Department of the Treasury

Internal Revenue Service

HTA

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

For the 2024 calendar year, or tax year beginning and ending Check if applicable: C Name of organization The San Diego River Park Foundation D Employer identification number Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 01-0565671 Name change 4891 Pacific Highway 114 E Telephone number Initial return City or town State ZIP code (619) 297-7380 San Diego CA 92110 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return 4,095,868 Application pending F Name and address of principal officer: H(a) Is this a group rn for subordinates? Yes X No Robert A Hutsel 4891 Pacific Highway, San Diego, CA 92110 H(b) Are al subo linates included? Tax-exempt status: 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or attach a list. See instructions www.sandiegoriver.org Website: exemption number X Form of organization: Corporation Trust Association Other L Yea of formation 2001 M State of legal domicile: CA Part I Summary 1 Briefly describe the organization's mission or most significant activities: To support and empower community groups Activitles & Governance working to restore and enhance the San Diego River and to foster stewards. important community and regional asset in perpetuity. Check this box if the organization discontinued its operations of disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line) 3 18 Number of independent voting members of the governing body (Par VI) 4 18 Total number of individuals employed in calendar year 202 (Part 5 21 Total number of volunteers (estimate if necessary) . 6 3,521 Total unrelated business revenue from Part VIII, column (Tine 12. 7a 0 Net unrelated business taxable income from Form 990-T, Park line 11 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h). 2,750,878 3,911,411 Program service revenue (Part VIII, line 2g) . 9 244,005 121.308 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 9.898 42,798 Other revenue (Part VIII, column (A), lines 5, 50, 90, 10c, and 11e). Total revenue—add lines 8 through 11 (must eq. 1 Part VIII, column (A), line 12) 11 0 20,351 12 3,004,781 4.095.868 13 Grants and similar amounts paid (Part I) (A), lines 1–3) . . . 0 0 14 Benefits paid to or for members (Part IX column (A), line 4) 0 0 15 Salaries, other compensation, employed be sto (Part IX, column (A), lines 5-10) 908,557 1.010.979 16a Professional fundraising fees (column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25)
Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
Total expenses. Add lines 13 17 (m st equal Part IX, column (A), line 25) b 17 451,408 447.674 18 1,359,965 1.458.653 Revenue less expenses Subtractine 18 from line 12 19 1,644,816 2,637,215 Assets or Belances **Beginning of Current Year** End of Year Total assets (Part X, line 20 27,779,231 32,020,724 21 Total liabilities (Part X, 12 e 26). 1,538,600 3,119,578 Net assets of fund balances. Subtract line 21 from line 20 22 26,240,631 28,901,146 Part I Signature Block Under penalties of perjury, I declare that i have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Robert A Hutsel President and CEO Type or print name and title Preparer's name Preparer's signature Date Paid Check Roland W Munger 10/7/2025 Preparer self-employed P01871456 Munger & Company, CPAs **Use Only** Firm's name 47-3342732 Firm's EIN Firm's address 1818 Avocado Road, Oceanside, CA 92054 Phone no. 760-730-8020 May the IRS discuss this return with the preparer shown above? See instructions . X Yes For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2024)

0)(Revenue \$

(Expenses \$

Total program service expenses

411,492 including grants of \$

1.049.926

3.003)

Part IV Checklist of Required Schedules

			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		,,	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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.			v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		_ X
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II .	4		Χ
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		Х
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 open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. 2 of I. Did the organization maintain collections of works of art, historical treasures, or other signilar assets? If "Yes,"	7	Х	
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liadily, 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	9	х	
10	Did the organization, directly or through a related organization, hold assets in don't result ed endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	40	V	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X	E.
2	VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
þ	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule 2, Part IX.	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
,	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions and 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			
b	Schedule D, Parts XI and XII	12a	X	_
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an online, employees, or agents outside of the United States?	13	$\overline{}$	X
b		14a	\dashv	X
	fundraising, business, in restrict it, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
10	Did the organization repair on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		\dashv	
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
-	If "Yes," complete Schedule G, Part III	19		Χ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	\dashv	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

	onsolition of required contentions (continued)		_	_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No.
	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			
240	employees? If "Yes," complete Schedule J.	23	X	+
248	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			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b		24b	_	Ť
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	4	+
204	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 II.	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	258	+	╁
	prior year, and that the transaction has not been reported on any of the organization's prior Form; 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Sci. edule L, Part II</i> . Did the organization provide a grant or other assistance to any current or former afficer, director, trustee, key	26	-	X
	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 lamily number of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the ic lowing parties? (See the Schedule	1		
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creatist or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV.	20-		
b	A family member of any individual described in line 28a? / es_" complete Schedule L, Part IV	28a 28b	-	X
С	A 35% controlled entity of one or more individuals add/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 nonsast contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, it. torical treasures, or other similar assets, or qualified			١.,
31	conservation contributions? If "Yes," complete to be detaile M	30	-	X
32	Did the organization sell, exchange, dispose oi, a cransfer more than 25% of its net assets? If "Yes,"	31		Х
	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entiry 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 'ax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			
35a		34	-	X
b		35a		h
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		X
50	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		30	_ ^	
	Check if Schedule O contains a response or note to any line in this Part V			
			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	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
	repercese gaming (gameing) withings to prize williers (1c	X	ı

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		100	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 21	50.5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			183
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or service; provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal preperty of which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		95	
ę	Did the organization receive any funds, directly or indirectly, to pay ptemidins on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, on the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Vid a donor advised fund maintained by the		- 12	
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	Sponsoring organizations maintaining donor advised fands. Did the sponsoring organization make any taxable distributions under section 4966?	0-		
b	Did the sponsoring organization make a distribution to a double donor advisor, or related person?	9a 9b	\rightarrow	
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII-line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	ME.	II -	95
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not let amounts due or paid to other sources	11.55	U di	
	against amounts due or received from mem.)			
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified no profit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note: See the instructions or additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is icensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did 0	14a		X
b	AP III A ALL ALL ALL ALL ALL ALL ALL ALL A	14b	-+	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 7.5	+	
	excess parachute payment(s) during the year?	15		Χ
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	10		^
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
		17		
	If "Ves." complete Form 6069	17		

