. 16a. 16b. 17a	or 17b check this	s box and see	F1
	instructions	on ara mor emeer		, _ 0 a, _ 0 b, _ r a,	z. z. s, sheek till.	2 20% 4.14 500	<b>▶</b> □

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.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 20	013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	52,759	63,897	72,026	115,865		74,750	379,297
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		56,304				105	56,409
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	<b>Total.</b> Add lines 1 through 5	52,759	120,201	72,026	115,865		74,855	435,706
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified							
<b>.</b>	persons Amounts included on lines 2 and 3							
D	received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c							435,706
	from line 6 )							
	ction B. Total Support			1				
Cale		(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 20	)13 l	(f) Total
	in\ ▶ I	(-,	(6) 2010	(6) 2011	(-,	(0) 20	' - '	
9	in) ► A mounts from line 6	52,759				(0) 20		435,706
9 10a	A mounts from line 6		120,201	72,026	115,865	(0) 20	74,855	435,706
9 10a	, , , , , , , , , , , , , , , , , , ,					(5) 2.5		435,706 4,334
	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	52,759	120,201	72,026	115,865	(6) 26	74,855	· ·
	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	52,759	120,201	72,026	115,865	(6) 26	74,855	· ·
10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,597	120,201 566	72,026	115,865		74,855 105	4,334
10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	2,597	120,201 566	72,026	115,865		74,855 105	4,334
10a  b  c 11  12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)	2,597 2,597 55,356	120,201 566 566	72,026	115,865 650 650		74,855 105 105 74,960	4,334
10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f	2,597 2,597 55,356	120,201 566 566	72,026	115,865 650 650		74,855 105 105 74,960	4,334 4,334 440,040 zation,
10a  b  c 11  12  13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	52,759 2,597 2,597 55,356 for the organizatio	120,201 566 566 120,767 n's first, second,	72,026	115,865 650 650		74,855 105 105 74,960	4,334
10a  b  c 11  12  13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	52,759  2,597  2,597  55,356  for the organizatio	120,201 566 566 120,767 n's first, second,	72,026 416 416 72,442 third, fourth, or fi	115,865 650 650	501(c)(3	74,855 105 105 74,960	4,334 4,334 440,040 zation,
10a  b  c 11  12  13 14  See 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	52,759  2,597  2,597  55,356  for the organization  ic Support Pe (line 8, column (f	120,201  566  566  120,767  n's first, second,  rcentage ) divided by line 1	72,026 416 416 72,442 third, fourth, or fi	115,865 650 650	501(c)(3	74,855 105 105 74,960	4,334 4,334 440,040 zation,
10a  b  c 11  12  13 14  See 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	52,759  2,597  2,597  55,356  for the organization  ic Support Pe  (line 8, column (f 2 Schedule A, Pa	120,201 566 566 120,767 n's first, second, rcentage divided by line 1 rt III, line 15	72,026 416 416 72,442 third, fourth, or fi	115,865 650 650	501(c)(3	74,855 105 105 74,960	4,334 4,334 440,040 zation,
10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	52,759  2,597  2,597  55,356  for the organization  ic Support Pe (line 8, column (f 2 Schedule A, Pa	120,201 566 566 120,767 In's first, second, rcentage Odivided by line 1 rt III, line 15 Ine Percentage	72,026 416 416 72,442 third, fourth, or fi	115,865 650 650 116,515 fth tax year as a	501(c)(3 15 16	74,855 105 105 74,960	4,334 4,334 440,040 zation, 99 020 % 98 260 %
10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	52,759  2,597  2,597  55,356  for the organization  ic Support Pe (line 8, column (for 2 Schedule A, Pacestment Income)  2013 (line 10 c, column conde)	120,201  566  120,767  n's first, second,  rcentage ) divided by line 1 rt III, line 15  ne Percentag  umn (f) divided b	72,026  416  416  72,442  third, fourth, or fi  3, column (f))  e  y line 13, columr	115,865 650 650 116,515 fth tax year as a	501(c)(3 15 16	74,855 105 105 74,960	4,334 4,334 440,040 zation, 99 020 % 98 260 % 1 000 %
10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	52,759  2,597  2,597  55,356  for the organization  ic Support Pe (line 8, column (for 2 Schedule A, Pacestment Income) 2013 (line 10 c, column 2013 (line 10 c, column 2012 Schedule A)	120,201  566  566  120,767  n's first, second,  rcentage ) divided by line 1 rt III, line 15  ne Percentag  umn (f) divided b , Part III, line 17	72,026  416  416  72,442  third, fourth, or fi  .3, column (f))  e  y line 13, column	115,865 650 650 116,515 fth tax year as a	501(c)(3 15 16 17 18	74,855 105 105 74,960 3) organi	4,334  4,334  440,040  2ation,  99 020 %  98 260 %  1 000 %  2 000 %

33 1/3% support tests—2012. 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 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV		<b>prmation.</b> Provide the explanations required by Part II, line 10; Part II, line 17a on the 12. Also complete this part for any additional information. (See instructions).						
		Facts And Circumstances Test						
Retu	Return Reference Explanation							
		Schodulo A / Form 000	000 E7) 201					

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93492133035964

### OMB No 1545-0047

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► 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" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

	ne of the organization NDS OF ROSE CANYON			Employer ide	ntification number
				65-1227043	
art	I-A Complete if the or	ganization is exempt under s	section 501(	c) or is a section 52	7 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign act	ıvıtıes ın Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
art	I-B Complete if the or	ganization is exempt under s	section 501(	c)(3).	
L	•	e tax incurred by the organization und			\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
la	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
art	: I-C Complete if the or	ganization is exempt under s	section 501(	c), except section 50	01(c)(3).
L	Enter the amount directly expe	ended by the filing organization for sec	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to otl	ner organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
ļ	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			↑
5	organization made payments famount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fro rectly delivered	om the filing organization's to a separate political org	funds Also enter the anızatıon, such as a
	(a) Name	<b>(b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				+	+

section 4911 tax for this year?

