Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

<u>A</u>	For th	e 2022 ca	<u>endar year, or tax year</u>	beginning			, and	ending						
В	Check if	applicable:	C Name of organization	The San Die	go River Park	Foundation			D Empl	oyer ider	ntification	number		
	Address	change	Doing business as			· ·								
\Box	Name ch	anne	Number and street (or P.C), box if mail is no	ot delivered to st	reet address)	Room/suite		01-0565	671				
H			4891 Pacific Highway				114		E Telepi	hone num	nber			
	Initial ret	urn	City or town			State	ZIP code		(610) 20	7200	1			
\Box	Final return	n/terminated	San Diego			CA	92110		(619) 297-7380					
	i mai rotan	Mominated	Foreign country name	Foreig	n province/state	/county	Foreign posta	al code						
Ш	Amended	d return	<u></u>						G Gros	receip s	\$	2,897,445		
	Application	on pending	F Name and address of prin	cipal officer				111-X In th						
	, it buonic	on ponding		•	ov Son Dies	TO CA 0044	0		is a group re		46			
			Robert A Hutsel 4891 I		ay, San Dieg	JO, CA 9211	0		a subc			Yes No		
	Tax-exer	npt status:	X 501(c)(3) 501(c) ((insert no.)	4947(a)(1)	or 527	If "	Vo, attach	a list. Se	e instructi	ions		
J	Website	: www	v.sandiegoriver.org				-	H(e) Gro	u) exempt	ion numb	er			
к	Form of	organization		rust Assoc		h								
				usi Assoc	iationOt	her	L Ye	al f forma	tio 20	01 "	VI State of	legal domicile: CA		
	art I		nmary				_							
ф	1		escribe the organization					upport a	nd empo	wer co	mmunit	y groups		
ü	1	working	to restore and enhance	the San Die	go River and	to foster ste	wards ip of	ę						
E		working to restore and enhance the San Diego River and to foster stewards up of the important community and regional asset in perpetuity.												
Vel	2	Check th	is box if the or	ganization di	scontinued it	s operations	o districe	more	than 25	% of ite	not ac	ente		
ဝိ	3	Number	of voting members of the	ne governing	hody (Part)	/Lline 1🕏	A GIOP CO	i wi illoro	tridiri 20	3				
රේ	4	Number	of independent voting r	nembers of t	he governing	hody wort	line 1h)	20		4		15		
9	5	Total nur	nber of individuals emp	loved in colo	nder voor 20) body (Hall	valine ib) i	1 0 20 12	8 9 .	_	-	15		
₹	6	Total nur	nber of volunteers (esti	mote if need	nuai yeai 20	22 (Patr V, 1	ie ∠a)	20 02 00 .	*	5		27		
Activities & Governance	l _	Total	alate di voiunteers (esti	mate ii neces	ssary)		<u>, i</u> .			6	+	2,200		
	7a	Nah	elated business revenu	e from Part v	/III, column	(a), the 12.		· 9 9	9 0 S	7a	_	0		
	b	iver unie	lated business taxable	income from	Form 990-1,	Part I, line 1	<u>1</u>		<u> </u>	7b				
		0							Prior Year			Current Year		
91	8		tions and grants (Part \			A 8 10 0 4			2,	807 <u>,</u> 677	7	2,852,754		
Revenue	9	Program	service revenue (Part '	VIII, line 2g) .	4		£ %			16,734	4	19,523		
Š	10	Investme	stment income (Part VIII, column (A), lines 3, 1 and 7d)									1,833		
	11	Other rev	∕enue (Part VIII, columi	ι (A), lines 5,	34, 8c, 3s, 1	10c, and 11e)				0	11,771		
	12	Total reve	nue—add lines 8 through	n 11 (must e	al Part ∀III, c	olumn (A), lin	e 12)		2.8	825,512	2	2,885,881		
	13	Grants a	nd similar amounts paid	d (Part IX	lunto (A), line	es 1-3)					5	0		
	14	Benefits	paid to or for members	(Part I) coli	nan (A), line	4)					5			
Ø	15	Salaries,	other compensation, emp	olove be efit	Part IX. col	umn (A) lines	5-10)		-	323,177	-	830,769		
Expenses	16a	Profession	nal fundraising fees (art is colum	n (A) line 11	e)				520, 177		030,709		
pel	b		draising expenses (Par			0,	247,586	A STATE OF STATE OF	A	187	s See See			
M	17		penses (Part IX, colum			246)			-	267 040	5	407.000		
	18		enses. Add lines 13 17							267,818		427,992		
	19						25)			390,995		1,258,761		
大賞		revenue	less expenses tra	applie to troi	11 III 12	<u> </u>	· · · · ·			934,517	4	1,627,120		
Net Assets or Fund Balances	20	Total acc	ets (Part X, line 6)					Beginnii	ng of Curr		1	End of Year		
Ball	24									588,374		25,709,000		
and bra	21		lities (Part X, In 2 26).							510,789		1,127,879		
			ts of fund balances. Su	btract line 21	from line 20) <u></u>			22,9	977,585	5	24,581,121		
	rt II		nature Block											
unae and l	er penaltie	es of perjury,	I declare that Thave examine	d this return, incl	uding accompan	ying schedules	and statements,	, and to the	best of my	knowled	lge			
and a	Defici, it is	lue, correc	t, and complete. Declaration o	1 preparer (otner	than officer) is t	pased on all info	mation of which	n preparer l	nas any kn	owledge.				
Sig	n	-												
Hei		-	e of officer						Date	>				
		Robert	A Hutsel				Pres	ident and	CEO					
			Type or print name and title		1									
		Print/	Type preparer's name		Preparer's sign	nature		Date				PTIN		
Pai		Polo	ad M. Munaca		11/1	100				Check	if if			
Pre	parer	Rola	nd W Munger		- junion	1//		5/17	//2023	self-em	ployed	P01871456		
	Only	Firm's	name Munger & C	ompany, CPA	, , , , , , , , , , , , , , , , , , ,						EIN 47-3342732			
			address 2170 South	El Camino R	eal, Suite 21	7, Oceanside	e, CA 92054	F	hone no.	760	-730-80	20		
Vlav	the IR	S discuss	this return with the pre											
			- Total William Dio	L 2110 4411	~~~	11100100010113						X Yes No		

Form	990 (2022) The San Diego River Park Foundation 01-056 t IV Checklist of Required Schedules	<u> 5671</u>	F	age
	oncorrior of Acquired ochequies		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	X	140
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	T _X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		+^	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Ιx
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	·		╁
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve them space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule Destail.	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other six illar ass. ts? If "Yes,"			
9	complete Schedule D, Part III	8_	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account lia. The serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in done recently ed endowments	. 9	-	Х
	or in 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,	10		
	VII, VIII, IX, or X, as applicable.			
а	The state of the s			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	Ì		
_	of its total assets reported in Part X, line 16? If "Yes," complete S. hedule D, Part VII	11b	\sqcup	Х
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	.		
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
u	reported in Part X, line 16? If "Yes," complete Schedule 2, Part IX.	114		Х
е	Did the organization report an amount for other lial lines in Part X, line 25? If "Yes," complete Schedule D, Part X.	11d 11e	Х	^
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	^	
	the organization's liability for uncertain tax positions ander FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in controllidated, independent audited financial statements for the tax year? If "Yes,"			
40	and if the organization answered "No" to the 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a b	Did the organization maintain an on-se, amployees, or agents outside of the United States?	14a		X
D	fundraising, business, in esting at, and program service activities outside the United States, or aggregate			
	foreign investments valued a \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	146		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization repair on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
4.5	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20a	If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	19		X
_va h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	\dashv	Χ
	The state of the s	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 I, Parts I and II.