Part VI

Sec	tion A. Governing Body and Management			
10			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18 If there are material differences in voting rights among members of the governing body, or	-	7	
	if the governing body delegated broad authority to an executive committee or similar		50	
	committee, explain on Schedule O.		ly la	
b				
2				
~	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		hill	
3		2	_	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was nit d?	4		X
6	Did the organization become aware during the year of a significant diversion of the organization's seets?	5		X
7a	Did the organization have members or stockholders?	6		Х
1 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	_ '		l
b		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
8	stockholders, or persons other than the governing body?	7b		Х
О	Did the organization contemporaneously document the meetings held or written actions to dertaken during the year by the following:			
а	The governing body?	0-	V	
b	Fach associated with materials to a total and the fact of the fact	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b		
5	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			
Sect	tion B. Policies (This Section B requests information a out policies not required by the Internal Revenue C	9	1	X
000.	ison 2.1 choice (17ths occitor) 2 requests information a sour solicies not required by the internal Revenue C	oue.	/ Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 298th all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used the organization to review this Form 990.	IIa	^	m'= u
12a	Did the organization have a written conflict of into est policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	^	
	describe on Schedule O how this was dore.	12c	Х	
13	Did the organization have a written typistic blower policy?	13	X	
14	Did the organization have a written descript etention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, Teschie the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		7	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		N.	
	All a managed and the second and the	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. ,		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli-	су,		
	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 619-297-7380			
	4891 Pacific Highway, Suite 114, San Diogo, CA 02110			

The San Diego River Park Foundation		01-05656
Compensation of Officers, Directors	Trustees, Key	Employees, Highest Compensated

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 10.9-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 with received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Form 990 (2024)

Part VII

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

	-						,			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unle: cer an	Pos heck ss pe	erson	e thun o is oth		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Robert Hutsel	50.00									
President and CEO	0.00			X				133,000		18,918
(2) Michael Schneider	5.00									
Chair		X	╄	Х	<u> </u>					
(3) Alan Grant	1.00	1								
Board Member	0.00	X	-	_	<u> </u>					
(4) Cary Lowe	2.00	ļ								
Secretary	0.00	X	1	X	_					
(5) Simon Andrews	1.00									
Board Member	0.00	X								
(6) Charles Berwanger	1.00									
Board Member	0.00	X	_							
(7) Beth Bruton	1.00									
Board Member	0.00	X			_					
(8) Cynthia Irmer	2.00									
Vice Chair	0.00	X		X	_					
(9) Bob Kain	1.00									
Board Member	0.00	Х	ļi	<u> </u>						
(10) Judie Lincer	1.00								ĺ	
Board Member	0.00	X	-	<u> </u>	_		_			
(11) Barbara Palan	1.00									
Board Member	0.00	X	4	_	_					
(12) James Peugh	1.00									
Board Member	0.00	Х	\Box							
(13) Phil Pryde	1.00	l								
Board Member	0.00	Х	\perp				_			
(14) James Ryan	1.00									
Treasurer	0.00	Х		Χ	Щ					

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Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	iH k	ghes	t Co	ompensated En	nployees (contin	ued)
(A) Name and title	(B) Average hours	(do r	not ch	Pos neck	C) lition more	than is both	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(15) Meena Westford	1.00									
Board Member (16) Richard Ledford	0.00	Х								
Board Member	1.00	Х								
(17) William Anderson	1.00	· ^					\vdash			
Board Member	0.00	Х					6			
(18) Dike Anyiwo	1.00						1			
Board Member	0.00	Х	\square	_						
(19) Richard Gulley Board Member	1.00	x				1				
(20)	0.00			-	_					
					6					
(21)			4	•						
(22)		40	9			-				
(22)										
(23)		*	7	V						
		X								
(24)										
(25)			\dashv	\dashv			Н			
		7								
1b Subtotal								133,000	0	18,918
c Total from continuation sheets to Part VII, Se							ĺ	0	0	0
d Total (add lines 1b and 1c)			<u>. :</u>					133,000	0	18,918
2 Total number of individuals (including but not in reportable compensation from the organization		ted al	bove	e) w	ho i	recei	ved	more than \$100	,000 of	
reportable compensation from the organic attorn										Yes No
3 Did the organization list any former office dire	ctor, trustee, key	emp	loye	e, c	or hi	ighes	t co	mpensated	[163 140
employee on line 1a? If "Yes," cor plete Sched	ule J for such inc	dividu	al.			_			39 80 39 80 380	3 X
4 For any individual listed on line 1a, is the sum of	of reportable com	pens	atio	n ar	nd o	ther	com	pensation from		
the organization and related organizations great	ter than \$150,00	0? <i>If</i>	"Ye	s, " (com	plete	Scl	hedule J for such	7	
individual									• • 90 04 W	4 X
5 Did any person listed on line to receive or accr										
for services rendered to the organization? If "You Section B. Independent Contractors	es, complete Sc	neaui	ie J	TOT :	SUCI	n per	son			5 X
Complete this table for your five highest compe	nsated independ	lent c	ontr	acto	ors 1	that r	ece	ived more than 9	\$100,000 of	
compensation from the organization. Report co	mpensation for t	ne ca	lenc	lar y	/ear	end	ing	with or within the	organization's t	ax year.
(A)								(B)		(C)
Name and business add	ress							Description of serv	rices C	ompensation
Pacific Building Group 9752 Aspen Cre	eek Court Suite 1	50 0	an F)iec	0 0	`Δ Ω΄	Car	etruction Contra	ector	2 010 612
- domo building Croup 8702 Aspen Cit	on Court Suite 1	00 0	aii L	/ICQ	υ, τ	<i>,</i>	UUI	ISH UCHOH COHES	10:01	2,010,612 0
								<u></u>		0
	_									0
2 Total number of independent contractors (include		ed to	thos	e lis	sted	abo	ve)	who received	13.0	
more than \$100,000 of compensation from the	organization		<u> </u>			1			1000000	Walland Balletin

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se 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
क क	1a	Federated campaigns	1a	0				
Tan unt	b	Membership dues	1b	0				A STATE OF
ق ق	С	Fundraising events	1c	0	ALCOHOLD IN SECTION			
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d	0				
<u>©</u> <u>E</u>	е	Government grants (contributions)	1e	0				
Sir	f	All other contributions, gifts, grants, and				Marie Sale		
를 를		similar amounts not included above.	1f	3,911,411		The state of	2.5	Harris II
윤동	g	Noncash contributions included in						
ont od (lines 1a-1f	1g	\$ 3,857	Title of the last			
a O	h	Total. Add lines 1a-1f			3,911,411			Reserved to
				Business Code				Tack the same of the same of
9	2a	Program Service Revenue		561300	121,308	121,308		
@ <u>\\</u>	b				C			
jram Sen Revenue	С				0			-
E SYG	d				. 0			
P. S.	е				C.			
Program Service Revenue	f	All other program service revenue			0			
	g	Total. Add lines 2a-2f			121,308			
	3	Investment income (including dividends, in	terest	and 🛕				
		other similar amounts)			42,798			42,798
	4	Income from investment of tax-exempt bon			0			,
	5	Royalties .		/ . \	0			
		(i) Rea		(ii) Parsonal				
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b			No. of the last			
	С	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)	· Air.		0			
	7a	Gross amount from (i) Securit	ties ((ii) Ciher				
		sales of assets					The second second	
		other than inventory 7a	0	0				
e	b	Less: cost or other basis	1				THE RESERVE	
Revenue		and sales expenses 7b	0	0				
Šev	С	Gain or (loss) 7c	0	0				
7	d	Net gain or (loss)			0			
Other	8a	Gross income from fundraising						
0		events (not including \$						
		of contributions reported on the 10.						
		See Part IV, line 18	8a	0				
	b	Less: direct expenses	8b	0				
	C	Net income or (loss) from fundraising event	S		0			
	9a	Gross income from garning activities.		·				
		See Part IV, Ine 18	9a	0	TERM			
	b	Less: direct expanses	9b	0				
	С	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less						
			10a	0				
	b	5	10b	0				
	С	Net income or (loss) from sales of inventory	<u> </u>		0			
<u> </u>	4.			Business Code				
9 e	11a	Miscellaneous		900099	20,351			20,351
	b				0			
Miscellaneous Revenue	C				0			
ا ﷺ	d	All other revenue	. [0			
	e	Total. Add lines 11a–11d			20,351		anyak ma	
	12	Total revenue. See instructions.			4 095 868	121 308	n1	63 149

