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Form	990

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019 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.

Go to www.irs.gov/Form990 for instructions and the latest information.



Ał	or th	e 2018 calendar year, or tax year beginning and	ending		
B c	heck if pplicab	e: C Name of organization		D Employer identified	cation number
	Addre	FRIENDS OF BALLONA WETLANDS			
	Name			95-3	264072
	Initial		Room/suite	E Telephone number	
	 Final return	$P \cap P \cap Y = 5159$)-306-5994
	termir ated		•	G Gross receipts \$	614986.
	Amen return	ded DIAVA DET DEV CA 00206		H(a) Is this a group re	eturn
	Applie tion	F Name and address of principal officer: SCOIL COLDERISON		for subordinates	? Yes X No
	pendi	^{ng} PO BOX 5159, PLAYA DEL REY, CA 90296		H(b) Are all subordinates in	cluded? Yes No
11	ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
J /	Vebsi	te: ▶ WWW.BALLONAFRIENDS.ORG		H(c) Group exemption	n number 🕨
		f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 1979 N	State of legal domicile: CA
Pa	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: FRIE	NDS OF	BALLONA WET	LANDS'
ů,		MISSION IS TO CHAMPION THE RESTORATION AN	ID PROI	ECTION OF T	HE BALLONA
Activities & Governance	2	Check this box 🕨 🦳 if the organization discontinued its operations or disposed	sed of more		
0 Ve					17
Ō		Number of independent voting members of the governing body (Part VI, line 1b)			17
es S	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			8
viti		Total number of volunteers (estimate if necessary)			2575
^ cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 38	·····		0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		450417.	549740.
enu	9	Program service revenue (Part VIII, line 2g)		18125.	12797.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		150.	43.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		468692.	562580.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		14165.	18848.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		256775.	297191.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 522		05545	124000
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		85545.	134877.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		356485.	450916.
		Revenue less expenses. Subtract line 18 from line 12		112207.	111664.
S OF			Be	ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		386168.	513220.
at A:		Total liabilities (Part X, line 26)		7763.	13491.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		378405.	499729.

Part II Signature Block

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

	Cincelung of officer		Data						
Sign	Signature of officer		Date						
Here	Here SCOTT CULBERTSON, EXECUTIVE DIRECTOR								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	NAZ AFSHAR	11-14	-2019 self-employed P00441843						
Preparer	Firm's name 🕒 GURSEY SCHNEII	DER LLP	Firm's EIN ▶ 95-3309779						
Use Only	Firm's address 🖌 1888 CENTURY PAF	K EAST SUITE 900							
	LOS ANGELES, CA	90067-1735	Phone no. 310 - 552 - 0960						
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	Yes No						
832001 12-3	1-18 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form 990 (2018)						
S	EE SCHEDULE O FOR ORGANIZ	ATTON MISSION STATEMENT (ONTTNUATTON						

		_{ge} 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: FRIENDS OF BALLONA WETLANDS' MISSION IS TO CHAMPION THE RESTORATION	
	AND PROTECTION OF THE BALLONA WETLANDS, INVOLVING AND EDUCATING THE PUBLIC AS ADVOCATES AND STEWARDS.	
	PUBLIC AS ADVOCATES AND STEWARDS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
_	If "Yes," describe these new services on Schedule O.	1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If "Yes," describe these changes on Schedule O.	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 206921. including grants of \$ 18848.) (Revenue \$)
	EDUCATION: THE FRIENDS OF BALLONA WETLANDS' LOS ANGELES	
	COUNTY-BASED EDUCATION AND RESTORATION PROGRAMS, COLLECTIVELY	
	CALLED "EXPLORE BALLONA", HAVE SINCE 1994 PROVIDED HANDS-ON	
	EDUCATIONAL EXPERIENCES TO AN ETHNICALLY, CULTURALLY, AND	
	ECONOMICALLY DIVERSE POPULATION OF APPROXIMATELY 9,000 RESIDENTS	
	EACH YEAR AT BALLONA'S SALT MARSH, DUNES AND FRESHWATER MARSH, AND	
	IN VARIOUS COMMUNITY SETTINGS. "EXPLORE BALLONA" OFFERS EDUCATION	
	AND SERVICE LEARNING OPPORTUNITIES TO PRE-K-12, COLLEGE,	
	COMMUNITY, AND CORPORATE GROUPS, CHANGING COMMUNITY MEMBERS FROM	
	UNINFORMED RESIDENTS TO ACTIVE STEWARDS OF THE COUNTY'S LAST	
	REMAINING VIABLE COASTAL WETLAND AND WATERSHED.	
4b	(Code:) (Expenses \$132270 • including grants of \$) (Revenue \$))
	RESTORATION: SINCE 1990 AS PART OF OUR RESTORATION PROJECTS, OVER	
	100,000 SCHOOL AND COMMUNITY VOLUNTEERS HAVE REMOVED OVER 600 TONS	
	OF GARBAGE AND NON-NATIVE PLANTS FROM THE BALLONA WETLANDS, AS	
	WELL AS RENOVATION OF SEVERAL OUTDOOR LEARNING AREAS SUCH AS THE	
	FIELD OFFICE/RESTORATION CENTER, THE VIEWING PLATFORM, ALSO BUILT	
	DURING THE 1990'S BY A PACK OF BOY SCOUTS ON THE BERM CREATED FOR	
	THE OLD LOS ANGELES PACIFIC RAILWAY ELECTRIC TROLLEY "RED CAR	
	LINE" TRESTLE, AND THE REPRESENTATIONAL VILLAGE OF THE NATIVE	
	TONGVA PEOPLE.	
4-		```
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 339191.	
	Form 990 (2	2018)
832002	2 12-31-18	