Par	t IV Checklist of Required Schedules (continued)			
			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 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			1
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the yar?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess penefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	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 pt or Form 1990 or			1
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	controlled entity or family member of any of these persons? If "Yes," complete Sci. edule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			l
28	persons? If "Yes," complete Schedule L, Part III	27	16-300	Х
20	Part IV, instructions for applicable filing thresholds, conditions and exceptions):		-02	
а	A current or former officer, director, trustee, key employee, create or founder, or substantial contributor? If	BI	11 25	T
а	"Yes," complete Schedule L, Part IV.	20-		V
b	A family member of any individual described in line 28a? Fes_" complete Schedule L, Part IV	28a 28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		-
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in roll cash contributions? If "Yes," complete Schedule M	29	Х	 ^
30	Did the organization receive contributions of art, fixtorical treasures, or other similar assets, or qualified	25	_^_	
	conservation contributions? If "Yes," complete the all M	30		х
31	Did the organization liquidate, terminate, or a solve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose or, fransfer more than 25% of its net assets? If "Yes,"	ļ .		
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entry disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If (Yes, "complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, and the aganization 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) or unizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	11 ==	TE	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		41	
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2022) The San Diego River Park Foundation Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 Enter the number of voting members of the governing body at the end of the tax year 15 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 Did the organization delegate control over management duties customarily performed by or under the 3 supervision of officers, directors, trustees, or key employees to a management company or other 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was in of? 4 Χ 5 Did the organization become aware during the year of a significant diversion of the organization 5 Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect appoint 7a Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Χ Did the organization contemporaneously document the meetings held or written actions to dertaken during 8 the year by the following: Each committee with authority to act on behalf of the governing body Х Is there any officer, director, trustee, or key employee listed in Partvill, ction A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and organization's mailing address? 9 Х Section B. Policies (This Section B requests information a out solicies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?... 10b Has the organization provided a complete copy of this Form 99 and I members of its governing body before filing the form? Χ 11a Describe on Schedule O the process, if any, used the ganization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a 12a Х b Were officers, directors, or trustees, and key emplayees required to disclose annually interests that could give rise to conflicts? Х Did the organization regularly and consistency monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was do 13 Χ 13 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Exercity a Director, or top management official. 15a X X If "Yes" to line 15a or 15b, less see the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ΙXΙ Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Robert Hutsel

4891 Pacific Highway, Suite 114, San Diego, CA 92110

Form 990 (2022)	The Sar	n Diego	River	Park	Foundation

01-0565671

Page 7

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key **employee**) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1089-NEC) 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 relations.

See the instructions for the order in which to list the persons above.

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

	1	T				- ai	.,	Torre of der, di	T Tustee	
				(C)						
(A) Name and title	(B) Average hours per week (list any	box offi	not c c, unle cer ar	heck ss pe	erson	is oth	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	or director	Institutional parstee	ice	mpl yes	hest compensated ploube	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Robert Hutsel	50.00									
President and CEO	0.00			X				110,000		
(2) Michael Schneider	5.00	4								
Chair	00	X	-	X						
(3) Alan Grant	1,00									
Board Member	0.00	X			1 1					
(4) Cary Lowe	2.00									
Secretary	0.00	Х		X						
(5) Simon Andrews	1.00									
Board Member	0.00	Х								
(6) Charles Berwanger	1.00									
Board Member	0.00	Х						ĺ		
(7) Beth Bruton	1.00				Π					
Board Member	0.00	X								
(8) Cynthia Irmer	2.00				П					
Vice Chair	0.00	Χ		Х						
(9) Bob Kain	1.00									
Board Member	0.00	Χ								
(10) Judie Lincer	1.00									
Board Member	0.00	Χ								
(11) Barbara Palan	1.00									
Board Member	0.00	Χ								
(12) James Peugh	1.00									
Board Member	0.00	Χ								
(13) Phil Pryde	1.00									
Board Member	0.00	Χ								
(14) James Ryan	1.00					\Box	\top			
<u>Treasurer</u>	0.00	Χ		Х						

	Part VII Section A. Officers, Directors, Ti	rustees, Key Em	ploye	es,	and	iH k	ghes	st Co	ompensated En	nployees (con	inued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do box,	not cl unle: er an	Pos heck ss pe	ition more rson irecto	than is both or/trus Highest compensated employee	one h an tee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W- 1099-MISC/ 1099-NEC)	Esti	(F) mated amount of other ompensation from the anization and d organizations
(15)	Meena Westford	1.00					_	Н		1	+	
_	rd Member	0.00	Х							-4		
	Richard Ledford rd Member	1.00										
(17)		0.00	X		\dashv	-				<u>}</u>		
		-										
(18)											+	
					_							
(19)							*					
(20)				-	\dashv	+					-	
									"			
(21)												
(22)			•								-	
						>						
(23)			$\overline{\mathcal{J}}$		-			\dashv			 	
			D		4	_						
(24)												
(25)		6		-	-	\dashv	-	\dashv			-	
1b	Subtotal								110,000	C		
c d	Total (add lines the and to)			-				-	0	C		
2	Total (add lines 1b and 1c)	miter to those list	od ak			30 r		od r	110,000	000 -6	<u> </u>	C
	reportable compensation from the organization	intectito triose list	cu ai	JUVE	:) VVI	10 11	ecen	rea r	nore man \$100,	OUO OT		1
	- X											Yes No
3	Did the organization list any former office of re	ctor, trustee, key	emp	loye								
4	employee on line 1a? If "Yes," con blete ched									ನ <i>ಾರ್</i> ಜ ಕ ⋅	3	X
7	For any individual listed on line 12, 18 the sum of the organization and related organizations great	or reportable comp oter than \$150,000	oensa No If	atior "Voc	n an	d ot	her o	omp	pensation from			
	individual								edule 3 for Sucri		4	X
5	Did any person listed on line receive or accr	ue compensation	from	anv	/ uni	rela	ted c	raai	nization or indivi	dual		
	for services rendered for the organization? If "Ye	es," complete Sch	edule	e J f	or s	uch	pers	on .		- · · · ·	5	X
Sect 1	ion B. Independent Contractors											
1	Complete this table for your five highest compecompensation from the organization. Report co	nsated independe	ent co	ontra	acto	rs th	nat re	ceiv	red more than \$	100,000 of		
	(A)	inpensation for th	<u>c cai</u>	CIIU	ar y	Edi	endii	ig w	(B)	organization's		ar
	Name and business addr								Description of servi	ces	(C) Compens	ation
		Suite 202 San Di					/	Arch	itectual Services	3		102,630
racii	c Building Group 9752 Aspen Cre	ek Court Suite 15	0 Sa	n D	iego), C	A 920	Cons	struction Contrac	ctor		,529,088
				_			+	_				0
												0
2	Total number of independent contractors (includ	ling but not limited	d to t	nose	list	ed :	abov	e) w	rho received	1 1000	Z) B)	
	more than \$100,000 of compensation from the	organization					2					