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Management and Fundraising Program service 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and key employees 133,000 46,5 46,550 39,900 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 704,272 7 516.859 74,591 112,822 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 24,867 15,838 4,430 4,599 9 82.476 51,757 8,981 21,738 10 66,36 45,012 9,614 11,738 11 Fees for services (nonemployees): b Legal...... C 10,903 Lobbying Professional fundraising services. See Part IV, line 17 e f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.). 0 12 Advertising and promotion . . . 4.104 4,104 13 Office expenses 24,989 15,109 1,550 8,330 14 Information technology 6.144 4,565 682 897 15 0 16 74,534 56,849 7,957 9,728 17 7,782 7.640 105 18 Payments of travel or entertainment expt for any federal, state, or local public vicials 19 Conferences, conventions, and meeting 1,370 1.136 108 126 20 83,122 77,396 77 5,649 21 Payments to affiliates . . . Depreciation, depletion, and amortization 22 3.936 3,936 0 Insurance 23 32,145 26,620 2,502 3,023 Other expenses. Itemize expenses not covered 24 above. (List misce laneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24 penses on Schedule O.) Taxes, Licenses, and Fees 16.563 16,004 251 308 b Program Expense 131,570 125,253 6,317 Subcontract/Consulting Expense 41.839 40.639 1,200 Dues and Subcriptions 2,879 981 45 1,853 e All other expenses 5,794 1,718 309 3,767 25 Total functional expenses. Add lines 1 through 24e 1.458.653 1.049.926 176,627 232,100 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

_P	art X		V		71-030307
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	2,531,581
	2	Savings and temporary cash investments		2	1,044,015
	3	Pledges and grants receivable, net		3	415,201
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from any current or former officer, director,		(CIA)	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	A. 40a	N.	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	3	
Assets	7	Notes and loans receivable, net		> 7€	0
88	8	Inventories for sale or use	9,412	8	9,472
Q.	9	Prepaid expenses and deferred charges	8,888	9	18,263
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 27,636,			
	b		505 24,391,963	10c	27,541,039
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11		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	396,838	15	461,153
	16	Total assets. Add lines 1 through 15 (must equal line 33)	27,779,231	16	32,020,724
	17 18	Accounts payable and accrued expenses	560,127	17 18	802,877
	19	Grants payable	. 0	19	14.716
	20	Tax-exempt bond liabilities	. 0	20	14,716
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Ø	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	Resident May		
Ιď		controlled entity or family member of any of these passons		22	
تّ	23	Secured mortgages and notes payable to unrelated third parties .		23	1,936,662
	24	Unsecured notes and loans payable to unrelated third parties		24	0,,555,552
	25	Other liabilities (including federal income tax, sayables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	. 178,473	25	365,323
	26	Total liabilities. Add lines 17 through 25	. 1,538,600	26	3,119,578
0)		Organizations that follow FASB ASC 958, check here X			
nç		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor pestric lons	24,690,230	27	27,618,591
B	28	Net assets with donor restrictions		28	1,282,555
ŭ		Organizations that to not follow FASB ASC 958, check here			
Ē		and complete mes 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
o	32	Total net assets or fund balances		32	28,901,146
	33	Total liabilities and net assets/fund balances	27,779,231	33	32,020,724

the audit, review, or compilation of its financial statements and selection of an independent accountant?.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such audits.

Schedule O.

If the organization changed either its oversight process of selection process during the tax year, explain on

Form 990 (2024)

X

2c X

Depreciation and Amortization

Form **4562**

(Including Information on Listed Property)

2024

ttachment

Department of the Treasury Internal Revenue Service Attach to your tax return.