14411114 769315 209809

Form 990 (WETLANDS
Part IV	Checklist	of Required Sche	edule	es	

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X				Yes	No
2 Is the organization engage in direct o index to pill calc campaign activities on behalt of or in opposition to candidates for public office? If 'res,' complete Schedule C, Part I 3 X 4 Section 501(b)(3) organizations. Do the organization engage in loobying activities, or have a section 501(b) election in effect. 3 X 5 Is the organization as action 601(c)(d). Organization engage in loobying activities, or have a section 501(b) election in effect. 4 X 6 Is the organization assettion 501(c)(d). Organization that receives methership dues, assessments, or similar amounts in activities or anopplies Schedule C, Part II 6 X 7 X In the organization matriain and values durats or any similar funds or accounts for which donors have the right to provide advice in the structures? If 'res,' complete Schedule D, Part II 6 X 7 X In the organization matriain activitices? If 'res,' complete Schedule D, Part II 8 X 8 Did the organization matriain activitices? If 'res,' complete Schedule D, Part II 8 X 9 X 10 Did the organization matriain activities? If 'res,' complete Schedule D, Part II 10 X 10 Did the organization matriain as the organization has a controlosion? If 'res,' complete Schedule D, Part V 10 <td>1</td> <td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td> <td></td> <td></td> <td></td>	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in clinet or indirect political campaign activities on behalf of or in opposition to candidates for public official" if Yes, "complete Schedule C, Part I 3 Section 501(b) organizations. Did the organization ingage in lobbying activities, or have a section 501(b) election in effect during the tax year? If Yes, "complete Schedule C, Part II 5 List be organization assection 301(b) 301(b) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-197 If Yes," <i>complete Schedule C, Part II</i> 6 Did the organization review any doner advised tinde or any similar funds or accounts? If Yes," complete Schedule D, Part I 6 Did the organization review any doner advised tinde or any similar funds or accounts? If Yes," complete Schedule D, Part II 9 Did the organization marina collections of works of art, historical tessures, or other similar assets? If Yes, "complete Schedule D, Part II 9 Did the organization activation structures? If Yes," complete Schedule D, Part II 9 Did the organization activation and the distribution or investments of antipation devices as a custodation for amounts not listed In Part X, Ine 121, for sacrow or custodal account liability, serve as a custodation for amounts not listed In Part X, Ine 121, for sacrow or custodal account liability, serve as a custodation for amounts not listed In Part X, Ine 121, for sacrow or custodal account liability, serve as a custodation for association any or the following quantion, hold assets in temporarily restricted endowments, Permanent endowments? If Yes, "complete Schedule D, Part VI 10 Did the organization report an amount for funce timestimest - other sacrutine in Part X, line 137 If Yes, "complete Schedule D, Part VI 11 Did the organization report an amount for investments - other sacrutine line 21 the is 5% or more of its total assets reported in Par					
public official of "In'Sec. Complete Schedule Q. Part I 3 X 4 Section 501(c)[3) organization. Did the organization engage in tobbying activities, or have a section 501(b) election in effect during the tax year (II 'Yos, 'complete Schedule Q. Part II 4 X 5 Is the organization a section 501(c)[6), of 501(c)[5) or 501(c)[6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedue 88 192 // Yes, 'complete Schedule C, Part II 5 X 6 Did the organization convexes of the distribution or investment of amounts in such thands or accounts for Wrick formation Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation assement, including assements to presserve as a custodian for amounts not listed in Part X, ime 21, for secret or custodial account liability, serve as a custodian for amounts not listed in Part X, ime 21, for secret or custodial account liability, serve as a custodian for amounts not listed in Part X, ime 21, for secret or custodial account liability, serve as a custodian for amounts not listed in Part X, ime 21, for secret or custodial account liability, serve as a custodian for amounts not listed in Part X, ime 21, for secret or custodial account liability, serve as a custodian for amounts not listed in Part X, ime 17, they, 'complete Schedule D, Part VI. 10 10 Did the organization, fincetry through a related organization, hold vis due sects in temporarily restricted endowments, permanent endowments or quasi endowments? If Yes, 'complete Schedule D, Part X, ime 12 that is 5% or more of its total assets reported in Part X, line 127 If Yes, 'complete Schedule D, Part X 11			2	X	
4 Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(c)(4) election in effect 4 X 5 Is the organization a section 501(c)(6), 05 (c)(6), 05 (c)(6), 07 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-187 // Yee," complete Schedule C, Part II 5 X 6 Did the organization markins any doore adviced funds or any similar funds or accounts? If Yree," complete Schedule D, Part II 6 X 7 X B Did the organization neutrin organization assement, including easements to preserve open space. The environment, historic land areas, or historic al treasures, or other similar asseuts? If Yree," complete Schedule D, Part II 7 X 9 Did the organization and areas, or historic al treasures, or other similar asseuts? If Yree," complete Schedule D, Part II 7 X 9 Did the organization diverse of a numerity if Yree," complete Schedule D, Part II 7 X 10 Did the organization service or any of the following questions if Yree," the organization services? 7 X 10 Did the organization service or any of the following questions if Yree," the organization services? 9 X 10 Did the organization service or anount for investments - other ascuritis in Part X, line 12 that is 5% or more of its tota	3				v
during the tax year? If Yes," complete Schedule C, Part II 4 X 5 Is the organization a section S(1)(4), 901((5)), 601((5)) or 901((5)) o			3		X
5 Is the organization a sector 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98 49; if Yrsg." complete Schedule C, Part II 5 X Did the organization maintain any doorn advised funds or any similar indis or accounts? If Yrsg." complete Schedule D, Part II 6 X Did the organization nearine mi, totical assessment including assemnts to preservo gene space, the environment, historic land areas, or historic structures P, Yrsg." complete Schedule D, Part II 7 X Did the organization nearine or historic structures P, Yrsg." complete Schedule D, Part II 7 X Did the organization resorve or through a related organization, thold assest in temporarily restricted endowments, provide radii consoling, deta management, credit regain or dest negotiation services? If Yrsg." complete Schedule D, Part IV 9 X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X If the organization serves to any of the following questions is 'Yes,' then complete Schedule D, Part V 11 X Did the organization report an amount for investments - other securities in Part X, line 120 that is 5% or more of its total assets reported in Part X, line 167 if Yrsg." complete Schedule D, Part X 111 X Did the organization report an amount for them izbititits in Part X, line 120 that is 5% or more of its tota	4				77