┌ Yes ┌ No

## 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 E (The term "expenditures" means an		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	1,036	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	1,331	
c	Total lobbying expenditures (add lines 1a and 1b	o)	2,367	
d	O ther exempt purpose expenditures		91,931	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	94,298	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	18,860	
	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		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	4,715	
h	Subtract line 1g from line 1a If zero or less, ente	er - O -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 472	O reporting	

# 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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> Total		
2a	Lobbying nontaxable amount	27,330	12,123	23,769	18,860	82,082		
b	Lobbying ceiling amount (150% of line 2a, column(e))					123,123		
c	Total lobbying expenditures	5,207	4,489	3,962	2,367	16,025		
d	Grassroots nontaxable amount	6,833	3,031	5,942	4,715	20,521		
_e	Grassroots ceiling amount (150% of line 2d, column (e))					30,782		
f	Grassroots lobbying expenditures	1,474	475		1,036	3,900		

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	<b>.</b>	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c	)(5), c	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 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 inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

Schedule e (Form 330 of 330 EZ)		raye <del>-r</del>
Part IV Supplemental:	Information (continued)	
Return Reference	Explanation	
-		
	I .	

Schedule D (Form 990) 2013

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As Filed Data -

DLN: 93492133035964

**Employer identification number** 

65-1227043

OMB No 1545-0047

Open to Public Inspection

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization FRIENDS OF ROSE CANYON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSE 902 OFFICE EXPENSE 52 TRAVEL 659 TRAVEL 116 INSURANCE 2,828 BANK CHGS/ONLINE FEES 619 EDUCATION & OUTREACH 11,711 EDUCATION & OUTREACH 8 EVENT EXPENSE 80 LICENSES & FEES 60 NON-INVESTMENT DEPRECIATION 71 TOTAL 17,106
FORM 990- EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 1,125 1,125 1,236 1,236 LESS ACCUMULATED DEPRECIATION 1,129 1,200 DEPOSITS 280 280 TOTAL 1,512 1,441
FORM 990- EZ, PART II, LINE 26	PAYROLL TAXES PAYABLE 969 1,032
FORM 990- EZ, PART III	TO PROTECT, PRESERVE AND RESTORE ROSE CANYON AND THE ROSE CREEK WATERSHED
FORM 990- EZ, PART III, LINE 28	EDUCATIONAL ACTIVITIES OBJECTIVE TO CONNECT PEOPLE WITH NATURE AND EDUCATE AND INSPIRE THEM TO SUPPORT ENVIRONMENTAL PROTECTION AND RESTORATION, PARTICULARLY IN ROSE CANYON AND THE ROSE CREEK WATERSHED 109 EVENTS, 3479 PARTICIPANTS A CONDUCTED GUIDED NATURE WALKS FOR SCHOOL GROUPS, SCOUT GROUPS, AND THE GENERAL PUBLIC IN ROSE CANYON AND MARIAN BEAR PARK IN THE ROSE CREEK WATERSHED B PROVIDED IN-CLASS PRESENTATIONS ABOUT LOCAL WILDLIFE AND THEIR HABITAT NEEDS, PROVIDED IN-CLASS BINOCULAR LESSONS TO PREPARE STUDENTS FOR CANYON BIRD WALKS C ENGAGED VOLUNTEERS IN ENVIRONMENTAL RESTORATION PROJECTS IN ROSE CANYON D PARTICIPATED IN JULY 4TH OUTREACH EVENT AND ROSE CREEK MURAL OUTREACH EVENT, REACHING OVER 400 PEOPLE E APPLIED FOR GRANTS TO SUPPORT OUR EDUCATION PROGRAMS
FORM 990- EZ, PART III, LINE 29	RESEARCH, ANALYSIS, ADVOCACY, LOBBY ING, LEGAL ACTION OBJECTIVE. TO PROTECT THE ROSE CREEK WATERSHED FROM NEGATIVE IMPACTS AND TO SUPPORT ITS PRESERVATION AND RESTORATION. A REVIEWED PUBLIC RECORDS, ATTENDED MEETINGS, AND COLLABORATED WITH OTHER ORGANIZATIONS ON ISSUES RELATED TO THE ROSE CREEK WATERSHED B COMMUNICATED WITH DECISION MAKERS AND THEIR STAFF MEMBERS. C WORKED WITH LEGAL CONSULTANTS TO ANALYZE PROJECTS THAT WOULD HAVE IMPACTS ON THE ROSE CREEK WATERSHED AND TO ADVOCATE FOR ALTERNATIVES. D REGULARLY MONITORED ROSE CANYON AND COMMUNICATED WITH RANGERS AND OTHER RESPONSIBLE PARTIES ABOUT ISSUES RELATED TO ROSE CANYON E. INFORMED THE PUBLIC OF ISSUES RELATED TO THE ROSE CREEK WATERSHED AND ENGAGED MEMBERS OF THE PUBLIC IN CONTACTING DECISION MAKERS TO OPPOSE ENVIRONMENTALLY DESTRUCTIVE PROJECTS AND SUPPORT ENVIRONMENTALLY BENEFICIAL PROJECTS. F. SERVED ON ADVISORY BOARD FOR SAN DIEGO CANYONLANDS, INC. SERVED AS AN ENVIRONMENTAL REPRESENTATIVE ON A WATER QUALITY IMPROVEMENT PLAN CONSULTATION COMMITTEE FORMED BY THE CITY OF SAN DIEGO AND THE STATES REGIONAL WATER QUALITY CONTROL BOARD.