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

Sequence No. 179

	me(s) shown on return	1	ess or activ	rity to which this f	orm relates	<u> </u>	Identifying num	ber	
	e San Diego River Park Foundation	990				<u> </u>	01-0565671		
Pa	Election To Expense C	-							
1	Note: If you have any listed p							T a	
	Maximum amount (see instructions)							1	
2	Total cost of section 179 property pla							2	
3	Threshold cost of section 179 proper	ty before real	iction in iin	nitation (see ins	tructions)			3	
4	Reduction in limitation. Subtract line						8 · · s · ·	4	0
5	Dollar limitation for tax year. Subtract							_	
_	separately, see instructions							5	0
6	(a) Description of pro	perty		(b) C	ost (business use	only)	(c) Elected cos	st	
<u> </u>									THE RESERVE
Ļ									ALCOHOLD !
7	Listed property. Enter the amount from								
8	Total elected cost of section 179 prop							8	0
9	Tentative deduction. Enter the smaller	er of line 5 or	line 8		· · · (6) · y	50 50 1 15 10 25	7 H 8 H	9	0
10	Carryover of disallowed deduction from	om line 13 of y	our 2023	Form 4562				10	
11	Business income limitation. Enter the	smaller of bu	isiness inc	ome (not less th	nan zero) or lir	ne 5. See instru	ictions	11	
	Section 179 expense deduction. Add						<u> </u>	12	0
13	Carryover of disallowed deduction to	2025. Add lin	es 9 and 1	0, less line 12		13		0	A second consequence
	te: Don't use Part II or Part III below for								
Pa	rt II Special Depreciation A	Ilowance a	nd Othe	r Depreciatio	n (Don't incl	ude listed pr	perty. See ins	truct	ons.)
14	Special depreciation allowance for qu								
	during the tax year. See instructions .							14	
15	Property subject to section 168(f)(1) e							15	
16	Other depreciation (including ACRS)							16	
Pa	rt III MACRS Depreciation (Don't includ	le listed r	property. See	nstructions.)	1			
				Section A					
_								, ,	
17	MACRS deductions for assets placed	in service in	tax vears	beginning befor	e 2024			17	3.936
17 18	MACRS deductions for assets placed If you are electing to group any asset	d in service in s placed in se	tax years l ervice durir	beginning befor ng the tax vear i	e 2024 nto one or mo	re general		17	3,936
17 18	If you are electing to group any asset	s placed in se	ervice durir	ng the tax year i	nto one or mo	re general	_	17	3,936
17 18	If you are electing to group any asset asset accounts, check here	s placed in se	ervice durir	ng the tax year i	nto one or mo	re general		17	3,936
17 18	If you are electing to group any asset	s placed in se	ervice durir	ng the tax year i	nto one or mo	re general		17	3,936
17 18	If you are electing to group any asset asset accounts, check here Section B - Assets F	s placed in se Placed in Ser (b) Month and	vice durir	ng the tax year ing 2024 Tax Yes	nto one or mo	re general General Depre	ciation System		
17 18	If you are electing to group any asset asset accounts, check here	s placed in se	vice Durir (c) Basi	ng the tax year i	nto one or mo	re general			3,936
18	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property	s placed in sec. Placed in Ser (b) Month and year placed	vice Durir (c) Basi	ng the tax year in the tax yea	nto one or mo	re general General Depre	ciation System		
17 18	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property	Placed in Ser (b) Month and year placed in service	vice Durir (c) Basi	ng the tax year in the tax yea	nto one or mo	re general General Depre	ciation System		
18	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property	Placed in Ser (b) Month and year placed in service	vice Durir (c) Basi	ng the tax year in the tax yea	nto one or mo	re general General Depre	ciation System		
18	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property	Placed in Ser (b) Month and year placed in service	vice Durir (c) Basi	ng the tax year in the tax yea	nto one or mo	re general General Depre	ciation System		
18	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property	Placed in Ser (b) Month and year placed in service	vice Durir (c) Basi	ng the tax year in the tax yea	nto one or mo	re general General Depre	ciation System		
18	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	Placed in Ser (b) Month and year placed in service	vice Durir (c) Basi	ng the tax year in the tax yea	nto one or mo	re general General Depre	ciation System		
18	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	Placed in Ser (b) Month and year placed in service	vice Durir (c) Basi	ng the tax year in the tax yea	ar Using the (d) Recovery period	re general General Depre	ciation System (f) Method		
18	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	Placed in Ser (b) Month and year placed in service	vice Durir (c) Basi	ng the tax year in the tax yea	ar Using the (d) Recovery period	General Depre	ciation System (f) Method		
18	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental	Placed in Ser (b) Month and year placed in service	vice Durir (c) Basi	ng the tax year in the tax yea	ar Using the (d) Recovery period 25 yrs. 27.5 yrs.	General Depre	ciation System (f) Method S/L S/L		
18	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	Placed in Ser (b) Month and year placed in service	vice Durir (c) Basi	ng the tax year in the tax yea	ar Using the (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	General Depre (e) Convention MM MM	ciation System (f) Method S/L S/L S/L		
18	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real	Placed in Ser (b) Month and year placed in service	vice Durir (c) Basi	ng the tax year in the tax yea	ar Using the (d) Recovery period 25 yrs. 27.5 yrs.	MM MM MM MM	ciation System (f) Method S/L S/L S/L S/L S/L		
18	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	s placed in ser Placed in Ser (b) Month and year placed in service	vice Durin (c) Basi (busines	ng the tax year in the tax yea	ar Using the ((d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM MM	ciation System (f) Method S/L S/L S/L S/L S/L S/L S/L	(g) De	
19	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Pl	s placed in ser Placed in Ser (b) Month and year placed in service	vice Durin (c) Basi (busines	ng the tax year in the tax yea	ar Using the ((d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM MM	S/L	(g) De	
19	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets PI a Class life	s placed in ser Placed in Ser (b) Month and year placed in service	vice Durin (c) Basi (busines	ng the tax year in the tax yea	25 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM MM	S/L	(g) De	
19	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets PI a Class life b 12-year	s placed in ser Placed in Ser (b) Month and year placed in service	vice Durin (c) Basi (busines	ng the tax year in the tax yea	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Ali	MM	S/L	(g) De	
19	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Pla a Class life b 12-year c 30-year	s placed in ser Placed in Ser (b) Month and year placed in service	vice Durin (c) Basi (busines	ng the tax year in the tax yea	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the All 12 yrs. 30 yrs.	MM	S/L	(g) De	
19	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Pl. a Class life b 12-year c 30-year	s placed in Ser Placed in Ser (b) Month and year placed in service	vice Durin (c) Basi (busines	ng the tax year in the tax yea	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Ali	MM	S/L	(g) De	
18 19 20	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Pl. a Class life b 12-year c 30-year d 40-year rt IV Summary (See instructi	s placed in Ser Placed in Ser (b) Month and year placed in service aced in Service	vice Durin (c) Basi (busines	ng the tax year in the tax yea	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the All 12 yrs. 30 yrs.	MM	S/L	(g) De	
18 19 20 Pa 21	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Place Class life b 12-year c 30-year d 40-year rt IV Summary (See instruction Listed property.	s placed in Ser Placed in Ser (b) Month and year placed in service aced in Service	vice Durin (c) Basi (busines only—s	ng the tax year in the start of	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the All 12 yrs. 30 yrs.	MM	S/L	(g) De	
18 19 20 Pa 21	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets Pl a Class life b 12-year c 30-year d 40-year rt IV Summary (See instructi Listed property. Enter amount from lin Total. Add amounts from line 12, lines	aced in Service aced in Service aced in Service	vice Durin (c) Basi (busines only—s	ng the tax year in the start of	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the All 12 yrs. 30 yrs. 40 yrs.	MM	S/L	(g) De	
18 19 20 Pa 21	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Place Class life b 12-year c 30-year d 40-year rt IV Summary (See instruction Listed property.	aced in Service aced in Service aced in Service	vice Durin (c) Basi (busines only—s	ng the tax year in the start of	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the All 12 yrs. 30 yrs. 40 yrs.	MM	S/L	(g) De	
19 20 Pa 21 22	If you are electing to group any asset asset accounts, check here Section B - Assets F (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets Pl a Class life b 12-year c 30-year d 40-year rt IV Summary (See instructi Listed property. Enter amount from lin Total. Add amounts from line 12, lines	es placed in Ser Placed in Ser (b) Month and year placed in service aced in Service ons.) ne 28	vice During (c) Basi (busines only—s	ng the tax year in a 2024 Tax Year of the tax year in a 2024 Tax Year of the tax year in a 2024 Tax Year of the tax year of tax year o	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Ali 12 yrs. 30 yrs. 40 yrs.	MM	S/L	(g) De	epreciation deduction

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Employer identification number