a milling amounts as defined in Revenue Procedure 98-197 # "yes," complete Schedule C, Part II 5 X 6 Did the organization markins my donor advised funds or any similar funds or accounts? If "yes," complete Schedule D, Part II 6 X 7 Did the organization networ or hold a conservation easement, including assements to preserve open space, the environment, historic lat meas, or historic attructures? If "yes," complete Schedule D, Part II 7 X 8 Did the organization markin collections of works of art, historical treasures, or other similar assets? If "yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in temporally restricted endowments, perments 8 X 10 Did the organization exports any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 110 X 11 Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VI	_		4		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>II "yes," complete Schedule D, Part II</i> 6 X 7 Z Z Complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? <i>II "yes," complete Schedule D, Part II</i> 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar asset? <i>II "yes," complete Schedule D, Part II</i> 7 X 9 Did the organization meant in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for other distribution or thready a related organization, directly or through a related organization, needed to the organization asset is any of the following questions is "Yes," then complete Schedule D, Part V 10 X 10 Did the organization report an amount for investments - order securities in Part X, line 107 <i>III "Yes," complete Schedule D, Part V</i> 11 X 11 Did the organization report an amount for investments - program related in Part X, line 107 <i>III "Yes," complete Schedule D, Part V</i> 11 X 11 Did the organization report an amount for investments - program related in Part X, line 107 <i>IIII</i> "Yes," complete Schedule D, Part X 111 X 111 <td< td=""><td>5</td><td></td><td>_</td><td></td><td>v</td></td<>	5		_		v
provide advice on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic induces, or historic structures? // "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for eacrow or custodial account liability, serve as a custodian for amounts not listed in Part X, iro provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part IV 9 X 10 the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part XI 11a X 11a X 11b X 11b X 11a X 11c X 11a X 11a X 11a X 11a X 11a X 11a X	-		5		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21 was set or any of the following questors is "Yes," the complete Schedule D, Part V 10 X 11 If the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments- program related In Part X, line 15 // was, "complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments- program related In Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 // "Yes, "complete Schedule D, Part VI 11a X 14 Did the organization rep	6	• • • • •			v
the environment, historic all areas, or historic structures? If "Yes," complete Schedule D, Part II	-		6		<u>^</u>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed ID Part IX 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "res," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SV, UNI, UNI, K, or X as applicable. 11a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for linestiments - rogram related in Part X, line 13? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X c Did the organization report an amount for other labilities in Part X, line 15? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 11d Did the organization included in consolidated financial statements for the tax year? 11d X 12a Did the organization asset reporosolidated financial stateme	1		_		v
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sarve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "yes," complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "yes," complete Schedule D, Part V III 10 X 11 Did the organization report an amount for investments - other securities in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VIII 111 X 11 Did the organization report an amount for investments - other securities in Part X, line 13? that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part V 111 X 11 Did the organization report an amount for investments - program related in Part X, line 23? If "yes," complete Schedule D, Part X 111 X 12 Did the organization aspearate or consolidated, independent audited financial statements for the tax year? 111 X 12 Did the organization asporate, independent audited financial statements for the	•				
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit regain, or debt negotiation services? y 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? (J r Yes, 'complete Schedule D, Part V) y 11 If the organization is answer to any of the following questions is 'Yes,'' tenn complete Schedule D, Part V, VIII, VIII, X, or X as applicable. 10 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? (J 'Yes,'' complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13? that is 5% or more of its total assets reported in Part X, line 16? (J 'Yes,'' complete Schedule D, Part VI 11a X 14 Did the organization report an amount for other lasbifties in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? (J 'Yes,'' complete Schedule D, Part X) 11d X 11d Did the organization report an amount for other lasbifties in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? (J 'Yes,'' complete Schedule D, Part X) 11d X 11d Did the organization report an amount for other lasbifties in Part X, line 25? (J 'Yes,'' complete Schedule D, Part X) 11d </td <td>8</td> <td></td> <td></td> <td></td> <td>v</td>	8				v
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? g X bit the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V 10 X a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other asset in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X c Did the organization report an amount for investments - part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization separate or consolidated financial statements for the tax year? If 'Yes," complete Schedule D, Part X 11e X 12a Did the organization asset wear Not II Not III Net Not III Net Not III Net Not III Net Not IIII Net Not IIII Net Not IIII Net Not IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	•		8		
If 'Yes,' complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Part VI. 11 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11 X 13 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11 X 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11e X 15 Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11e X 16 Did the organization sital statements for the tax year? 11f X 17 Did the organization report an amount for other labilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11t X 18 Ib the organization report an amount for other labilities in Part X, line 25? If 'Yes,'	9				
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," them complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,					v
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 111 X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 111 X b) Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 111 X c) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 111 X d) Did the organization report an amount for other liabilities in Part X, line 155 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X 111 X e) Did the organization report an amount for other liabilities in Part X, line 155 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X 111 X 112 Did the organization is applicit for uncertain tax positions under FIN 48 (ASC TAYO) If "Yes," complete Schedule D, Part X 111 X 113 X 114 X 114 X 114 Did the organization obtain separ	40		9		
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or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a X					
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X	20a		20a		Х
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	21				ł
332003 12-31-18 Form 990 (2018)		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			L