FORM 990- EZ, PART III, LINE 30	ENVIRONMENTAL RESTORATION OBJECTIVE. TO REMOVE INVASIVE NON-NATIVE PLANTS AND RESTORE NATIVE PLANTS A ENGAGED VOLUNTEERS FROM THE GENERAL PUBLIC, SCOUTS, AND STUDENTS IN REMOVAL OF INVASIVE NON-NATIVE PLANTS AND IN PLANTING AND CARING FOR NATIVE PLANTS (SEE ITEM C IN EDUCATIONAL ACTIVITIES ACHIEVEMENT)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93492133035964 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** INDIRECT DEPRECIATION Name(s) shown on return FRIENDS OF ROSE CANYON 65-1227043 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. 500,000 1 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) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 · · · · · · 71 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs Summary (see instructions.) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 71 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	<u>nd Other I</u>	<u>nforma</u>	tion (C	aution	: See	the i	<u>instruc</u>	tions i	for lin	nits i	or pa	isseng	er au	tomol	oiles. <b>)</b>
<b>24a</b> Do y ou hav e ev ider	nce to support	the business/in	vestment ι	ise claime	d? <b>F</b> Yes	Гио		2	<b>4b</b> If "Y	es," is t	the ev	ıdence	written?	Гүе	s F N	0
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	Cost o	<b>i)</b> r other sıs	(busines	(e) r depreca ss/investr e only)		(f) Recover period	y Me	( <b>g)</b> thod/ /ention		deduction sect		(i) Electe section cost	179	
<b>25</b> Special depreciation allo 50% in a qualified busi	•		erty placed	in service (	during the	tax year	and u	ısed mor	e than	25						
6 Property used more	e than 50%	ın a qualıfıed	business	use						-	•			<u> </u>		
		%														
		%									+					
<b>7</b> Property used 50%	orless in a		siness us	<u> </u>	<u>I</u>			l			<u> </u>					
, ,		%							S/L -							
		%							S/L - S/L -		-					
<b>28</b> Add amounts in co	ı olumn (h), lır		jh 27 En	ter here a	and on li	ne 21,	page	1	28							
<b>29</b> Add amounts in c	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1								29			
		Se	ction B	—Infor	matior	on U	se d	of Vel	icles				·			
omplete this section															laa.	
you provided vehicles to	your employee	es, first answer	tne questio		a)		neet a <b>b)</b>	in excep	(c)	ompietir 	ig this		_	e)		f)
<b>30</b> Total business/in year ( <b>do not</b> inclu			ring the •	Vehi	•	Vehi		V	ehicle	3 '	Vehi	-	Vehi	-		icle 6
<b>31</b> Total commuting	mıles drıven	during the ye	ear .													
<b>32</b> Total other persor	nal(noncomn	nuting) miles	drıven													
33 Total miles driven	during the y	ear Add line	s 30													
34 Was the vehicle a	vailable for p	ersonal use	•	Yes	No	Yes	No	Yes	s N	lo Y	es/	No	Yes	No	Yes	No
during off-duty ho																
<b>35</b> Was the vehicle u owner or related p	sed primarily	y by a more t	han 5%													
<b>36</b> Is another vehicle		r personal us	se? .													1
Section	on C—Que	stions for	Emplo	yers W	ho Pro	vide \	vehi	cles 1	or Us	e by	The	ir Er	nploy	ees	<u>I</u>	
nswer these questio % owners or related				eption to	comple	tıng Se	ction	B for v	ehicles	s used	by e	mploy	ees wh	o <b>are</b>	<b>not</b> mo	re thar
<b>37</b> Do you maintain a employees?	written poli	y statement	that prof	nibits all	personal	use of	vehi	cles, ın	cluding	comn	nutın	g, by	your	Y	es	No
<b>38</b> Do you maintain a employees? See t												your •				
<b>39</b> Do you treat all us	se of vehicle	s by employe	es as pe	rsonal us	e?											
<b>40</b> Do you provide movehicles, and reta				oyees, o	btaın ınfo	ormatio	n froi	m your	employ	ees al	bout	the us	se of			
<b>41</b> Do you meet the r				automobi	le demoi	nstratio	n us	e? (See	ınstru	ctions	) .					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	l1 ıs "Ye	s," do no	t comple	te Sect	tion E	3 for the	e cover	ed veh	nicles	5				
Part VI Amo	rtization	· · · · · · · · · · · · · · · · · · ·														
(a) Description of c	osts	<b>(b)</b> Date amortizatio	n	( A mort a mo	ızable			(d) Code ection		(e) nortiza period				(f) rtızatı hıs ye		
		begins							pe	ercenta	age			,		
<b>42</b> A mortization of co	sts that beg	jins during yo	ur 2013	tax year	(see ins	truction	ns)		- 1							
									-							
										- 1						
<b>43</b> A mortization of co	_			-			•			<b>—</b>	43					
44 Total Add amoun	ts in column	(f) See the i	nstructio	ns for wh	ere to re	nort				I .	44 I					

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## **TY 2013 Compensation Explanation**

Name: FRIENDS OF ROSE CANYON

**EIN:** 65-1227043

Person Name	Explanation
DEBORAH KNIGHT	
LISA HEIKOFF	
ARIANE JANSMA	
CHRISTINE MAILLOUX	

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OMB No 1545-1150

Form **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)

▶ 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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