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Inspection

		Diego River Park Foundation						65671	
Par		Reason for Public Char							
The	orga	nization is not a private foundat	,			-	,		
1	Щ	A church, convention of church	es, or association o	f churches described i	n section	170(b)(1)	(A)(i).		
2		A school described in section	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	1 990).)				
3		A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(b)(1)(A)(ii	i).		
4		A medical research organizatio	n operated in conjui	nction with a hospital o	described	in section	170(b)(4)(A)(iii). Er	nter the	
		hospital's name, city, and state	·						
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmen	tal unit described in s e	ection 17	0(b)(1)(A)	(v).		
7	Χ	An organization that normally redescribed in section 170(b)(1)	eceives a substantia (A)(vi). (Complete F	al part of its support fro Part II.)	m a gove	ri mental i	it or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)				
9	\Box	An agricultural research organia				Jin coniu	inction with a land-or	ant college	
	_	or university or a non-land-grar university:	nt college of agricult	ure (see instructions).	Enterthe	n line, city	, and state of the co	llege or	
10		An organization that normally re	eceives (1) more tha	an 33 1/3% of its supp	ort from c	ontribution	s, membership fees,	and gross	
		receipts from activities related to support from gross investment acquired by the organization af	income and unrelate	ed business taxable in	rome (les	s section :	511 tax) from busine	% of its sses	
11		An organization organized and	operated exclusivel	y to test for public afe	ty. See s	ection 509	9(a)(4).		
12		An organization organized and	operated exclusivel	y for the benefit of, to	perform th	ne function	s of, or to carry out t	he purposes of	i.
		one or more publicly supported Check the box on lines 12a thro	ough 12d that descr	ibes the type of suppo	rting orga	nization ai	nd complete lines 12	e, 12f, and 12g	
а	L	Type I. A supporting organize the supported organization organization. You must con	s) the power to re g u	lari, appoint or elect a	oy its supp majority	oorted orga of the dire	anization(s), typically ctors or trustees of th	by giving ne supporting	
b	Γ	Type II. A supporting organization			on with its	sunnorte	d organization(s), by	having	
	L	control or management of th	ie supporting amani	zation vested in the sa					
_	Г	organization(s). You must c							
С	L	Type III functionally integration its supported organization(s)	ated. A supporting α) (see instructions)	rganization operated i You must complete F	n connect	ion with, a	ind functionally integ	rated with,	
d	Γ	Type III non-functionally in						anization(s)	
		that is not functionally integr	ated. The proanizat	ion generally must sat	isfv a distr	ibution red	guirement and an att		
	Г	requirement (see instruction							
е	L	Check this box if the organize functionally integrated, or Ty	ation received a wri	tten determination from	m the IRS	that it is a	Type I, Type II, Type	e III	
f		Enter the number of supported				.ation.			0
g.		Provide the following information	n about the support	ed organization(s).		*: ::	M (0 000 (0 40 M A) (4 1		
	(i) I	Name of supported organization	(ii) EIN	(III) Type of organization	1 ' '	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (s instructions)	ee
				abovo (oco monaciona))	4000		matractions)	manucuonay	
					Yes	No			
(A)		*							
(B)									
(C)									
-/									
D)									
•									
E)								<u>-</u>	
Total	ļ		and the second second second		SUPPLY OF		l Ol		0

Pa	rt II Support Schedule for Orga						-
	(Complete only if you check						der
	Part III. If the organization fa	ils to qualify un	der the tests lis	sted below, plea	ase complete P	art III.)	
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,128,578	2,807,677	2,863,847	2,750,878	3,911,411	13,462,391
2	Tax revenues levied for the						
	organization's benefit and either paid		i				
	to or expended on its behalf						0
3	The value of services or facilities				A 400		
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	1,128,578	2,807,677	2,863,847	2,750,878	3,911,411	13,462,391
5	The portion of total contributions by						· · · ·
	each person (other than a					KICLS KILL	
	governmental unit or publicly	-3/14/14/14/14					
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		FLIH ALL YOU				13,462,391
Sec	tion B. Total Support				7)		, , , , , , , , , , , , , , , , , , , ,
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	1,128,578	2,807,67	2,863,847	2,750,878	3,911,411	13,462,391
8	Gross income from interest, dividends,			110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	payments received on securities loans,						
	rents, royalties, and income from	ĺ	</th <th></th> <th></th> <th></th> <th></th>				
	similar sources	1,172	10001	1,833	9,898	42,798	56,802
9	Net income from unrelated business			.,,,,,	5,000	12,100	
	activities, whether or not the business is						
	regularly carried on	•					0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	12.1		678		20,351	21,150
11	Total support. Add lines 7 through 10	E 10 / 2 - 3 0					13,540,343
12	Gross receipts from related activities, etc. (se	ee instructions)				12	1214 1414 1
13	First 5 years. If the Form 990 is for the orga		ond, third, fourth, o	r fifth tax vear as a	section 501(c)(3)		
	organization, check this box and stop here				1 / 1 /		
Sec	tion C. Computation of Public S	poor Percenta	ae				
	Public support percentage for 2024 (line 6) c		~	n)		14	99.42%
	Public support percentage from 2023 School					15	99.72%
	33 1/3% support test—2024. If the organia						
	and stop here. The organization quality as						X
b	33 1/3% support test—2023. If the organiza		-				
	box and stop here. The organization qualifie						20 M N N N
17a	10%-facts-and-circumstantes test—2024						20 20 10 10 10 1
	10% or more, and if the organization meets t	he facts-and-circum	stances test chec	k this how and stor	n here Evolain in		
	Part VI how the organization meets the facts						
	organization					3 P S S S S S S	65 36 38 386
b	10%-facts-and-circumstances test—2023	. If the organization	did not check a bo	ox on line 13, 16a,	16b, or 17a, and lii	ne	
	15 is 10% or more, and if the organization me	eets the facts-and-o	ircumstances test,	check this box and	d stop here. Expla	in	
	in Part VI how the organization meets the fac	ts-and-circumstanc	es test. The organ	ization qualifies as	a publicly supporte	ed	_
	organization						100 20 12 120
18	Private foundation. If the organization did n						
	instructions	<u> </u>	<u> </u>	<u> </u>	<u></u> .		990