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 FRIENDS OF BALLONA WETLANDS
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 Part IV
 Checklist of Required Schedules (continued)
 Vac
 Na

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
~	of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			77
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u>-</u> -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
~ c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
v	(gambling) winnings to prize winners?	1c		
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Form	990 (2018) FRIENDS OF BALLONA WETLANDS 95-3264	072	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	-
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		x
9	sponsoring organization have excess business holdings at any time during the year?	0		- 23
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
с	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation in Schedule O</i>	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Form 990	(2018)
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FRIENDS OF BALLONA WETLANDS

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	· · · · ·	nv other				
-	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
~	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				10		
		2	0		0-	х	
	The governing body?				<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?				8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						77
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue (Code.)				
				1		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before	e filing the fo	orm?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f ")	res " de	scribe				
	in Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by me	opondone				
2	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				150	- 23	
16-		nont wi	th a				
IUd	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable active during the year?				16-		Х
Ŀ	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				<u>16a</u>		
a			•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				40.		
200	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	nd 990-1	(Section 5	01(c)(3)s	only)	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain	n in Sch	edule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of	interest pol	icy, and t	financ	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records	►			
	SCOTT CULBERTSON - 310-306-5994						
		<u> </u>					
	211 CULVER BLVD., SUITE N, PLAYA DEL REY, CA 90293	3					

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

(D)

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 $\langle \mathbf{c} \rangle$

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(D) (E)					
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	aaa	Irecto	r/trus	ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. JAMES LANDRY	2.00	-	-	0	×	<u> Ξ</u> Ξ	Ē			
DIRECTOR		х						0.	0.	0.
(2) CATHERINE TYRRELL	4.00									
DIRECTOR		х						0.	0.	0.
(3) RUTH LANSFORD	3.50									
DIRECTOR		х						0.	Ο.	0.
(4) DR. PIPPA DRENNAN	1.00									
DIRECTOR		х						0.	Ο.	0.
(5) DR. EDITH READ	5.80									
DIRECTOR		Х						0.	0.	0.
(6) SUSAN GOTTLIEB	1.00									
DIRECTOR		Х						0.	0.	0.
(7) NANCY EDWARDS	5.80									_
PRESIDENT		Х		Х				0.	0.	0.
(8) JOHN GREGORY	4.00									-
TREASURER		Х		Х				0.	0.	0.
(9) STEPHEN GRONER	2.00									•
DIRECTOR		X						0.	0.	0.
(10) STEVE HIRAI	3.80								0	0
SECRETARY	2 50	X		Х				0.	0.	0.
(11) LISA FIMIANI	3.50	77						0.	0.	0
DIRECTOR (12) JIM KENNEDY	2.90	Х						0.	0.	0.
(12) JIM KENNEDY DIRECTOR	2.90	х						0.	0.	0.
(13) DR. ELOISE APPEL	3.00	~						0.	0.	0.
VICE PRESIDENT	5.00	х		х				0.	0.	0.
(14) DEB ROGES	4.00			21						
DIRECTOR		х						0.	0.	0.
(15) SCOTT CULBERTSON	40.00									
EXECUTIVE DIRECTOR		х						78475.	0.	0.
(16) NEIL P. NAVIN	2.00									
DIRECTOR		х						0.	0.	0.
(17) DR. KENNETH DIAL	2.00									
DIRECTOR		х						0.	0.	0.
832007 12 31 18										Form 990 (2018)

832007 12-31-18

Form 990 (2018)