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	similar amounts not included above . 1f Noncash contributions included in	0 0 39 0 294,270				
Cor	h		73,035	2,852,754			
Program Service Revenue	2a b c	Program Service Revenue	Business Code 561300	19,523	19,523		
Progran Rev	e f g	All other program service revenue		0 0,526			
	3 4 5	Investment income (including dividends, interest other similar amounts)	oceeds	1,833 0 0			1,833
	6a b c d 7a	Gross rents	(ii) Pursonal	0			
Revenue	b	sales of assets other than inventory . Less: cost or other basis and sales expenses 7b Gain or (loss) 7c					
Other R	d 8a	Net gain or (loss)		0			
	b c 9a b	Less: direct expenses Net income or (loss) from fundraising events Gross income from gaining activities. See Part IV, ine 18. Less: direct expenses. 9a	0	11,093			11,093
		Net income or (loss) from gaming activities	0	0			
Miscellaneous Revenue	11a b c	Miscelleaneous All other revenue.	Business Code 900099	678 0			678
Σ.	d e 12	Total revenue See instructions		0 678	10.522		10.00

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other o	rganizations must o	complete column (A).	
	Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign			A	
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16	0			
5	Compensation of current officers, directors,				
•	trustees, and key employees	110,000	44,000	33,000	22 000
6	Compensation not included above to disqualified	110,000	44,000	33,000	33,000
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	591,701	395,018	57,820	138,863
8	Pension plan accruals and contributions (include	, ,		- 1,020	100,000
	section 401(k) and 403(b) employer contributions) .	14,603	8,524	2,905	3,174
9	Other employee benefits	58,107	37,985	7,321	12,801
10	Payroll taxes	56,35	35,577	6,939	13,842
11	Fees for services (nonemployees):	* 4			
а	Management	0			
b	Legal	4 6	<u> </u>		
С	Accounting .	10,849	6,968	1,338	2,543
d	Lobbying	0			
e f	Professional fundraising services. See Part IV, line 17	0			
-	Investment management fees	0			
g	(A) amount list line 11g expanses on Cabadula (A)	• 0			
12	Advertising and promotion	1,209	1,078		404
13	Office expenses	24,491	19,078	1,614	131 3,799
14	Information technology .	8,994	6,195	498	2,301
15	Royalties	0,004	0,100	430	2,301
16	Occupancy	78,968	57,494	6,666	14,808
17	Travel	6,796	5,712	66	1,018
18	Payments of travel or entertainment expresses				.,,,,,,
	for any federal, state, or local public oricials.	0			
19	Conferences, conventions, and meetings	200	178	8	14
20	Interest	15,120	10,684	46	4,390
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,661	9,661	0	0
23	Insurance	32,923	26,368	2,147	4,408
24	Other expenses. Iteraize expenses not covered				
	above. (List misce language expenses on line 24e. If				
	line 24e amount ex ends 10% of line 25, column (A), amount, list line 24, expenses on Schedule O.)				
а	Taxes, Licenses, and Fees	29,475	37,438	44.050	0.000
b	Program Expense	131,559	127,063	-11,256 5	3,293
c	Subcontract/Consulting Expense	66,715	64,775	621	4,491 1,319
d	Dues and Subcriptions	8,040	6,943	297	800
e	All other expenses	2,992	561	-160	2,591
25	Total functional expenses. Add lines 1 through 24e	1,258,761	901,300	109,875	247,586
26	Joint costs. Complete this line only if the	.,_50,701	231,000	100,070	2,17,000
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,489,745	1	1,793,291
	2	Savings and temporary cash investments	9,653	2	10,796
	3	Pledges and grants receivable, net	217,654	3	320,822
	4	Accounts receivable, net	0.	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	o ⁴	5	
	6	Loans and other receivables from other disqualified persons (as defined	L A A	Ma	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	74	0
88	8	Inventories for sale or use	9.4.2	8	9,472
⋖	9	Prepaid expenses and deferred charges	12,775	9	12,009
	10a	Land, buildings, and equipment: cost or	Mo-united	451	
		other basis. Complete Part VI of Schedule D 10a 23,439,548		-315	
	b	Less: accumulated depreciation 10b 96,127	20,604,794	10c	23,343,421
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	244,281	15	219,189
	16	Total assets. Add lines 1 through 15 (must equal line 33)	23,588,374	16	25,709,000
	17	Accounts payable and accrued expenses	174,789	17	309,115
	18	Grants payable	0	18	000,110
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
9	22	Loans and other payables to any current or former cricer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ğ		controlled entity or family member of any of these persons	0	22	
Ï	23	Secured mortgages and notes payable to untralated third parties .	436,000	23	466,000
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	352,764
	26	Total liabilities. Add lines 17 this igh 25	610,789	26	1,127,879
0)		Organizations that follow FASB ASC 958, check here X		ausi i	
5		and complete lines 27, 28, 32, and 33.			
ā	27	Net assets without donor restrictions	20,772,247	27	23,317,999
m	28	Net assets with dopor restrictions	2,205,338	28	1,263,122
nd		Organizations that do not follow FASB ASC 958, check here	2,200,000	20	1,200,122
歪		and complete mes 29 hrough 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	-
88	31	Retained earnings, endowment, accumulated income, or other funds	0	31	_ .
it A	32	Total net assets or fund balances	22,977,585	32	24,581,121
Se	33	Total liabilities and net assets/fund balances	23,588,374	33	
	~~	Total reconstruct direct description behalfees	20,000,074	20	25,709,000