**Open to Public** 

		he Treasury ue Service		Ins	spection
A F	or the	2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014			
		applicable C Name of organization	D Employ	er identi	fication number
	ddress o		65-122	7043	
	Name ch		E Telepho		r
_	nıtıal ret	turn 6804 FISK AVENUE	·	(858) 597	0220
Fetur	inal n/termii	nated City or town, state or province, country, and ZIP or foreign postal code			-0220
_		d return  City of town, state of province, country, and 21P of foreign postal code  SAN DIEGO, CA 92122	<b>F</b> Group E Number		
_		on pending			
		н с	heck 🕨 🗀 if the		
G A	ccount	· · · · · · · · · · · · · · · · · · ·	equired to attach Form 990, 990-E		
ΙW	ebsite	: WWW ROSECANYON ORG		2,0100	0 11)
J Ta:	x-exem <sub> </sub>	pt status(check only one) -  501(c)(3) 501(c)( )			
<b>K</b> F	orm of	organization Corporation Trust Association Other			
LA	dd line	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo			t II, column
ì		are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	09,658	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see Check if the organization used Schedule O to respond to any question in this Part I	e the instructions	for Part	: I)
	Ι			1 1	
	1	Contributions, gifts, grants, and similar amounts received		1	107,747
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	4 5
	5a	Gross amount from sale of assets other than inventory	1,866		
힂	ь	Less cost or other basis and sales expenses	2,061		
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	-195
ě	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)			
		64			
	b	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)			
	_ ر	Less direct expenses from gaming and fundraising events 6c			
	ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	· line 6c)	6d	
			. IIIIe ocj	Ou	
	7a   .				
	Ь	Less cost of goods sold			
	C			7c	
	8	Other revenue (describe in Schedule O)		8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	🕨	9	107,597
	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	47,648
Š.	13	Professional fees and other payments to independent contractors		13	13,902
en S	14	Occupancy, rent, utilities, and maintenance		14	
Expenses	15	Printing, publications, postage, and shipping		15	2,555
	16	Other expenses (describe in Schedule O)		16	18,512
	17	Total expenses. Add lines 10 through 16	🕨	17	82,617
<u></u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	24,980
etAssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			•
Ą.		end-of-year figure reported on prior year's return)		19	135,997
Ze.	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
_	20				160077
	21	Net assets or fund balances at end of year Combine lines 18 through 20	· · · · · ·	21	160,977

Form 990-EZ (2014) Page **2** Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 22 Cash, savings, and investments . 135,588 155,597 23 Land and buildings 23 . . . . . 24 Other assets (describe in Schedule O) 1,441 24 6,405 Total assets 137,029 25 162,002 **26 Total liabilities** (describe in Schedule O) 1,032 26 1,025 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 135,997 27 160,977 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** (Required for section 501 Check if the organization used Schedule O to respond to any question in this Part III (c)(3) and 501(c)(4) What is the organization's primary exempt purpose? organizations, optional for TO PROTECT, PRESERVE AND RESTORE ROSE CANYON AND THE ROSE CREEK WATERSHED others ) Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title 28 EDUCATIONAL ACTIVITIES OBJECTIVE TO CONNECT PEOPLE WITH NATURE AND EDUCATE AND INSPIRE THEM TO SUPPORT ENVIRONMENTAL PROTECTION AND RESTORATION, PARTICULARLY IN ROSE CANYON AND THE ROSE CREEK WATERSHED 90 EVENTS INVOLVING OVER 3000 PARTICIPANTS A CONDUCTED GUIDED NATURE WALKS FOR SCHOOL GROUPS, SCOUT GROUPS, AND THE GENERAL PUBLIC IN ROSE CANYON AND MARIAN BEAR PARK IN THE ROSE CREEK WATERSHED B PROVIDED IN-CLASS PRESENTATIONS ABOUT LOCAL WILDLIFE AND THEIR HABITAT NEEDS, PROVIDED IN-CLASS BINOCULAR LESSONS TO PREPARE STUDENTS FOR CANYON BIRD WALKS C ENGAGED VOLUNTEERS IN ENVIRONMENTAL RESTORATION PROJECTS IN ROSE CANYON D PARTICIPATED IN JULY 4TH OUTREACH EVENT AND ROSE CREEK MURAL OUTREACH EVENT, REACHING OVER 400 PEOPLE E APPLIED FOR GRANTS TO SUPPORT OUR EDUCATION PROGRAMS (Grants \$ ) If this amount includes foreign grants, check here . . ▶ [ 28a 45,214 29 RESEARCH, ADVOCACY, LOBBYING, LEGAL ACTION OBJECTIVE TO PROTECT THE ROSE CREEK WATERSHED FROM NEGATIVE IMPACTS AND TO SUPPORT ITS PRESERVATION AND RESTORATION A REVIEWED PUBLIC RECORDS, ATTENDED MEETINGS, AND COLLABORATED WITH OTHER ORGANIZATIONS ON ISSUES RELATED TO THE ROSE CREEK WATERSHED B COMMUNICATED WITH DECISION MAKERS AND THEIR STAFF MEMBERS C WORKED WITH LEGAL CONSULTANTS TO ANALYZE PROJECTS THAT WOULD HAVE IMPACTS ON THE ROSE CREEK WATERSHED AND TO ADVOCATE FOR ALTERNATIVES SUBMITTED CEQA COMMENTS ON PROPOSED TROLLEY LINE, FILED SUIT OVER TROLLEY IMPACTS ON ROSE CANYON OPEN SPACE PARK D REGULARLY MONITORED ROSE CANYON AND COMMUNICATED WITH RANGERS AND OTHER RESPONSIBLE PARTIES ABOUT ISSUES RELATED TO ROSE CANYON E INFORMED THE PUBLIC OF ISSUES RELATED TO ROSE CANYON AND THE ROSE CREEK WATERSHED, ENGAGED MEMBERS OF THE PUBLIC IN CONTACTING DECISION MAKERS AND ATTENDING PUBLIC MEETINGS TO OPPOSE ENVIRONMENTALLY DESTRUCTIVE PROJECTS AND SUPPORT ENVIRONMENTALLY BENEFICIAL PROJECTS F SERVED ON ADVISORY BOARD FOR SAN DIEGO CANYONLANDS, INC SERVED AS ENVIRONMENTAL REPRESENTATIVE ON A WATER QUALITY IMPROVEMENT PLAN CONSULTATION COMMITEE FORMED BY THE CITY OF SAN DIEGO (Grants \$ ) If this amount includes foreign grants, check here . . 29a 26,413 30 ENVIRONMENTAL RESTORATION IN THE ROSE CREEK WATERSHED OBJECTIVE TO REMOVE INVASIVE NON-NATIVE PLANTS AND RESTORE NATIVE PLANTS A ENGAGED VOLUNTEERS FROM THE GENERAL PUBLIC, SCOUTS, AND STUDENTS IN REMOVAL OF INVASIVE NON-NATIVE PLANTS AND IN PLANTING AND CARING FOR NATIVE PLANTS (SEE ITEM 5C IN EDUCATIONAL ACTIVITIES ACHIEVEMENT AND ITEM 6D IN RESEARCH, ADVOCACY, LOBBYING, LEGAL ACTION ACHIEVEMENT) If this amount includes foreign grants, check here . ▶ [ 30a 95 31 Other program services (describe in Schedule O) If this amount includes foreign grants, check here . (Grants \$ ) 31a 71,722 32 Total program service expenses (add lines 28a through 31a) 32 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. . . . . . . . . . . . . . (a) Name and title (b) Average (c)Reportable (d) Health benefits, (e) Estimated amount compensation hours per week contributions to of other compensation devoted to position (Forms W-2/1099employee benefit plans, MISC) (if not paid, and deferred enter-0-) compensation 35 00 DEBORAH KNIGHT 42,198 PRESIDENT LISA HEIKOFF 1 00 0 SECRETARY ARIANE JANSMA 0 50 0 VICE-PRES/TR CHRISTINE MAILLOUX 0 50 0 DIRECTOR