art III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

500	ation A Public Support	anny under the	tests listed ben	JW, picase con	ipiete i ait ii.)		
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1		(a) 2020	(b) 2021	(6) 2022	(u) 2023	(6) 2024	(I) Iotai
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					A.	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5.	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					ļ	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
	Add lines 7a and 7b	0	~0	0	0	0	0
8	Public support (Subtract line 7c from		1 1				
C	line 6.)						0
	etion B. Total Support	(-) 2000	(h) 0004	(=) 0000	(4) 2000	(=) 2004	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
Tua	Gross income from interest, dividends,	•					
	payments received on securities loans, rents, royalties, and income from similar sources						0
l.							0
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses		•				
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	X					
	activities not included on line 10b, whether						•
40	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						_
42	(Explain in Part VI.)						0
13	Total support. (Add lines 8, 10c, 10c, and 12.)			_	_		_
4.4	First 5 years. If the Form 990 is for the organ	0	0	0	0	0	0
14	organization, check this box and stop here.				a section 501(c)(3)		
800	tion C. Computation of Public Sup			· · · · · · · · ·			
				(6)		45	0.00%
15	Public support percentage for 2024 (line 8, co	, , , ,				15	0.00%
16 Sec	Public support percentage from 2023 Schedution D. Computation of Investmen					10	0.00%
				alumn (6)		17	0.00%
17 18	Investment income percentage for 2024 (line Investment income percentage from 2023 Sc					18	0.00% 0.00%
	33 1/3% support tests—2024. If the organiz						0.00%
·Ja	not more than 33 1/3%, check this box and si						a 12
b	33 1/3% support tests—2023. If the organiz				-		
-	line 18 is not more than 33 1/3%, check this b						
20	Private foundation. If the organization did n	•	_				=
-			,,	,			

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI value 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 example such 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 1 what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported figanizations 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 do sumer t authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizating 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 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 grant, Ican, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), refamily 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).
- 8 Did the organization make coap to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I or 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 \$39(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
			9E0
1		1.2	
2		-	
38	a		
161			
21			
31			
30	c		
48	а		
-			
41			
41	2		
		4-1	
40	;		
		13.5	
52	1		
5k	2		
50			
70			
6			
633			
7		1771	
			F. 1
8			
			36
92			
36	1		-
9t	,		
100			
90	:		
		123	
10	a		-
			15
10	b		

Part!	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	0.4		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	5		
	provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	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(s)	1.3		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	18-3-1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were all called among the	4		
	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," extrain in Part		i ev	
	VI how providing such benefit carried out the purposes of the supported organization(s) cat op rated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
Occil	on o. Type if oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," Jeschie in Part VI how control	3 -	40	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	1 20	
Secti	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		1	
	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 trust as either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body or 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, bove, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0 (supported organizations played in this recard.	3		
	on E. Type III Functionally Internated Supporting Organizations			
1	Check the box next to the method that the ganization used to satisfy the Integral Part Test during the year (see inst	ruction	s).	
а	The organization satisfied the activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions).		
2	Activities Test. Answer lines 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	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		153	
	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		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	100		1 2.4
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	-7-		
	"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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.1	H-U	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (
Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting orga	anizatio	ons must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	12		
b Average monthly cash balances	(lb		
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	70		
(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 reat amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	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
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section 1 line 8, column A)	1		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		0
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 (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ally inte	egrated Type III supporting of	organization (see
instructions).			

Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 7 0 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2024 from Section C, line 6 9 0 10 Line 8 amount divided by line 9 amount 10 0.000 **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 **a** From 2019 0 **b** From 2020 . . . 0 From 2021 . . 0 d From 2022 0 e From 2023 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 0 Distributions for 2024 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from the 0 Remaining underdistributions for years arior to 2024, if any. Subtract lines 3g and 4a from the 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 202 ! Subtract lines 3h and 4b from line 1. For regult peater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. Breakdown of his 7 Excess from 2020 0 b Excess from 2021. 0 c Excess from 2022. 0 d Excess from 2023. 0 e Excess from 2024. 0

Schedule A (F	orm 990) 2024	The San Diego River Park Foundation 01-056567	1 Page 8
Part VI	III, line 12; Part B, lines 1 and 2 3a, and 3b; Par	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, rt V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, 6. Also complete this part for any additional information. (See instructions.)	
Part II Sec		ese items are reimbursed costs.	
			
	•		
	A CONTRACTOR OF THE CONTRACTOR		
		V	

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Name	of the organization		Employer ident	tification number
The San Diego River Park Foundation			01-0565671	
Par	t I Organizations Maintaining Donor A	dvised Funds or Other Similar Fun	ds or Acco	
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year)		A 400	
4	Aggregate value at end of year			<u> </u>
5	Did the organization inform all donors and dono			
	funds are the organization's property, subject to			Yes No
6	Did the organization inform all grantees, donors			
	only for charitable purposes and not for the ben	efit of the donor or donor advisor, or for an	y other purpo	
	conferring impermissible private benefit?			Yes No
Par				
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 7.	· ·	
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (for example			ally important land area
	Protection of natural habitat	Peserveto	n of a certified	I historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	n held a qualified contarvation contribution	in the form of	a conservation
	easement on the last day of the tax year.		* * * * * * * * * * * * * * * * * * * *	Held at the End of the Tax Year
а	Total number of conservation easements		. 2a	2
þ	Total acreage restricted by conservation easem		2b	344.73
С	Number of conservation easements on a certifie	ed historic struck re included on line 2a	2c	0
d	Number of conservation easements included or	line 2c acquired after July 25, 2006, and		
•	not on a historic structure listed in the National I		. _{/*} 2d	0
3	Number of conservation easements modified, tr		nated by	
4	the organization during the tax year		20 20 2	·
5	Number of states where property subject to con Does the organization have a written policy regular.	salt silon easement is located	handling of	
•	violations, and enforcement of the conservation			X Yes No
6	Staff and volunteer hours devoted to monitoring			A les [140
	conservation easements during the year			4.00
7	Amount of expenses incurred in monitoring, insp			
	conservation easements during the tear.			\$ 0
8	Does each conservation easement eponed on	line 2d above satisfy the requirements of s	ection 170(h)	
	and section 170(h)(4)(B)(ii)?			X Yes No
9	In Part XIII, describe how the organization reports	s conservation easements in its revenue and	d expense stat	ement and balance
	sheet, and include, if applicable, the text of the foo	otnote to the organization's financial stateme	ents that desci	ribes the
_	organization's accounting for appervation easer			
Part			Other Simil	ar Assets
	Complete the organization answered			
1a	If the organization a ected as permitted under F	ASB ASC 958, not to report in its revenue	statement and	d balance sheet
	works of art, historical casures, or other similar			
l.	public service, provide in Part XIII the text of the			
D	If the organization elected, as permitted under F			
	of art, historical treasures, or other similar asset		esearch in furt	herance of public
	service, provide the following amounts relating to			Φ.
	(i) Revenue included on Form 990, Part VIII, lin			
2	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art,	nistorical treasures, or other similar assets	s for financial	gain, provide the
2	following amounts required to be reported under			φ.
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			\$ \$
N/	recess more against offit 200, fall A			J