Form 990 (2018) FRIENDS (OF BALLO	NA	W	ET:	LA	ND	S		95-32	<u>540'</u>	72	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)		,	(C				(D)	(E)		(F	;)
Name and title	Average			Posi	tion			Reportable	Reportable		Estim	
Name and the	hours per					than c s both		compensation	compensation		amou	
	week					r/trust		from	from related		oth	
	(list any	tor						the	organizations		comper	
	hours for	direc				-		organization	(W-2/1099-MISC		from	
	related	e or	stee			Isate		(W-2/1099-MISC)			organi	
	organizations	ruste	al tru:		/ee	mper					and re	
	below	dual t	ltion	_	lold	st co iyee	J.				organiz	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				er guine	
(18) NICHOLOS O'DEEGAN	2.30	-		0	×	Ξæ	ш			-		
DIRECTOR	2.50	х						0.		0.		0
DIRECTOR		Δ						0.		·		0.
				_						-		
										\rightarrow		
										+		
										\rightarrow		
1b Sub-total								78475.		0.		0.
c Total from continuation sheets to Part VI	, Section A							0.		0.		Ο.
d Total (add lines 1b and 1c)								78475.		0.		0.
2 Total number of individuals (including but n							o re	eceived more than \$100.0	000 of reportable			
compensation from the organization		000		a ab	010	,	010					0
											Ye	
3 Did the organization list any former officer,					•			•				
line 1a? If "Yes," complete Schedule J for s										L	3	X
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsat	tion	and	oth	ner compensation from th	ne organization			
and related organizations greater than \$150	,000? If "Yes."	" со	mple	ete S	che	dule	Jf	for such individual			4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com											5	x
Section B. Independent Contractors	piele Schedule	; J /(or su	<u>cn p</u>	erse	011 .				··	5	1 44
· · · · · · · · · · · · · · · · · · ·												
1 Complete this table for your five highest con	=									nsatio	n from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	th c	or wit	thin	the organization's tax ye	ear.			
(A)								(B)			(C)	
Name and business	address	NC	ONE					Description of s	ervices	Cor	npensa	ition
							-					
• Total number of independent contractory				l to t	ber				we then			
2 Total number of independent contractors (ir		JL IIN	mea		-		req	above) who received mo				
\$100,000 of compensation from the organiz	zation 🕨				0	,						0.
										Fo	orm 99	0 (2018)

832008 12-31-18

Form	n 990 (i			LLONA WE	FLANDS		95-3264	4072 Page 9
Pa	rt VII	Statement of Revenu	ie					
		Check if Schedule O contai	ns a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1 a	Federated campaigns	1a					
àrar oun		Membership dues		9256.				
s, (Am		Fundraising events		235912.				
Giff		Related organizations						
ns, Simi		Government grants (contributio						
utio	f	All other contributions, gifts, grants		304572.				
Contributions, Gifts, Grants and Other Similar Amounts	~	similar amounts not included above						
but		Noncash contributions included in lines 1a Total. Add lines 1a-1f			549740.			
0 0		Total. Add lines Ta-11		Business Code				
đ	2 a	PROGRAM SERVICE	REVENU	611710	12797.	12797.		
vice	b							
Ser	c							1
am	d							
Program Service Revenue	е							
P	f	All other program service reven	ue					
	g	Total. Add lines 2a-2f			12797.			
	3	Investment income (including d						
		other similar amounts)			43.			43.
	4	Income from investment of tax-						
	5	Royalties						
	•		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Gross amount from sales of	(i) Securities	(ii) Other				
	7 a	assets other than inventory	() Securities					
	b	Less: cost or other basis						
	~	and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		►				
Other Revenue	8 a	Gross income from fundraising including \$ 23591	•					
eve		contributions reported on line 1						
r B		Part IV, line 18	а	52406.				
the	b	Less: direct expenses		52406.				
0		Net income or (loss) from fundra		►	0.			
	9 a	Gross income from gaming acti						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gamir	-	····· •				
	10 a	Gross sales of inventory, less re						
		and allowances						
		Less: cost of goods sold						
	C	c Net income or (loss) from sales of inventory		Business Code				
	11 a			Dusiness Code				
	b							1
	c							1
	d	All other revenue						1
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			562580.	12797.	0.	. 43.
83200	9 12-31-							Form 990 (2018)

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Form 990 (2018)

FRIENDS OF BALLONA WETLANDS Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		erhei 1969	general expenses	expenses
	and domestic neuronente Cas Dart IV line Of	18848.	18848.		
	Grants and other assistance to domestic	100101	100101		
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	78475.	44731.	7847.	25897
	Compensation not included above, to disqualified	101130		/04/1	25057
	persons (as defined under section 4958(f)(1)) and	178542.	163053.	11675.	3814
	persons described in section 4958(c)(3)(B)	1/0542.	103033.	11075.	2014
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	18561.	16704.	929.	928
	Other employee benefits	21613.	19451.	1081.	1081
	Payroll taxes	21013.	19451.	1001.	1001
	Fees for services (non-employees):				
	Management				
	Legal	6448.		6448.	
		0440.		0440.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	17100	C 2 7 4	cooc	4526
	column (A) amount, list line 11g expenses on Sch O.)	17196.	6374.	6286.	4536
	Advertising and promotion	865.	5.	2004	860
	Office expenses	33720.	17410.	3894.	12416
	Information technology	9261.	245.	9016.	
	Royalties	0.000	01040	E000	
6	Occupancy	26927.	21048.	5079.	800
7	Travel	1596.	977.	591.	28
-	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1323.	995.	328.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	5947.	1429.	4327.	191
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
	EQUIPMENT	17996.	17442.	554.	
	MISCELLANEOUS	9865.	8249.	1008.	608
с	FEES AND LICENSES	2188.	685.	399.	1104
d	BAD DEBT	1545.	1545.		
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	450916.	339191.	59462.	52263
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight following SOP 98-2 (ASC 958-720)				