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	V		<u>l</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨 CA			
42a	The organization's books are in care of ▶ DEBORAH KNIGHT Telephone no			0220
	Located at Fisk Avenue SAN DIEGO, CA ZIP + 4	92	2122	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1 es	No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	42c		Νo
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	Γ
	<u> </u>		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			.,,,
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Νo
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

	Z (2014)						Page 4
						Yes	No
	e organization engage, directly						
	lates for public office? If "Yes,"		rt I 759		46		Νo
Part VI	Section 501(c)(3) orga All section 501(c)(3) orga		questions 47 40h an	d 52 and complete the	, tables	for lin	oc 50
	and 51		•	·		101 111	
	Check if the organization use	d Schedule O to respond to	o any question in this P	art VI			<u> </u>
						Yes	No
	e organization engage in lobbyi s," complete Schedule C, Part 1		tion 501(h) election in		. 47	Yes	
	organization a school as descr		A )(II)? If "Yes." comple	te Schedule E	. 48		No
	e organization make any transf				49a		No
	s," was the related organization	•	_		49b		
	-	-			•		
	ete this table for the organizati yees) who each received more						
(a) Name	e and title of each employee	<b>(b)</b> A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation			amount ensation
NONE							
					-		
	ete this table for the organization pensation from the organization (a) Name and business addre	n If there is none, enter "i	None "	<b>(b)</b> Type of service		an \$100 ompens	•
IONE		,		71			
_							
<b>d</b> Total	I number of other independent o	contractors each receiving	over\$100,000				
<b>52</b> Did t	l number of other independent o the organization complete Scho pleted Schedule A	_	•	•	-	✓ Yes	s ┌ No
52 Did to com	the organization complete Sch	edule A? <b>NOTE.</b> All Section	1 501(c)(3) organization	ns must attach a		st of my	
52 Did to com	the organization complete Scho pleted Schedule A ies of perjury, I declare that I hav	edule A? <b>NOTE.</b> All Section	1 501(c)(3) organization	ns must attach a		st of my	
onder penalti nowledge an nowledge.	the organization complete Schoolpleted Schoo	edule A? <b>NOTE.</b> All Section	1 501(c)(3) organization	edules and statements, and to be based on all information o		st of my	
onder penalti nowledge an nowledge.	the organization complete School pleted Schedule A lies of perjury, I declare that I have not belief, it is true, correct, and c	edule A? <b>NOTE.</b> All Section	1 501(c)(3) organization	adules and statements, and to be based on all information of 2015-04-27		st of my	
nder penalti nowledge an nowledge.	the organization complete Schopleted Schedule A  ies of perjury, I declare that I have and belief, it is true, correct, and complete Schoplete Sch	edule A? <b>NOTE.</b> All Section	n 501(c)(3) organization	edules and statements, and to based on all information of the based on the based on the based on all information of the based on the bas	f which	st of my	
nder penalti nowledge an nowledge.	the organization complete Schelpleted Schedule A  ies of perjury, I declare that I have belief, it is true, correct, and complete Schelplete Schedule Auch and belief Schelplete Schelplete Schedule A	re examined this return, inclued omplete. Declaration of prep	n 501(c)(3) organization	edules and statements, and to be based on all information of 2015-04-27	52500	st of my	
Inder penalti nowledge an nowledge.  Gign Here	the organization complete Schopleted Schedule A  ies of perjury, I declare that I have a belief, it is true, correct, and complete Schoplete Schop	re examined this return, incluomplete. Declaration of prep	n 501(c)(3) organization	adules and statements, and to be based on all information of the based on all information of t	52500 642	st of my	
nder penalti nowledge an nowledge.	the organization complete Schopleted Schedule A  ies of perjury, I declare that I have a belief, it is true, correct, and complete Schoplete Schop	Preparer's signature  & FINANCIAL SERVICES  NOR DR STE 179	n 501(c)(3) organization	adules and statements, and to be based on all information of the based on all information of t	52500 642	st of my	