Form	990 (2022) The San Diego River Park Foundation	01-05	65671	Pa	ge 12
Par	t 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		2,88	 5,881
2	Total expenses (must equal Part IX, column (A), line 25)	2			B,761
3		3			7,120
4		4			7,585
5	Net unrealized gains (losses) on investments	5			3,584
6	D t t t t t t t t t t t t t t t t t t t	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32)				
	column (B))	10	2	4,581	1,121
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Oner			1977	
	If the organization changed its method of accounting from a prior year or checked "Other texplain on		11.75		
	Schedule O.				H N
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.	R2 54	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year we a compiled or				
	reviewed on a separate basis, consolidated basis, or both:		AV.	201	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent a countant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements or the year were audited on a	5 50 10			C No.
	separate basis, consolidated basis, or both:			- 35	
	X Separate basis Consolidated basis oth consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee and assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	100.00
	If the organization changed either its oversight process of selection process during the tax year, explain on	. *	20	^	1
	Schedule O.		4		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		2 0	1	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1.9 8	Ja		
	required audit or audits, explain why on Schooling O and describe any steps taken to undergo such audits		3h		

Form 990 (2022)

Form 4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2022

Attachment
Sequence No. 179

Name(s) shown on return The San Diego River Park Foundat		ess or activity to	which this f	Identifying number 01-0565671				
Part Election To Exper		orty Under 9	Section 1	70		101-0505071		
	•	-						
Note: If you have any li Maximum amount (see instructi							141	
2 Total cost of section 179 proper						3 3	1	
3 Threshold cost of section 179 p	rty placeu ili service	(See instruction	n (000 inc	tructions)			2	
4 Reduction in limitation. Subtract	t line 2 from line 2. I	tuon in iiniialii faara or laas	on (see ins	iruciions)			3	
						🚊 .	4	C
, , , , , , , , , , , , , , , , , , , ,							_	
separately, see instructions . 6 (a) Description							5	C
6 (a) Description	1 or property		(b) C	ost (business use	only)	(c) Elected co	ost	
7 Listed manager Fater the service					T =			
7 Listed property. Enter the amou	int from line 29				7			
8 Total elected cost of section 179	9 property. Add amo	unts in column	ı (c), lines 6	and 7	· · · · ·		8	C
9 Tentative deduction. Enter the s	smaller of line 5 or I	ne 8		5 5 5	0.2.1.2		9	C
10 Carryover of disallowed deducti	ion from line 13 of y	our 2021 Form	4562			3 F 9 F	10	
11 Business income limitation. Ent	er the smaller of bu	siness income	(not less th	ian zero) or lir	ie 5. See instru	uctions	11	
12 Section 179 expense deduction	i. Add lines 9 and 10), but don't ent	er more tha	in line 11	<u></u>		12	0
13 Carryover of disallowed deducti	ion to 2023. Add line	es 9 and 10, le	ss line 12	<u> </u>	13		0	
Note: Don't use Part II or Part III be								
Part II Special Depreciati						operty. See in:	structi	ons.)
14 Special depreciation allowance								
during the tax year. See instruct	tions						14	
15 Property subject to section 168((f)(1) election						15	
16 Other depreciation (including AC	CRS)					<u>, , , , ,</u>	16	
16 Other depreciation (including AC Part III MACRS Depreciat	<u>tion (Don't includ</u>	e listed prope	erty. See i	nstructions.)				
		Se	ection A					
17 MACRS deductions for assets p	placed in service in t	ax years begir	nning before	e 2022			17	3,974
18 If you are electing to group any	assets placed in se	rvice during the	e tax year i	nto one or mo	re general			
asset accounts, check here .								
Section B - Ass	sets Placed in Serv	rice During 20	22 Tax Yea	ar Using the (Seneral Depre	ciation System		
	(b) Month and	(c) Basis for d						
(a) Classification of property	year placed	(business/inve	stment use	(d) Recovery period	(e) Convention	(f) Method	(g) Der	preciation deduction
	in service	only—see ins	tructions)	period				
19 a 3-year property								
b 5-year property								
c 7-year property								
d 10-year property								
e 15-year property				1				
5 00							+	
f 20-year property								
g 25-year property				25 yrs.		S/L		
				25 yrs. 27.5 yrs.	MM	S/L S/L		
g 25-year property h Residential rental				27.5 yrs.	MM MM	S/L		
 g 25-year property h Residential rental property 				27.5 yrs. 27.5 yrs.	ММ	S/L S/L		
g 25-year property h Residential rental property i Nonresidential real				27.5 yrs.	MM MM	S/L S/L S/L		
g 25-year property h Residential rental property i Nonresidential real property	ets Placed in Servi	ce During 202	2 Tax Year	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L	m	
g 25-year property h Residential rental property i Nonresidential real property Section C - Asse	ets Placed in Servi	ce During 202	2 Tax Year	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L reciation System	m	
g 25-year property h Residential rental property i Nonresidential real property Section C - Asse	ets Placed in Servi	ce During 202	2 Tax Year	27.5 yrs. 27.5 yrs. 39 yrs. Using the Al	MM MM MM	S/L S/L S/L S/L reciation System S/L	m	
g 25-year property h Residential rental property i Nonresidential real property Section C - Asse 20 a Class life b 12-year	ets Placed in Servi	ce During 202	2 Tax Year	27.5 yrs. 27.5 yrs. 39 yrs. Using the Al	MM MM MM ternative Depa	S/L S/L S/L S/L S/L S/L reciation System S/L S/L	m	
g 25-year property h Residential rental property i Nonresidential real property Section C - Asse 20 a Class life b 12-year c 30-year	ets Placed in Servi	ce During 202	2 Tax Year	27.5 yrs. 27.5 yrs. 39 yrs. Using the Al 12 yrs. 30 yrs.	MM MM MM ternative Depi	S/L S/L S/L S/L S/L reciation System S/L S/L S/L S/L	m	
g 25-year property h Residential rental property i Nonresidential real property Section C - Asse 20 a Class life b 12-year c 30-year d 40-year		ce During 202	2 Tax Year	27.5 yrs. 27.5 yrs. 39 yrs. Using the Al	MM MM MM ternative Depa	S/L S/L S/L S/L S/L S/L reciation System S/L S/L	m	
g 25-year property h Residential rental property i Nonresidential real property Section C - Asse 20 a Class life b 12-year c 30-year d 40-year Part IV Summary (See inst	tructions.)	ce During 202	2 Tax Year	27.5 yrs. 27.5 yrs. 39 yrs. Using the Al 12 yrs. 30 yrs.	MM MM MM ternative Depi	S/L S/L S/L S/L S/L reciation System S/L S/L S/L S/L		
g 25-year property h Residential rental property i Nonresidential real property Section C - Asse 20 a Class life b 12-year c 30-year d 40-year Part IV Summary (See instead	tructions.)			27.5 yrs. 27.5 yrs. 39 yrs. Using the Al 12 yrs. 30 yrs. 40 yrs.	MM MM ternative Depi	S/L S/L S/L S/L S/L reciation System S/L S/L S/L S/L	m 21	
g 25-year property h Residential rental property i Nonresidential real property Section C - Asse 20 a Class life b 12-year c 30-year d 40-year Part IV Summary (See insi 21 Listed property. Enter amount fr 22 Total. Add amounts from line 12	tructions.) rom line 28			27.5 yrs. 27.5 yrs. 39 yrs. Using the Alt 12 yrs. 30 yrs. 40 yrs.	MM MM ternative Depi MM MM	S/L S/L S/L S/L reciation System S/L S/L S/L S/L S/L S/L	21	2.074
g 25-year property h Residential rental property i Nonresidential real property Section C - Asse 20 a Class life b 12-year c 30-year d 40-year Part IV Summary (See instead	tructions.) rom line 28	7, lines 19 and	I 20 in colu	27.5 yrs. 27.5 yrs. 39 yrs. Using the Alt 12 yrs. 30 yrs. 40 yrs. mn (g), and lir ions—see insi	MM MM ternative Depi MM MM	S/L S/L S/L S/L reciation System S/L S/L S/L S/L S/L S/L		3,974