14411114 769315 209809

Form 990 (2018)

FRIENDS OF BALLONA WETLANDS Part X Balance Sheet

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

		Check if Schedule O contains a response or	note to any line		(A) Beginning of year		(B) End of year
	1	Cash non interact bearing			368941.	1	353330.
	2	Cash - non-interest-bearingSavings and temporary cash investments	500541.	2	144111.		
	2			2			
	4	Pledges and grants receivable, net			5227.	4	1545.
	4 5	Loans and other receivables from current and		5227.	4	1949.	
	5	trustees, key employees, and highest compe					
						5	
	6	Part II of Schedule L Loans and other receivables from other disqu		5			
		section 4958(f)(1)), persons described in sect	-				
		employers and sponsoring organizations of s					
		employees' beneficiary organizations (see ins				6	
Assets	7	Notes and loans receivable, net				7	
Ase	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or othe					
	100	basis. Complete Part VI of Schedule D		19821.			
	ь	Less: accumulated depreciation	10b	19187.	0.	10c	634.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			12000.	15	13600.
	16	Total assets. Add lines 1 through 15 (must e			386168.	16	513220.
	17	Accounts payable and accrued expenses	7763.	17	13491.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ŝ	22	Loans and other payables to current and forr	ner officers, dire	ctors, trustees,			
Liabilities		key employees, highest compensated emplo	alified persons.				
abil		Complete Part II of Schedule L				22	
1	23	Secured mortgages and notes payable to un			23		
	24	Unsecured notes and loans payable to unrela	ated third parties	;		24	
	25	Other liabilities (including federal income tax,	payables to rela	ated third			
		parties, and other liabilities not included on li	nes 17-24). Com	plete Part X of			
		Schedule D				25	
	26	<u> </u>			7763.	26	13491.
		Organizations that follow SFAS 117 (ASC 9		e► <u>X</u> and			
es		complete lines 27 through 29, and lines 33			200405		400000
anc	27	Unrestricted net assets		······ -	378405.	27	499729.
Bala	28		····· -		28		
Пр	29			·····		29	
μ		Organizations that do not follow SFAS 117	eck here ▶				
; or		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current fun		F		30	
Ast	31	Paid-in or capital surplus, or land, building, o		F		31	
Vet	32	Retained earnings, endowment, accumulated			378405.	32	499729.
e-	33	Total net assets or fund balances			386168.	33	513220.
	34	Total liabilities and net assets/fund balances			200T00•	34	

Form 990 (2018)

Form	990 (2018) FRIENDS OF BALLONA WETLANDS	95-32	64072	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5 <u>25</u> 8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5091	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>L16</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31	784(05.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		966	60.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	49	9972	<u>29.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2018)

SCH	IEDL	JLE A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name	of the	organization
------	--------	--------------

wan		ne organization די רידי			-				Identification number
Do	rt I			LONA WETLAND		in nort \ C	o inotraction		5-3264072
		Reason for Public C					e instructions		
	organ	ization is not a private found							
1		A church, convention of chu					I)(A)(I).		
2									
3		A hospital or a cooperative					•		
4		A medical research organiza	ation operated in col	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	-						
7	X		•	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	port from o	contributio	ns, membersł	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). C	heck the box in
		_lines 12a through 12d that o	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	pporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	orted
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organizatior	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and	an attentiv	eness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type	I, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota	ıl								
LHA	For F	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	832021 10-	11-18 Schee	dule A (For	m 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BALLONA WETLANDS

95-3264072 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	291069.	369970.	386898.	509325.	559400.	2116662.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	291069.	369970.	386898.	509325.	559400.	2116662.
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)						759627.
6	Public support. Subtract line 5 from line 4.						1357035.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	291069.	369970.	386898.	509325.	559400.	2116662.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	67.	45.	65.	150.	43.	370.
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	Total support. Add lines 7 through 10						2117032.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	30922.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	64.10 %
15	Public support percentage from 2017	Schedule A, Part I	II, line 14			15	65.86 %
16 a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% (or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the)
	organization meets the "facts-and-circ	umstances" test. 7	The organization q	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	• •
					Sche	edule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BALLONA WETLANDS Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support				1			
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ- ization's benefit and either paid to							
or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons							
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support							
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
9 Amounts from line 6							
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b Unrelated business taxable income							
(less section 511 taxes) from businesses acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13 Total support. (Add lines 9, 10c, 11, and 12.)							
14 First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,	
			<u></u>		-		
Section C. Computation of Publi	c Support Per	rcentage					
15 Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%	
16 Public support percentage from 2017	Schedule A, Part	III, line 15			16	%	
Section D. Computation of Inves	stment Income	e Percentage					
17 Investment income percentage for 20	· · · · · · · · · · · · · · · · · · ·						
19a 33 1/3% support tests - 2018. If the	organization did r				3 1/3%, and line 1	7 is not	
more than 33 1/3%, check this box ar						>	
b 33 1/3% support tests - 2017. If the	-	-				and	
line 18 is not more than 33 1/3%, che							
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions		
832023 10-11-18						0 or 990-EZ) 2018	
		15	5		-	•	