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As Filed Data -

DLN: 93492118000315

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

## **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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

Open to Public Inspection

	Name of the organization FRIENDS OF ROSE CANYON						Employer identifica	ation number	
I KILI	D3 01	ROSE CANTON					65-1227043		
Pa	rt I	Reason for Publi	c Charity S	<b>tatus</b> (All organiza	tions must co	mplete this p		ons.	
The	rganı	zation is not a private fo							
1	$\Gamma$	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b> l	b)(1)(A)(i).		
2	Γ	A school described in	section 170(b	<b>)(1)(A)(ii).</b> (Attach S	chedule E )				
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).		
4	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state								
5	$\Gamma$	An organization opera		nefit of a college or uni	versity owned o	r operated by	a governmental unıt d	escribed in	
		section 170(b)(1)(A)	(iv). (Complete	e Part II)					
6	$\Gamma$	A federal, state, or loc	al government	t or governmental unit	described in <b>se</b>	ection 170(b)(1	L)(A)(v).		
7	Γ	An organization that n described in <b>section 1</b>	•	· · · · · · · · · · · · · · · · · · ·		om a governme	ental unit or from the g	general public	
8	Γ	A community trust de	scribed in <b>sect</b>	ion 170(b)(1)(A)(vi)	(Complete Par	tII)			
9	굣	An organization that n	ormally receiv	es (1) more than 33	l/3% of its supp	ort from contri	butions, membership	fees, and gross	
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of	
		ıts support from gross	ınvestment ır	come and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses	
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Pa	rt III)		
10	$\Gamma$	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ty See <b>sectio</b>	n 509(a)(4).		
11	$\Gamma$	An organization organ	ized and opera	ited exclusively for the	e benefit of, to p	erform the fun	ctions of, or to carry o	ut the purposes of	
		one or more publicly s							
_	_	the box in lines 11a th <b>Type I.</b> A supporting of	-			_		· -	
а	'	supported organization organization	n(s) the power	to regularly appoint o	r elect a majori				
b	Г	Type II. A supporting				with its suppo	rted organization(s), l	by having control or	
	·	management of the su							
	_	must complete Part I	•						
С	ļ	Type III functionally	_		•			grated with, its	
d	Г	supported organization  Type III non-function						ianization(s) that is	
•	,	not functionally integr							
	_	(see instructions) <b>Yo</b>							
е	J	Check this box if the o					s a Type I, Type II, T	ype III functionally	
f		integrated, or Type II: Enter the number of si							
g g		Provide the following i							
9		Trovide the following r	mormation abo	out the supported orge	11112411011(3)				
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of	
		organızatıon		organızatıon	listed in your	governing	monetary support	other support (see	
				(described on lines	docume	nt?	(see instructions)	ınstructions)	
				1-9 above or IRC section (see					
				instructions))					
					Yes	No			

Pa	Support Schedule for (Complete only if you c						
	Part III. If the organiza						
	ection A. Public Support						
Cal	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	in) ► Gıfts, grants, contributions, and						
-	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
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						
4	the organization without charge <b>Total.</b> Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from						
_	line 4						
	ection B. Total Support endar year (or fiscal year beginning				1		1
Cal	in) 🟲	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not						
	the business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	s, etc (see inst	ructions)			12	
13	First five years. If the Form 990 is f	or the organizat	on's first, second	, third, fourth, or	fifth tax year as a		3)
	organization, check this box and <b>sto</b>	p here	<u> </u>				
	ection C. Computation of Pub						
14	Public support percentage for 2014	•		11, column (f))		14	
15	Public support percentage for 2013	· ·	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	or more, check	this box ▶□
b	and <b>stop here.</b> The organization qual <b>33 1/3% support test—2013.</b> If the				and line 15 is 33	R 1/3% or more o	. ,
_	box and <b>stop here.</b> The organization				, and mic 15 15 55	, 1, 3 % or more, c	<b>▶</b> □
17a	10%-facts-and-circumstances test-	- <b>2014.</b> If the org	anızatıon dıd not (	check a box on li			·
	is 10% or more, and if the organizat						
	in Part VI how the organization mee organization	is the "racts-and	u-circumstances"	test The organi	∠ation qualifies as	a publicly supp	orted <b>►</b> □
ь	10%-facts-and-circumstances test—	<b>-2013.</b> If the ora	anızatıon dıd not o	check a box on lu	ne 13, 16a, 16b. d	or 17a, and line	-1
_	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat	ion meets the "f	acts-and-circums	stances" test Th	e organızatıon qua	alıfıes as a public	
10	supported organization	on did not aba-1	4 2 hay an line 4 2	165 166 17-	or 17h abask Hees	hovender-	<b>►</b> □
18	<b>Private foundation.</b> If the organization instructions	on ala not check	ca DUX UII IIIE 13	, 10a, 10b, 1/a,	or 170, CHECK THIS	o nox alla see	<b>▶</b> □

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.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	<b>(e)</b> 2	014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	63,897	72,026	115,865	74,750		107,747	434,285
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	56,304						56,304
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 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	120,201	72,026	115,865	74,750		107,747	490,589
	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							
с 8	Add lines 7a and 7b <b>Public support</b> (Subtract line 7c from line 6)							490,589
Se	ction B. Total Support		L	I.				
	ndar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 20	014	(f) Total
9	in) ► A mounts from line 6	120,201	72,026	115,865	74,750	. ,	107,747	490,589
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	566	416	650	105		-150	1,587
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	566	416	650	105		-150	1,587
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	120,767	72,442	116,515	74,855		107,597	492,176
14	First five years. If the Form 990 is check this box and stop here	for the organization	n's first, second,	thırd, fourth, or fif	th tax year as a	section	501(c)(3	) organization, <b>►</b> 厂
Se	ction C. Computation of Pub							
15	Public support percentage for 2014	(line 8, column (f)	divided by line 1	3, column (f))	<u> </u>	15		99 680 %
16	Public support percentage from 201		<u> </u>			16		99 020 %
<u>Se</u> 17	ction D. Computation of Investment income percentage for 3				(f))	T		
1/	· -			•	(1))	17		0 %
18	Investment income perceptage trop	1 <b>/UI.3</b> Schedille 4	Part III line 17			10		1 000 0/
18 19a	Investment income percentage from 33 1/3% support tests—2014. If the		•		ine 15 is more th	18	/3% and	1 000 % line 17 is not

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### Part IV Supporting Organizations

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

Section	Δ ΔΙ	Supporting	Organizations

Se	ction 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
Ь	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.	4b		
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 $(2)^7$ 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.	4c		
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).	5a		
ь	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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 II of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
Ь	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ь	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).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
	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?			
		11a		
ь	A family member of a person described in (a) above?	11b		

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.