Form	4562 (2022)				The S	an Dieg	o River	Park I	Found	ation				01-05	35671	Page 2
Part	t V Listed	l Property (l	nclude automo	obiles,							ıft, aı	nd pro	perty			, age
			eation, or ami									·				
	Note: F	For any vehicle	for which you a	re usin	g the st	andard r	nileage	rate o	r dedi	ucting	lease	exper	nse, co	mplete	only 24a	,
			ugh (c) of Section													
	Section A	—Depreciatio	n and Other In	formati	on (Ca	ution: S	ee the ir	nstruc	tions f	or limi	its for	passe	nger a	utomob	iles.)	
24a	Do you have eviden	ce to support the	business/investme	nt use cla	aimed?	Yes	No		24b	If "Yes	s," is ti	he evid	ence wr	itten?	Yes	No
	(a)	(b)	(c)		(d)		(e)	_	(f)		- 1	g)		(h)		
	Type of property	Date placed	Business/ investment use		other basis		or depreciati ss/investme		Recove	PEV		hod/		eciation		(i) ection 179
	(list vehicles first)	in service	percentage		on or paole	(Duonic	se only)	ent	perio			ention		uction	1	ost
25	Special deprecia	tion allowance	for qualified list	ed prop	erty pla	ced in s	ervice d	urina							iu iu	
	the tax year and											25			1	
26	Property used m	ore than 50% i	n a qualified bus	siness L	ise:											
27	Property used 50	<u>%</u> or less in a	qualified busine	ss use:												
				-							3/L —				4 10	
				-				+			6/L –				100	
20	Add amounts in	olumn (h) lina	o OE through 07	/ Foton	h	al as lis	- 04				3/L —					
28 29	Add amounts in a											28		0		
	Add amounts in o	column (i), nne				nation o					· ·		* * *	29	<u> </u>	0
Comr	olete this section for	vehicles used by								سلمهما س			عادات مست	al la ! a l		
to you	ur employees, first ar	nswer the auesti	ons in Section C	, partirei to see if	you me	etan exc	ention to	comp	, orre letina t	his sec	erson ction f	n those	proviae Vehicle	a venici	es	
					a)		b)	I	(c)	T					Ι ,	
30	Total business/inve	stment miles dri	iven during	1	icle 1		icle 2	V	(c) (d) Vehicle 3 Vehicle 4			1	e) icle 5	(f) Vehicle 6		
	the year (don't inc		•							-						
31	Total commuting m									\neg						
32	Total other persona	al (noncommutin	g)												<u> </u>	
	miles driven															
33	Total miles driven o															
	lines 30 through 32															
34	Was the vehicle av			Yes	No	Yes	No	Yes	i N	0	res	No	Yes	No	Yes	No
	use during off-duty					<u> </u>		<u> </u>								
35	Was the vehicle us															
20	5% owner or relate								+	-						
36	Is another vehicle a			<u> </u>		<u> </u>	1			<u> </u>					<u> </u>	
Δηςιν	er these questions		Questions for													
	ver these questions than 5% owners o				ii to coi	npieting	Section	B IOI	venic	ies us	еа ву	empic	yees w	no are i	11	
37	Do you maintain a				erennal	use of ve	ahicles i	ncludir	a com	mutine	a by				Yes	Na
	your employees?														res	No
38	Do you maintain a													•		
	employees? See th												5 8 8			
39	Do you treat all use															
40	Do you provide mo															
	use of the vehicles,	and retain the i	nformation receiv	ed? .							,	< 255 N S		. 586		
41	Do you meet the re											f ((e))	8 300 - 18	8 (8)		
	Note: If your answe		40, or 41 is "Yes,	" don't c	omplete	Section I	3 for the	covere	ed veh	icles.						
Part	VI Amort	ization														
		(a)			(b)		(c)			(d)	ľ	,	(e) Amortizatio		(1)
	Descr	iption of costs			mortizatio	on Am	ortizable a	amount	Co	de sect	tion		period or		Amortization	for this year
12	Amortization of a	oto that hard-	a during vario		egins	n in at :	-A1 N		_1				percentage)		
42 Right	Amortization of co	osis inat begins	s during your 20	T				70.00	2	107						F 00=
ragnt	OI USE MSSEL			10/3	31/2022	-	1	78,92	4	197	-		5	-		5,687
43	Amortization of co	sts that began	before vour 20°	22 tav v	ear		_			-				43		
44		nts in column (f). See the instru	ctions f	or whe	re to ren	ort						.	43		5,687
			,						<u> </u>							0,007

SCHEDULE A (Form 990)

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. 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number The San Diego River Park Foundation 01-0565671 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b) 110(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(a). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business tax ble mome (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)**(2). (Complete Part III.) 10 An organization organized and operated exclusively to test of public afety. See section 509(a)(4). An organization organized and operated exclusively for the per efit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in a ction 509(a)(1) or section 509(a)(2). See section 509(a)(3). 12 Check the box on lines 12a through 12d that describes the type supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regular appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervise controlled in connection with its supported organization(s), by having control or management of the supporting coanization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instruction). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization ecceived a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III confunctionally integrated supporting organization.