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BALLONA WETLANDS

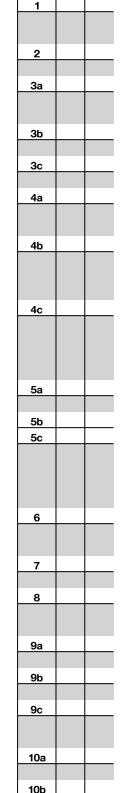
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes No

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BALLONA WETLANDS Part IV Supporting Organizations (continued)

			Yes	No
11	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		
b	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 Part VI 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 Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.	Za		
U	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? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the</i>			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		

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Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BALLONA WETLANDS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Secti	on 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		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrated		nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

1

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BALLONA WETLANDS

	rt V Type III Non-Functionally Integrated 509(Oursent Veers
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
_	organizations, in excess of income from activity	· · · · · ·		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u> -	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
0	Line 8 amount divided by line 9 amount			
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

D

epartment of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

95-3264072

Name	of	the	organization

FRIENDS OF BALLONA WETLANDS

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? No Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a а b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No _____ [6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and 9 include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018 832051 10-29-18

Sche	Schedule D (Form 990) 2018 FRIENDS OF BALLONA WETLANDS 95-3264072 Page 2										
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, or C	other S	Simila	r Assets	s (contil	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the t	following that are	e a sign	ificant u	se of its c	ollection	items	;
	(check all that apply):										
а	Public exhibition	c	1 🗌 I	Loan or exc	hange programs	6					
b	Scholarly research	e	• 🗌 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organization's	s exemp	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit of		,		,				_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Ye	s" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod							_	٦		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing ta	able:							
	Device in the law of								Amoun	t	
C L	Beginning balance						1c				
a	Additions during the year						1d				
e f	Distributions during the year						1e 1f				
' 2a	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•				1
Par											
	•	(a) Current year	1	rior year	(c) Two years b	1		ears back	(e) Fou	r vears	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held ar	nd administered	for the	organiza	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		Ĺ
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment it	unus.							
	Complete if the organization answere) Part IV	line 11a S	ee Form 990 P	art X lin	ne 10				
	Description of property	(a) Cost or c			or other		umulate	h	(d) Boo	k valu	
	Description of property	basis (investr		• •	(other)	• •	eciation		(u) Boo	in valu	C
1 a	Land		,								
	Buildings										
	Leasehold improvements				1						
	Equipment										
	Other				19821.		1918	37.		6	34.
	Add lines 1a through 1e. (Column (d) must e		X. colum	n (B). line 1	0c.)	<u></u>				6	34.
-								Sahadula	D /F	- 000	0040

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 FRIENDS OF BALLONA WETLAND	\mathbf{S}
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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 FRIENDS OF BALLONA WETLANDS	5		95-32	264072 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	572240.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	9660.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	9660.
3	Subtract line 2e from line 1			3	562580.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	562580.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With E	xpenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	450916.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	450916.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	450916.
Pa	t XIII Supplemental Information.				

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

832054 10-29-18

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the	or if the	2018					
Department of the Treasury		Attach to Form 990						Open to Public Inspection
Internal Revenue Service Name of the organizatior		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employer ide	Inspection Intification number
name er tre organization		OF BALLONA WETLAN	DS				95-3264	
Part I Fundrais	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
· · · · ·	complete this part			,				
a Mail solicitat	-	ed funds through any of the followin e Solicita	-		overnment grants			
	email solicitations			•	nment grants			
c 🔄 Phone solici	tations	g 📃 Special	fundra	ising	events			
d 📃 In-person so								
•		or oral agreement with any individual art VII) or entity in connection with p	•	Ũ		tees,	or Yes	s No
		viduals or entities (fundraisers) pursu			•	he fur		
compensated at le	•	· /·						-
			(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	fùndr have ci	aiser Jstody	(iv) Gross receipts from activity	tò (c	or retained by) fundraiser	(vi) Amount paid to (or retained by)
or entity (lunc			or con contribu		nom activity		ted in col. (i)	organization
			Yes	No				
		· · · · · · · · · · · · · · · · · · ·		•		L		<u> </u>
or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	IT IS 6	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	90 or 990-EZ) 2018

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 Schedule G (Form 990 or 990-EZ) 2018
 FRIENDS
 OF
 BALLONA
 WETLANDS
 95-3264072
 Page 2

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

 of fundraising event contributio

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			MOONLIGHT			col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	288318.			288318
	2	Less: Contributions	235912.			235912
	3	Gross income (line 1 minus line 2)	52406.			52406
	4	Cash prizes				
S	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
		Entertainment				
	9	Other direct expenses				52406.
	10	Direct expense summary. Add lines 4 through		·		52406
	11	Net income summary. Subtract line 10 from I			•	0
	nrt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.			eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
æ	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
끮						
Direc.	4	Rent/facility costs				
Direc	4 5	Rent/facility costs				
Direc			└────────────────────────────────────	└── Yes% └── No	└── Yes % └── No	
Direc	6	Other direct expenses	No		No	
Direc	6 7	Other direct expenses	h 5 in column (d)	□ No	<u>No</u> No	
	6 7 8	Other direct expenses	h 5 in column (d)	□ No	<u>No</u> No	
9	6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No	No ►	
9 a	6 7 8 Ent	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	No ►	
9 a b	6 7 8 9 Is t 9 If "	Other direct expenses	h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No	Yes . No
a b Da	6 7 8 9 Is t 9 If "	Other direct expenses	h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No	Yes N