11c

Par	rt IV Supporting Organizations (continued)			
Se	ection 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inct	etions)	
а	The organization satisfied the Activities Test Complete <b>line 2</b> below The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below The organization supported a governmental entity. Describe in Part VI how you supported a government e			
2	instructions)  Activities TestAnswer (a) and (b) below.		Yes	Na
			Yes	No
а	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	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? <i>Provide details in Part VI</i> .	3a		
b	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

1	_	Check here if the orga	nızatıon satısfıed t	he Integral P	art Test as a	qualifying trus	st on Nov	20,1970	See instructions. Al	l other
Гур	e I	II non-functionally inte	egrated supporting	organizations	s must comple	ete 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)	1		
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	<b>Discount</b> 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

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

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).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93492118000315

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

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

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

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

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

line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** FRIENDS OF ROSE CANYON Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes ☐ No Was a correction made? Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year?

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>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

## 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 E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	2,102	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	2,448	
c	Total lobbying expenditures (add lines 1a and 1b	o)	4,550	
d	Other exempt purpose expenditures		82,242	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	86,792	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	17,358	
	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 lin	e 1f)	4,340	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 472	reporting	

# 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 (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) 12,123 23,769 18,860 17,358 Lobbying nontaxable amount 72,110 Lobbying ceiling amount 108,165 (150% of line 2a, column(e)) Total lobbying expenditures 4,489 3,962 2,367 4,550 15,368 Grassroots nontaxable amount 3,031 5,942 4,715 4,340 18,028 Grassroots ceiling amount 27,042 (150% of line 2d, column (e)) 2,102 915 1,036 4,528 Grassroots lobbying expenditures

(b) Amount	No
Amount	No
-	
-	
or section	)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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OMB No 1545-0047

2014

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

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
FRIENDS OF ROSE CANYON

65-1227043

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 1,125 6,125 1,236 1,236 LESS ACCUMULATED DEPRECIATION 1,200 1,236 DEPOSITS 280 280 TOTAL 1,441 6,405
FORM 990-EZ, PART II, LINE 26	PAYROLL TAXES PAYABLE 1,032 1,025
FORM 990-EZ, PART III	TO PROTECT, PRESERVE AND RESTORE ROSE CANYON AND THE ROSE CREEK WATERSHED
FORM 990-EZ, PART III, LINE 28	EDUCATIONAL ACTIVITIES OBJECTIVE TO CONNECT PEOPLE WITH NATURE AND EDUCATE AND INSPIRE TH EM TO SUPPORT ENVIRONMENTAL PROTECTION AND RESTORATION, PARTICULARLY IN ROSE CANYON AND TH E ROSE CREEK WATERSHED 90 EVENTS INVOLVING OVER 3000 PARTICIPANTS A CONDUCTED GUIDED NA TURE WALKS FOR SCHOOL GROUPS, SCOUT GROUPS, AND THE GENERAL PUBLIC IN ROSE CANYON AND MARI AN BEAR PARK IN THE ROSE CREEK WATERSHED B PROVIDED IN-CLASS PRESENTATIONS ABOUT LOCAL W ILDLIFE AND THEIR HABITAT NEEDS, PROVIDED IN-CLASS BINOCULAR LESSONS TO PREPARE STUDENTS F OR CANYON BIRD WALKS C ENGAGED VOLUNTEERS IN ENVIRONMENTAL RESTORATION PROJECTS IN ROSE CANYON D PARTICIPATED IN JULY 4TH OUTREACH EVENT AND ROSE CREEK MURAL OUTREACH EVENT, RE ACHING OVER 400 PEOPLE E APPLIED FOR GRANTS TO SUPPORT OUR EDUCATION PROGRAMS
FORM 990-EZ, PART III, LINE 29	RESEARCH, ADVOCACY, LOBBYING, LEGAL ACTION OBJECTIVE TO PROTECT THE ROSE CREEK WATERSHED FROM NEGATIVE IMPACTS AND TO SUPPORT ITS PRESERVATION AND RESTORATION A REVIEWED PUBLIC RECORDS, ATTENDED MEETINGS, AND COLLABORATED WITH OTHER ORGANIZATIONS ON ISSUES RELATED TO THE ROSE CREEK WATERSHED B COMMUNICATED WITH DECISION MAKERS AND THEIR STAFF MEMBERS C WORKED WITH LEGAL CONSULTANTS TO ANALYZE PROJECTS THAT WOULD HAVE IMPACTS ON THE ROSE CR EEK WATERSHED AND TO ADVOCATE FOR ALTERNATIVES SUBMITTED CEQA COMMENTS ON PROPOSED TROLLE  Y LINE, FILED SUIT OVER TROLLEY IMPACTS ON ROSE CANYON OPEN SPACE PARK D REGULARLY MONIT ORED ROSE CANYON AND COMMUNICATED WITH RANGERS AND OTHER RESPONSIBLE PARTIES ABOUT ISSUES RELATED TO ROSE CANYON E INFORMED THE PUBLIC OF ISSUES RELATED TO ROSE CANYON AND THE ROSE CREEK WATERSHED, ENGAGED MEMBERS OF THE PUBLIC IN CONTACTING DECISION MAKERS AND ATTEND ING PUBLIC MEETINGS TO OPPOSE ENVIRONMENTALLY DESTRUCTIVE PROJECTS AND SUPPORT ENVIRONMENT ALLY BENEFICIAL PROJECTS F SERVED ON ADVISORY BOARD FOR SAN DIEGO CANYONLANDS, INC SERVED AS ENVIRONMENTAL REPRESENTATIVE ON A WATER QUALITY IMPROVEMENT PLAN CONSULTATION COMMIT EE FORMED BY THE CITY OF SAN DIEGO
FORM 990-EZ, PART III, LINE 30	ENVIRONMENTAL RESTORATION IN THE ROSE CREEK WATERSHED OBJECTIVE. TO REMOVE INVASIVE NON-NA TIVE PLANTS AND RESTORE NATIVE PLANTS. A ENGAGED VOLUNTEERS FROM THE GENERAL PUBLIC, SCOUTS, AND STUDENTS IN REMOVAL OF INVASIVE NON-NATIVE PLANTS AND IN PLANTING AND CARING FOR NATIVE PLANTS (SEE ITEM 5C IN EDUCATIONAL ACTIVITIES ACHIEVEMENT AND ITEM 6D IN RESEARCH, ADVOCACY, LOBBYING, LEGAL ACTION ACHIEVEMENT)