Enter the number of supported organizations. f 0 Provide the followings information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

	(Complete only if you checke Part III. If the organization fa	ed the box on li	ne 5, 7, or 8 of	Part I or if the o	rganization fai	led to qualify un	der
Se	ction A. Public Support	no to quality un	aci the tests in	sted below, piea	se complete r	art III.)	
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	(1)	(,	(0) 2020	(4) 2021	(0) 2022	(i) iotai
	membership fees received. (Do not						
	include any "unusual grants.")	2,463,396	2,616,781	1,128,578	2,807,677	2,863,847	11,880,279
2	Tax revenues levied for the			.,,,_0,0,0	2,001,011	2,000,017	11,000,27
	organization's benefit and either paid						
	to or expended on its behalf					•	(
3	The value of services or facilities				A 40		
	furnished by a governmental unit to the		i				
	organization without charge						(
4	Total. Add lines 1 through 3	2,463,396	2,616,781	1,128,578	2,807,677	2,863,847	11,880,279
5	The portion of total contributions by				18.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on	N PROPERTY.	A Control				
	line 1 that exceeds 2% of the amount		THE RESERVE	1.0			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						11,880,279
	ction B. Total Support				9		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,463,396	2,616,781	1,128,578	2,807,677	2,863,847	11,880,279
8	Gross income from interest, dividends,						
	payments received on securities loans,	İ					
	rents, royalties, and income from						
	similar sources	0	19,654	1,172	1,101	1,833	23,760
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.)			121		678	799
11	Total support. Add lines 7 through 10 .		V. ESTEROLINE				11,904,838
12	Gross receipts from related activities, etc. (se					12	
13	First 5 years. If the Form 990 is for the orga	nization's first, seco	ond, third, fourth, o	r fifth tax year as a :	section 501(c)(3)		
_	organization, check this box and stop here						· · · · · <u> </u>
	tion C. Computation of Public S						
14	Public support percentage for 2022 (line 6 co	oluma (f), divided b	y line 11, column (f)) a a a		14	99.79%
	Public support percentage from 2021 Schedu					15	99.74%
16a	33 1/3% support test—2022 If the or ani	tion did not check	the box on line 13,	and line 14 is 33 1/	3% or more, chec	k this box	
	and stop here. The organization qualities as						· *: *: X
b	33 1/3% support test—2021. If the organiza	ition 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 qualifie						2222
17a	10%-facts-and-circumstances (est—2022)	If the organization	did not check a be	ox on line 13, 16a, o	or 16b, and line 14		
	10% or more, and if the organization meets the Part VI how the organization meets the facts-	ne facts-and-circum	nstances test, chec	k this box and stop	here. Explain in		
	organization		s test. The organiza	auon quaimes as a p	nublicity supported		
b	10%-facts-and-circumstances test—2021.		did not check a be	v on line 12 16- 1	6h or 17a and 15		90 FF FE S
	15 is 10% or more, and if the organization me	ets the facts-and-	circumstances test	check this hox and	stop here Eypla	ie in	
	in Part VI how the organization meets the fac	ts-and-circumstand	es test. The organ	ization qualifies as	a publicly supporte	ed	
	organization						* * *** **
18	Private foundation. If the organization did n	ot check a box on I	ine 13, 16a, 16b, 1	7a, or 17b, check th	nis box and see		
	instructions					- 06 - 160 L0 - 60 M2	
-							

Schedule A (Form 990) 2022 The San Diego River Park Foundation 01-0565671 Page 3 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 Calendar year (or fiscal year beginning in) (a) 2018 (c) 2020 **(b)** 2019 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 0 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 . . . 0 Tax revenues levied for the organization's benefit and either paid to 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0 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 . . . 0 0 0 0 0 Public support (Subtract line 7c from line 6.). 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020(d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 0 0 0 0 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . 0 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . 0 c Add lines 10a and 10b 0 0 0 11 Net income from unrelated business activities not included on 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 10c, and 12.) 0 0 First 5 years. If the Form 200 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

Section C. Computation of Public Support Percentage 15 0.00% Public support percentage from 2021 Schedule A, Part III, line 15. 16 0.00% Section D. Computation of Investment Income Percentage Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 0.00% 0.00% 19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 an array lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4, (5), (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI yes, 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 exact use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 a sed exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported rganizations during the tax year? If "Yes," answer lines 5b and 5c 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 substitution of an event beyond the organization's control?
- 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 c ant, Ioan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(5)). 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).
- B Did the organization make coap to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete art I o Schedule L (Form 990).
- 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 30 (a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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.)

	Yes	No
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10b		

Part	IV Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	1000	E	
b	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a		1
C		11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.			
Secti	ion B. Type I Supporting Organizations	11c		
	77		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization is	1334		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	435	340	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were all cate 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			E
	VI how providing such benefit carried out the purposes of the supported organization(s) and organizated,			
0 (supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustope during the tay year also was a few at the directors		Yes	No
•	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," beschios in Part VI how control		1113	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on 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 on line 2, hove, 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? It "Yes," describe in Part VI the role the organization's			100
Section	on E. Type III Functionally Internated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr			
a	The organization satisfied the activities Test. Complete line 2 below.	uctions	i).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c				
	The organization support dia governmental entity. Describe in Part VI how you supported a governmental entity (see	∍ instructio	ons).	
2	Activities Test. Answer line. 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1-04	-1 1	
	the supported organization s) to which the organization was responsive? If "Yes," then in Part VI identify	86.8	₩.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		_
D	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	OL		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	LL	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990) 2022 The San Diego River Park Foundation		01-0	0565671 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (Orgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trus	st on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	anizatio	ons must complete Sections	A through E
			(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		, -
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of		4	
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	0	0
			(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			(Optional)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	10	0	0
e Discount claimed for blockage or other factors	10		
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for great amount,	+	- 0	
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
	10		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section 4 like 8, column A)	11		0
2 Enter 0.85 of line 1.	2		0
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		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract the 5 from line 4, unless subject to			
emergency temporary reduction (s.e. instructions).	6		0
7 Check here if the current y aris the organization's first as a non-functional		grated Type III supporting a	o 0
instructions)	ny inte	grated Type III supporting 0	ganization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		4 7	(
8	Distributions to attentive supported organizations to which the	he organization is respon	nsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9)	
10	Line 8 amount divided by line 9 amount		10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			C
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017	The second		
b	From 2018 0			
С	From 2019 0	4 1/2 4		
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2022 distributable amount			0
i	Carryover from 2017 not applied (see instructions)	<u> </u>		
	Remainder. Subtract lines 3g, 3h, and 3i from line \$6	0		
4	Distributions for 2022 from Section D, line 7: \$			
а	Section D, line 7: \$ 0 Applied to underdistributions of prior years			
a b	Applied to 2022 distributable amount		0	
	Remainder. Subtract lines 4a and 4b from ine.	0		0
5	Remaining underdistributions for years arior to 2022, if	0		
5	any. Subtract lines 3g and 4a from the 2.1 or result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h		0	
•	and 4b from line 1. For regular realer than zero, explain			
	in Part VI. See instruction			•
7	Excess distributions of prover to 2023. Add lines 3j			0
	and 4c.	0		
8	Breakdown of the			The state of the s
а	Excess from 2018 0			
b	Excess from 2019 0			
c	Excess from 2020 0			
d	Excess from 2021			
	Excess from 2022 0			

SCHEDULE D (Form 990)

Department 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.