Sch	edule G (Form 990 or 990-EZ) 2018 FRIENDS OF BALLONA WETLANDS 95-	3264072	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	150	/0
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Nama		
	Address		
45.			No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ves	
b	b) If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party ►\$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	-	
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
0.000		m 000 ar 001	E7 0040
8320	83 10-03-18 Schedule G (For 33	1 990 01 990	-221 20 10

raitiv	Supplemental information (continued)	

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individua	s in the Uni	ted States		OMB No. 1545-0047
Department of the Treasury			Attach to For	m 990.			Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization FRIENDS (OF BALLONA	WETLANDS					Employer identification number $95 - 3264072$
Part I General Information on Grants	and Assistance						
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pi 	istance?	-			-		
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Par	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BALLONA DISCOVERY PARK PARTNERS PO BOX 5159 PLAYA DEL REY, CA 90296	46-1004730	501(C) (3)	8750.	0.			SUPPORT
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 		•					<u>1.</u>

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

Schedule I (Form 990) (2018)

FRIENDS OF 1	BALLONA	WETLANDS
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95-3264072

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Bart IV Supplemental Information Dravide the information real	wired in Dort L lin	o. 2: Dort III. oolumn	(b): and any other or	ditional information	

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

FORM 990 SCHEDULE I PART I, LINE 2

BALLONA DISCOVERY PARK PARTNERS (BDPP) IS FORMED BY THREE

ORGANIZATIONS: FRIENDS OF BALLONA WETLANDS, PLAYA VISTA CAPITAL AND

LOYOLA MARYMOUNT UNIVERSITY. EACH ORGANIZATION HAS A SEAT ON THE BOARD

AND MAKES AN ANNUAL PAYMENT OF \$8,750. FUNDS ARE USED FOR PROPERTY

MAINTENANCE, INSURANCE, TAXES AND SPECIAL PROJECTS. TYPICALLY BDPP RUNS

AN ANNUAL SURPLUS. THE BUDGET AND OPERATIONS ARE REVIEWED AT QUARTERLY

BOARD MEETINGS; ALL EXPENSES MUST BE APPROVED BY THE BOARD. PAYMENTS

FROM PARTNER ORGANIZATIONS HAVE BEEN MADE SINCE THE PARK OPENED IN

Schedule I		FRIEN
Part IV	Supplemental	Information

2	0	1	1	•

Schedule I (Form 990)

832291 04-01-18 SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. ► Go to www.irs.gov/Form990 for the latest information.



95-3264072

FRIENDS OF BALLONA WETLANDS

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WETLANDS, INVOLVING AND EDUCATING THE PUBLIC AS ADVOCATES AND STEWARDS.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBER CATHERINE TYRRELL IS THE MOTHER OF PATRICK TYRRELL, THE

FRIENDS MANAGER OF UPPER EDUCATION AND HABITAT RESTORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

DESCRIBE THE PROCESS USED BY THE ORGANIZATION TO REVIEW THIS FORM 990: FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS, GIVEN A PERIOD OF TIME TO REVIEW, THEN PROVIDES APPROVAL TO BE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

DESCRIBE HOW THE ORGANIZATION ANNUALLY MONITORS COMPLIANCE WITH THEIR

CONFLICT OF INTEREST POLICY: THE CONFLICT OF INTEREST POLICY IS REVIEWED

AND EITHER REVISED OR RENEWED ANNUALLY. IN CONNECTION WITH ANY ACTUAL OR

POSSIBLE CONFLICT OF INTEREST, A RESPONSIBLE PERSON MUST DISCLOSE THE

EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO

DISCLOSE ALL MATERIAL FACTS TO THE EXECUTIVE DIRECTORS AND RESPONSIBLE

PARTIES OF THE COMMITTEE WHO WILL CONSIDER THE PROPOSED TRANSACTION AND

ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

DESCRIBE THE PROCESS FOR DETERMINING COMPENSATION OF OFFICERS AND KEY

EMPLOYEES INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS,

COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION

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Schedule O (Form 990 or 990-EZ) (2018)								Page 2
Name of the organization FRIENDS OF BALLONA WETLANDS							Employer identification number 95-3264072	
AND DECISION:	THE ORG	ANIZATION	SURVEY	SALARIES	FOR	EXECUTIV	E DIRECTOR	IN

COMPARABLE SIZE ORGANIZATION. THE BOARD REVIEWS THE VARIOUS SALARIES AND

MAKES A DETERMINATION AS TO THE LEVEL OF SALARY FOR THE EXECUTIVE DIRECTOR

ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 18:

COPIES OF FORM 990 ARE AVAILABLE UPON REQUEST, ON THE ORGANZATION'S

WEBSITE, BALLONAFRIENDS.ORG, AND ON THE WEBSITE, GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

DESCRIBE HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC: OUR

DOCUMENTS ARE AVAILABLE TO THE PUBLIC WHEN REQUESTED BY TELEPHONE, IN

PERSON OR WRITTEN COMMUNICATIONS.

FORM 990 PART XII LINE 2C

DOES THE ORGANIZATION HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL

STATMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT: THE ORGANIZATION

HAS A FINANCE COMMITTEE WHO IS RESPONSIBLE FOR REVIEWING FINANCIAL

STATEMENTS, AND SELECTING THE INDEPENDENT REVIEWERS.