DLN: 93492118000315

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

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

► Attach to your tax return.

		► Information at	oout Form 4562 and	its sepai	rate instruction	is is at <u>www.</u>	irs.gov/form45	<u>62.</u>	Sequence No <b>179</b>
lam	Business or activity to which this form relates			Id	lentifying number				
RIE	IENDS OF ROSE CANYON INDIRECT DEPRECIATION				65-1227043				
Рa	rt I Election	To Eynense (	 Certain Proper	tv IInd	er Section	179		10.	J-1227043
r e		-	isted property, c	-			mplete Part I.		
1	Maximum amount (							1	500,000
2	Total cost of section	on 179 property p	laced in service (s	ee ınstru	ıctıons) • •			2	
3	Threshold cost of s							3	2,000,000
4	Reduction in limita	tion Subtract line	3 from line 2 If ze	ero or les	ss. enter -0-			4	, ,
5	Dollar limitation for				-	-0- If marr	ied filing		
_	separately, see ins							5	
									1
6	(a	) Description of pi	roperty		<b>(b)</b> Cost (bu	ısıness use	(c) Elected	cost	
	, u	, Description of pr			onl	y)	(c) Elected		
_	1		! 20						႕
7	Listed property Ei					7			] 1
8	Total elected cost					6 and / •		8	
9	Tentative deductio							9	
10	Carryover of disall	owed deduction fro	om line 13 of your	2013 Fo	rm 4562 •			10	
11	Business income li	mitation Enter th	e smaller of busine	ess incor	ne (not less th	nan zero) or	line 5 (see		
	instructions)							11	
	Section 179 exper					an line 11		12	<u> </u>
	Carryover of disallow					. 13			
	e: Do not use Par								
								propei I	rty <b>)</b> (See instructions )
14	•			ther thar	n listed proper	ty) placed ir	n service during		
	the tax year (see II							14	
	Property subject to							15	
	O ther depreciation					· · · ·		16	
'ar	t IIII MACRS D	epreciation (	<b>Do not</b> include l		operty.) (Se ction A	<u>e instructi</u>	ons.)		
17	MACRS deductions	for accets place	d in service in tax			2014		17	36
	If you are electing	·		•				<del></del>	
10	asset accounts, ch								
			Service Durir					nreci	iation System
	Section B As		(c) Basis fo		TIUX ICUI		deficial be	DI CCI	System
	a) Classification of	(b) Month and		, I	(d) Recovery				(g)Depreciation
ζ,	property	year placed in	(business/invest	tment	period	(e) Conver	ntion <b>(f)</b> Metl	nod	deduction
	,	service	use only—see instruc	tions	·				
9a	3-year property		omy see mstrae	.cions)					
	5-year property								
	7-year property								
d :	10-year property								
е	15-year property								
f	20-year property	$\perp$							
g	25-year property		1		25 yrs		S/L		
	Residential rental				27 5 yrs	MM	S/L		
	property				27 5 yrs	MM	S/L		
	lonresidential real				39 yrs	MM	S/L		
	property Sect	ion C—Assets Dis	 ced in Service Duri	ng 2014 '	Tay Voar Heim	MM the Altern	S/L	on Suc	l tem
0a 1	Class life	.ion C—Assets Pla	Ca in Service Dari	y 2014	iav ieai Asillõ	, the Altern	S/L	on ays	, Colli
	12-year	$\dashv$			12 yrs		S/L		
	40-year				40 yrs	ММ	S/L		
		ary (see instruc	ctions.)		· · · · · · · · · · · · · · · · · · ·				
	ısted property Ente		•					21	
22 1	<b>Total.</b> Add amounts f	from line 12, lines	14 through 17, lin	nes 19 ar	nd 20 ın colum	nn (g), and lı	ne 21 Enter		
	here and on the ap							22	36
<b>23</b> F	or assets shown ab	ove and placed in	service during the	current	year, enter the			•	
	ortion of the basis a	•	_			. 23			I

Form 4562 (2014) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? (c) (e) (i) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recover Method/ Depreciation/ (business/investment section 179 vehicles first) deduction basis period Convention service use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -S/L -S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	Vehicle 1		Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6	
<b>31</b> Total commuting miles driven during the year .												
<b>32</b> Total other personal(noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32		_						_				
<b>34</b> Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use? .												

#### Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	your <b>Ye</b> :	s i i	No
employees?			
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .			
<b>39</b> Do you treat all use of vehicles by employees as personal use?	🗀		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the us vehicles, and retain the information received?			
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )	🗀		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.			

Part VI Amortization	n				
(a) Description of costs	<b>(b)</b> Date amortization begins	tion Amortizable Code period or		<b>(f)</b> A mortization for this year	
<b>42</b> A mortization of costs that b	egins during your 2	2014 tax year (see ınstruct	ions)		
<b>43</b> A mortization of costs that b	egan before your 2	014 tax year		 43	
44 Total. Add amounts in colur	nn (f) See the instr	uctions for where to report		 44	