OMB No. 1545-0047

Inspection

2022 Open to Public

Name of the organization **Employer identification number** The San Diego River Park Foundation 01-0565671 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor 5 funds are the organization's property, subject to the organization's exclusive legal control?. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No 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 (for example, recreation or education) Peservation of a historically important land area Protection of natural habitat reservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified concervation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements. 2a Total acreage restricted by conservation easements. 344.73 c Number of conservation easements on a certified historic structure included in (a) 2c 0 d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register. 0 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 4 Number of states where property subject to consentation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Amount of expenses incurred in monitorings aspecting, handling of violations, and enforcing conservation easements during the year 0 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for on servation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete the organization answered "Yes" on Form 990, Part IV, line 8. If the organization accted as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical seasures, 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 FASB 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X.

Sche	dule D (Form 990) 2022 The San Diego River I	Park Foundation			01-05	65671		Page 2
Par	t III Organizations Maintaining Col		rical Tre	asures, or O			tinuec	/)
3	Using the organization's acquisition, acce-	ssion, and other records,	check any	of the following	that make significa	nt use of	its	
	collection items (check all that apply):		,		,			
а	Public exhibition	d	Loan or	exchange prog	ram			
b	Scholarly research	e \Box	Other					
			7 Ottlei					
C	Preservation for future generations							
4	Provide a description of the organization's XIII.	collections and explain I	now they fo	urther the organ	ization's exempt pur	pose in F	'art	
_								
5	During the year, did the organization solici assets to be sold to raise funds rather than	t or receive donations of to be maintained as pa	art, histori rt of the or	cal treasures, o ganization's coll	r other similar ection?	Y	es [No
Par	IV Escrow and Custodial Arrange	ments.			1/4.4			
	Complete if the organization ans	wered "Yes" on Form	990, Part	IV, line 9, or r	eported an amou	nt on Fo	rm	
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custo	odian or other intermedia	ry for cont	ributions or othe	er essets not			
	included on Form 990, Part X?	6 X 8 9 8 9 8 90 8				П	'es	No
b	If "Yes," explain the arrangement in Part X	III and complete the follo	wing table	: (_
						Amount		
C	Beginning balance				1c			C
d	Additions during the year				1d			
е	Distributions during the year		9 20 - 20 -	The state of the s	1e			
f	Ending balance	20 2 2	100.00		1f			0
2a	Did the organization include an amount on	Form 990, Part X, line 2	1, for es	ow or custodial	account liability?	Пу	es X	No
b	If "Yes," explain the arrangement in Part X							1
Part								
- ur	Complete if the organization answ	vered "Ves" on Fo	OUB Dar	IV line 10				
			r year	(c) Two years bad	ck (d) Three years ba	alc (a) F		
1a	Beginning of year balance	197,671	157,321	141,4	1,,	- ' '	our year	
b	Contributions	197,071	15,000	141,4	109,5			21,818
C	Net investment earnings, gains,		10,000		109,5	20		
	and losses	-16,67	26,451	16,5	598 11,9	35		-1,791
d	Grants or scholarships	,,,,,	20,401	10,0	11,9	33		-1,791
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	365	1,101	7	759			
g	End of year balance	1 9,632	197,671	157,3		82		20,027
2	Provide the estimated percentage of the					02		-0,021
а	Board designated or quasi-endowment	%		(=,), (,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b	Permanent endowment	82%						
С	Term endowment 18%	Ø						
	The percentages on lines 2a, 2b, and 2c si	nould equal 100%.						
3a	Are there endowment funds for in the poss	session of the organization	n that are	held and admin	istered for the			
	organization by:						Yes	No
	(i) Unrelated organizations		5 (K - K) (K -)	one some actions		3a(i)	Х	
		8 3 9 6				3a(ii)		X
b	If "Yes" on line 3a(1) are the related organ	zations listed as required	d on Sched	dule R?		3b		
4	Describe in Part XIII the intended uses of t		nent funds	S				
Part								
	Complete if the organization answ	vered "Yes" on Form 9	90, Part	IV, line 11a. S	ee Form 990, Par	t X, line	10.	
	Description of property	(a) Cost or other basis		or other basis	(c) Accumulated		ook valu	e
		(investment)		ther)	depreciation	, -		
1a	Land	0		19,318,599			19,31	18,599
b	Buildings	0		0	0			0
C	Leasehold improvements . 🔩	0		0	0			0
d	Equipment			99,925	90,440			9,485
e_	Other			4,021,024	5,687			5,337
Total	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	column (E	3), line 10c.) . .				13,421

Part VII Investments—Other Securities.			
Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form 99	0, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	ation:
(1) Financial derivatives	0		
(2) Closely held equity interests	0		-
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			<u></u>
(H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).			
Part VIII Investments—Program Related.	0		NC
Complete if the organization answered	"Voc" on Form 000	Port IV lies 11a See Form 000	0 D=4 V I:== 40
(a) Description of investment	(b) Book value	(c) Method of valua	ation:
(4)		Cost or end-of-year mai	rket value
(1)			
(2)			
(3) (4)			· · · · · · · · · · · · · · · · · · ·
(5)			
(6)			
(7)		₹	
(8)		, , , , , , , , , , , , , , , , , , , ,	
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) .	0		
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990, I	Part IV, line 11d. See Form 990	D. Part X. line 15.
(a) Descri			(b) Book value
(1)	3) (3)		
(2)			
(3)	6		
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
Total. (Column (b) must equal Fq m ; 30, Part X, col. (B) I	ine <u>15.)</u>	<u> </u>	0
Part X Other Liabilities. Complete in the organization answered	"Yes" on Form 990, F	Part IV, line 11e or 11f. See Fo	rm 990, Part X,
line 25.			
	tion of liability		(b) Book value
(1) Federal income taxes			0
(2) Retention Payable		· · ·	173,842
(3) Office Lease Liability			170,869
(4) Equipment Lease Liability			8,053
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I.	ino 25)		250 724
2. Liability for uncertain tax positions. In Part XIII, provide the te			352,764
organization's liability for uncertain tax positions under FASB AS	SC 740. Check here if the	text of the footnote has been provided	in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	leturn.	
	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	2,862,297
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	4	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-23,584
3	Subtract line 2e from line 1	3	2,885,881
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.		
b	Other (Describe in Part XIII.)		_
C	Add lines 4a and 4b	44c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,885,881
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total expenses and losses per audited financial statements	1	1 250 761
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1,258,761
a	Donated services and use of facilities		
b	Prior year adjustments		
	Others leaves		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1	3	1,258,761
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,200,701
а	Investment expenses not included on Form 990, Part VIII, lipe 7b 4a		
b	Other (Describe in Part XIII.)		
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	1,258,761
Part	XIII Supplemental Information.		1,200,101
	de the descriptions required for Part II, lines 3, 5, and 9; art II, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V line 4	Part X line
2: Pai	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	Tart X, IIIIC
	Line 9 Conservation Easements: The San Dient Rive, Park Foundation has not	100011.	
all	Title 3 Conservation Easements. The Sair Die 1 Rive Park Foundation has not		
assig	ned a value to the conservation easements it holds and has not recorded a book value		
for it o	on its Revenues and Expenses or its Barrince Sheet.		
Part \	Line 4 Endowment Funds: The primary surpose of the endowment funds shall be to		·
suppo	ort the San Diego River Park . Sundation's efforts in maintenance, management,		·
impro	vements and programs.		
	· 		·
			·
	~		