Sched	tule D (Form 990) (Rev. 12-2024) The San	Diego River Park Found	dation_		01-05656	871 Page 2
Par	t III Organizations Maintaining			asures, or Other	Similar Assets	(continued)
3	Using the organization's acquisition, a	ccession, and other reco	ords, check any	of the following tha	nt make significant ι	ise of its
	collection items (check all that apply).					
а	Public exhibition	d	Loan or	exchange program		
b	Scholarly research	е	Other			
С	Preservation for future generation	s				
4	Provide a description of the organization XIII.		lain how they fu	ırther the organizati	on's exempt purpos	se in Part
5	During the year, did the organization s assets to be sold to raise funds rather					Yes No
Par	Complete if the organization a 990, Part X, line 21.		orm 990, Part	IV, line 9, or repo	onted an amount o	on Form
1a	Is the organization an agent, trustee, or	ustodian, or other intern	nediary for cont	ributions or other	ssets not	
	included on Form 990, Part X?			8		Yes No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete the	following table			
					Ar	mount
C	Beginning balance				С	0
d	Additions during the year				d	
e	Distributions during the year				e	
f	Ending balance				f	0
2a	Did the organization include an amoun					Yes X No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here if the	explanation ha	been provided in	Part XIII	
Part	V Endowment Funds		1			
	Complete if the organization a	inswered "Yes" on Fo	m 990 Part	IV, line 10.		
		(a) Current year	(b) Prof year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	199,174	179,632	197,671	157,321	141,482
b	Contributions		4,000		15,000	
C	Net investment earnings, gains,		.			
	and losses	11,078	18,499	-16,674	26,451	16,598
d	Grants or scholarships		1,664			
е	Other expenditures for facilities					
	and programs	4				
f	Administrative expenses	361	1,293	1,365	1,101	759
g	End of year balance	208,891	199,174	179,632	197,671	157,321
2	Provide the estimated percentage of the		nce (li ne 1g, co	lumn (a)) held as:		
a	Board designated or quasi-endowment	%				
b	Permanent endowment	1,3%				

c Term endowment 27%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds for it the possession of the organization that are held and administered for the organization by:

re the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equir	omen	t
------------------------------------	------	---

If "Yes" on line 3at

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	19,803,602		19,803,602
b	Buildings	0	0	0	0
C	Leasehold improvements	0	0	0	0
d	Equipment	0	97,118	95,505	1,613
e	Other	0	7,735,824	0	7,735,824
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	line 10c, column (B)).		27,541,039

3b

Yes

No

Part VII Investments—Other Securities		
Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)).	0	PARTIES TO THE RESIDENCE OF THE PARTIES AND TH
Part VIII Investments—Program Related		
	'Yes" on Form 990.	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	A .	1
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).	0	
Part IX Other Assets		
Complete if the organization answered."	Yes" on Form 990	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Descri		(b) Book value
(1)		(b) Dook value
(2)	•	
(3)		
(4)	<u> </u>	
	·	-
(5)		
(6)		
(7)		
(8)		
(9) Total. (Column (b) must equal Form 30, Part X, line 15, c	-/ (D))	
	01. (B))	
Part X Other Liabilities	V " " 000 I	5 (D / E) 44 () 44 () 5 () 5 () 6 ()
	Yes" on Form 990, I	Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		
	ion of liability	(b) Book value
(1) Federal income taxes		0
(2) Retention Payable		306,308
(3) Office Lease Liability		54,267
(4) Equipment Lease Liability		4,748
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, c	ol. (B))	365,323
2. Liability for uncertain tax positions. In Part XIII, provide the tex		
organization's liability for uncertain tax positions under FASB AS		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
	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	4,127,380
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	150	
c d	Other (Describe in Part XIII.)	TRAUL!	
e	Add lines 2a through 2d	2e	31,512
3	Subtract line 2e from line 1	3	4,095,868
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		4,000,000
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,095,868
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,466,865
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	12.00	
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	8,212
3	Subtract line 2e from line 1	3	1,458,653
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a b	Investment expenses not included on Form 990, Part VIII, lipe 7b 4a Other (Describe in Part XIII.)		
C	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	1,458,653
_	XIII Supplemental Information		1,400,000
	de the descriptions required for Part II, lines 3, 5, and 9; Part IV, lines 1a and 4; Part IV, lines 1b and 2b; Par	t V line 4	· Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		, I alt X, iiile
Part I	Line 9 The San Diego River Park Foundation has not assigned a value to the		
conse	rvation easement it holds and has not recorded, book value for it on its Revenues		
	xpenese or its Balance Sheet.		
	V Line 4 The primary purpose of the encowment funds shall be to support The San		
	River Park Foundation's efforts in in interance, management, improvements, and		
progr	ams.		
		·	

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

The	San Diego River Park Foundation	01-0565671			
Par	t I Questions Regarding Compensation				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a perso 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding		Y	'es	No
	First-class or charter travel Housing allowance or residence for Payments for business use of personal Payments for business personal Pay	r personal use			
	Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiati Personal services (such as maid, c				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding or reimbursement or provision of all of the expenses described above? If "No," complete Part III explain	1 †5	b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses in turred by directors, trustees, and officers, including the CEO/Executive Director, regarding the items check 1a?	y all cked on line	2	V-	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for method related organization to establish compensation of the CEO/Executive Director, but explain in Pa	ds used by a			
	Independent compensation consultant Consensation survey or study	100			
	Form 990 of other organizations Approval by the board or compensations	ation committee			
4 a b c	During the year, did any person listed on Form 990 Part VII, Section A, line 1a, with respect to to organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental handualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in	4:	b		
5 a b	Only section 501(c)(3), 501(c)(4), and 5th(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VI, Section A, line 1a, did the organization pay or accrue a compensation contingent on the revenues of The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	any 56	_		X
6 a b	For persons listed on Form 290, Part VII, Section A, line 1a, did the organization pay or accrue a compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	66	-		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any no payments not described on lines 5 and 6? If "Yes," describe in Part III				X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that v to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described in Part III.	was subject ribe			X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure describe Regulations section 53.4958-6(c)?				