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	San Diego River Park Foundation					01-05	65671	
Par	Fundraising Activities. C Form 990-EZ filers are not	omplete if the required to co	organiza omplete tl	tion answ nis part	ered "Yes" on For	m 990, Part IV, li	ine 17.	
1	Indicate whether the organization ra	aised funds throu	ugh any of	the followi	ng activities. Check	all that apply		
а	Mail solicitations		e S	olicitation	of non-government	grants		
b	Internet and email solicitations				of government grant			
C	c Phone solicitations g Special fundraising events							
d	In-person solicitations				-	1		
2 a	or key employees listed in Ferm 200. Both VIII) on the internal water including officers, different states,							
b								
	be compensated at least \$5,000 by the organization.							
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from Eactivity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
1			Yes	No				
				4	0	0	0	
				4 0	0	0	0	
3					0	0	0	
4							0	
5					0	0	0	
6		4			0	0	0	
7					0	0	0	
					0	0	0	
		0, 0			0	0	0	
9		0 0			0	o	0	
10					0	0	0	
Total .								
3	List all states in which he a pan zati	on is registered	or licensed	to solicit of	contributions or has	Deen notified it is ex	cempt from	
	registration or licensing.						·	
			~					
								
							·	

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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Event NONE (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 22,696 22,696 2 Less: Contributions . . . 0 Gross income (line 1 minus line 2) 22.657 22,657 0 Noncash prizes Direct Expenses 0 0 Food and beverages . . . 0 0 Other direct expenses . 11.564 0 11,564 Net income summary. Subtract line 10 from line 3, column (d)

Net income summary. Subtract line 10 from line 3, column (d)

Portable if the organization answered Yes on Form 990, Part IV, line 19, or reported more than 11,564) Part III Revenue Pull tabs/instant bingo rogressive bingo (d) Total gaming (add col. (a) through col. (c)) (a) Bingo (c) Other gaming Gross revenue 0 Direct Expenses Noncash prizes Rent/facility costs. 0 Other direct expenses % Yes Yes Volunteer labor . No No Direct expense summaly 0) Net gaming in come summary. Subtract line 7 from line 1, column (d) Enter the state(s) in the organization conducts gaming activities: _____ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . b If "Yes," explain:

Sched	ule G (Form 990) 2022 The San Diego River Park Foundation	01-0565671	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes [No
12	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:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	k	
	Name		
	Address		
15a		,	¬ м-
b	revenue?	Yes _	No
~	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:		
а	Is the organization required under state law to hake charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions require under state law to be distributed to other exempt organizations or		
Dout	spent in the organization's own exe at act vities during the tax year \$	(iii) and (v), a	0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10l, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	information	na
	See instructions.	mormadon.	
	∀		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection

Name of the organization Employer identification number The San Diego River Park Foundation 01-0565671 Types of Property (c) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1q Art—Works of art . . . 1 Art—Historical treasures 2 3 Art—Fractional interests . 4 Books and publications . Clothing and household 6 Cars and other vehicles 7 Boats and planes . . . 8 Intellectual property 9 Securities-Publicly traded . . . Securities—Closely held stock 10 Securities-Partnership, LLC, 11 or trust interests 12 Securities—Miscellaneous . . . 13 Qualified conservation contribution—Historic structures Qualified conservation 14 contribution-Other . . . 15 Real estate—Residential . . . 16 Real estate—Commercial Real estate—Other 17 60.000 FMV 18 19 Drugs and medical supplies . . 20 21 Historical artifacts 22 23 Scientific specimens . . . 24 Archaeological artifacts . . . 25 Other (Supplies and Materia) 274 13,035 FMV 26 Other (Other (27 28 Other (Number of Forms 8283 ece ecloy the organization during the tax year for contributions for 0 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required 30a X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32a X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is

checked, describe in Part II.

	Form 990) 2022 The San Diego River Park Foundation	01-0565671	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, an the organization is reporting in Part I, column (b), the number of contributions, the number or a combination of both. Also complete this part for any additional information.	d 33, and whe	ther
_	of a combination of both. Also complete this part for any additional information.		
	<u> </u>		
	<u> </u>		
			,
			
		,	
			·

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number 01-0565671

The San Diego River Park Foundation	01-0565671
Form 990, Part III, Line 4d: Program Service Expenses: 190,071, Grants and allocations: 0,	
Revenue: 687 Healthy River Healthy Community: This program works towards a trash-free and	
healthy San Diego River through monitoring, surveying and targeted actions, as well as,	
serving as an expert on the condition of the San Diego River and its 440 square mile	
watershed. Portions of the watershed are on the EPA's impaired water list and this program	
takes a leadership role in citizen science and stewardship.)
Form 990, Part III, Line 4d: Program Service Expenses: 88,291, Grants and allocations: 0,	·
Revenue: 0 Youth Nature Education: the key to the future of the San Diego River at	
associated ecosystems are fostering nature connections through education. A priety of	·
approaches are used with a focus on overcoming barriers for kids to the life, agreenefits of a	
strong nature connection. Utilizing STEM-based and hands-on stivities, this program bridges	
this nature divide for thousands of youth.	
Form 990, Part III, Line 4d: Program Service Expenses: 17, 020, Grants and allocations: 0,	
Revenue: 0 San Diego River Center - Program and Construction project of a new Outdoor	·
Learning Center and 17 acre park.	
Form 990, Part VI, Line 12c: The Conflict of Interest Policy is provided to all incoming Board	
Members prior to joining the Board of Directors The Policy is also provided to the Board of	
Directors each year at the annual meeting. Prior to each Board action at its meeting, Board	
Members are given the opportunity to bisclose any conflicts that they or any other Board	
Member may have yun the proposed action.	
Form 990, Part VI, Line 16, tine Organization's governing documents, conflict of interest	
policy, and financial statements can be viewed by formal request at the Organization's	
corporate headquarters. This information is provided at the Oganization's website and office	
personnel are provided training on responding to such inquiries. The Organization's tax return	
can also be viewed at www.guidestar.org.	

Form 990, Part VI, Line 11b: The Form 990 is reviewed by the President/CEO. Once the Form 990

Schedule O (Form 990) 2022	Page 2
Name of the organization The San Diego River Park Foundation	Employer identification number
THE GAIT DIEGO INVEL PAIN FOURDAUOTI	01-0565671
has been approved by staff, and before submitting to the Internal Revenue Service, the Board	
Audit Committe and Finance Committees are provided with copies for review and comment.	
de la commentación de la contractación de la c	
	.)
C .	
·	