Rev. 12-2024) The San Diego River Park Foundation

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part II

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total a

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	h listed	individual must equal	the total amount of Fo	rm 990, Part VII, Sec	tion A, line 1a, applica	ole column (D) and (I	=) amounts for that in	dividual.
		(B) Breakdown of W-2	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	199-NEC compensation	(C) Retirement and	(D) Montachio	(E) Total of onlymns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(i)-(D)	(r) Comperisation in column (B) reported as deferred on prior Form 990
Lockett House	4							
CEO		133,000			860,6	13,820	151,918	
	No.							
2	É							
	ε							
m	E							
	ε	7						
4	E		44					
	ε							
5	E							
	ε							
9	(ii)							
	€)	<				
7	(ii)							
	€							
8	€							
	€							
6	(ii)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	<u>(E)</u>							
10	<u>(ii</u>							
	Ξ					•		
-14	€)			
	€							
12	(i)							
	Ξ							
13	(E)							
	8					4		
14	€						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	€							
15	€							4
;	E							
16	€							

Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE O

(Form 990)

(Rev. December 2024)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer Identification number
The San Diego River Park Foundation	01-0565671
Form 990, Part III, Line 4d: Program Service Expenses: 61,654, Grants and allocations: 0,	
Revenue: 3,003 Planning and Policy: This program works to advance the vision of a 52 mile	
long regional park and trail system, acquires and conserves threatened open spaces,	
collaborates with public agencies and other partners to advance and advocate for key policy	
initiatives to improve the health and viability of the river's ecoregion, and participates in	
community discussions to increase equity of access to nature.	
Form 990, Part III, Line 4d: Program Service Expenses: 162,794, Grants and allocations: 0,	
Revenue: 0 Community Engagement: A signature program which strives to celebrate the San Die	92
River as a natural, cultural and recreational treasure, promotes equity of access to nature,	
and advances stewardship of the San Diego River by organizing more than 300 volunteer sanda	
projects annually. This program involves sharing information about this amazing resource and	
hosting the annual San Diego River Days celebration and other events, maintaining public	<i>1</i>
gardens, engaging academic interns and mobilizing volunteers for many other activities.	/
Form 990, Part III, Line 4d: Program Service Expenses: 187,044, Grants and allocations: 0,	
Revenue: 0 Grant Park: Grant Park is a program that includes construction of 17 ar e na vre	
learning and appreciation facility. Construction costs for the project have been capitalized	
Phase two of construction which will lead to the opening of the facility in 2025 it no.	
underway.	
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 a the Board of	
Directors each year at the annual meeting. Prior to each Board agron at its meeting, Board	
Members are given the opportunity to disclose any conflicts that they or any other Board	
Member may have with the proposed action.	
Form 990, Part VI, Line 16: The 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 organization's website and office	
personnel are provided training on responding to such incluries. 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	
has been approved by staff, and before submitting to the Internal Revenue Service, the Board	
Audit Committee and Finance Committees are provide with copies for review and comment.	
Form 990, Part XI, Line 9: Donated services otal \$3,212 has been removed from the tax	
returns per IRS regulations.	
ъ	

TAXABLE YEAR California Exempt Organization 2024 Annual Information Return

FORM

199

	Allinda illioillidiloit itotalli		
Calendar Ye	ear 2024 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yyyy)	
	rganization name N DIEGO RIVER PARK FOUNDATION	California corp 235129	poration number
Additional info	rmation. See instructions.	FEIN	
		01-056	5671
	s (suite or room) ACIFIC HIGHWAY, APT 114		PMB no.
City SAN DI	EGO	State CA	ZIP code 92110
Foreign count	ry name Foreign province	e/state/county	Foreign postal code
A First retur	rn	Did the organization have any change	s to its guidelines
B Amended	l return	not reported to the FTB? See instruction	ons Yes X No
	ion 4947(a)(1) trust		
		engaged in political activities? See ins	
	rmation return? solved Surrendered (Withdrawn) Merged/Reorganize	الم	
Enter dat	e: (mm/dd/yyyy)	K Is the organization exempt under R&TC Section If "Yes," enter the gross receipts from nonmen	
E Check acco	ounting method: (1) Cash (2) Accrual (3) Other	L Is the organization a limited liability co	mpany? ● ☐ Yes ☒ No
	eturn filed? (1) ● □ 990T (2) ● □ 990PF ch H (990) (4) ☑ Other 990 series □ □	M Did the organization file Form 100 or Freport taxable income?	Form 109 to
	roup filing? See instructions	N Is the organization under audit by the	IRS or has the
H Is this ord	ganization in a group exemption Yes 🗵 No	IRS audited in a prior year?	Yes ⊠ No
If "Yes," v	what is the parent's name?	O Is federal Form 1023/1024 pending?	Yes 🛛 No
		Date filed with IRS	
Part I C	omplete Part I unless not required to file this form. See Ge		
	1 Gross sales or receipts from other sources. From Side 2, P		
	2 Gross dues and assessments from members and affiliates		
	3 Gross contributions, gifts, grants, and similar amounts rece	ived	3 3,911,41100
: 1	4 Total gross receipts for filing requirement test. Add line 1 the	rough line 3.	
Receipts and Revenues	This line must be completed. If the result is less than \$50	0,000, see General Information B	4 4,095,86800
	5 Cost of goods sold		00
	6 Cost or other basis, and sales expenses of assets sold		00
	7 Total costs. Add line 5 and line 6		
	8 Total gross income. Subtract line 7 from line 4		8 4,095,86800
Expenses	9 Total expenses and disbursements. From Side 2, Part II, lin	ne 18	■ 9 1,458,65300
Ехрензез	10 Excess of receipts over expenses and disbursements. Sub-	tract line 9 from line 8	10 2,637,21500
	11 Total payments		. 11 00
	12 Use tax. See General Information K		
Payments	13 Payments balance. If line 11 is more than line 12, subtract I	line 12 from line 11	. 13 00
rayinents	14 Use tax balance. If line 12 is more than line 11, subtract line	e 11 from line 12	. 14 00
	15 Penalties and interest. See General Information J		
	16 Balance due. Add line 12 and line 15. Then subtract line 1	1 from the result	(9) 16
	Under penalties of perjury, I declare that I have examined this return, inc		
Sign	belief, it is true, correct, and complete. Declaration of preparer (other that		parer has any knowledge. Telephone
Here	Signature	· · · · · · · · · · · · · · · · · · ·	(619) 297-7380
	S. S. MOS.		PTIN
	Preparer's signature	10/07/2025 employed ▶ 🗍]	P01871456
Paid	Final and American		Firm's FEIN
Preparer's Use Only	ii seli-erilpioyed)		47-3342732
	and address 1818 AVOCADO ROAD, OCEANSIDE,		● Telephone 760-730-8020
	May the FTB discuss this return with the preparer shown abo	ove? See instructions	Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

					·	_				20100
	1	Gross sales or receipts from all business	activities. See instructio	ons	.	1			1,30	
	2	Interest				2		4	2,79	3800
Receipts	3	Dividends			<i></i>	3				00
from	4	Gross rents				4				00
Other	5	Gross royalties				5				00
Sources	6	Gross amount received from sale of asse	ets (See instructions)			6				00
	1	Other income. Attach schedule						2	0,35	5100
	ı	Total gross sales or receipts from other sources.						18	4,45	5700
	1	Contributions, gifts, grants, and similar a	-							00
		Disbursements to or for members				10				00
		Compensation of officers, directors, and				\vdash		13	3,00	0000
	1	Other salaries and wages				12			4,27	
	40	Interest				13			$\frac{3,12}{3,12}$	
Expenses	1				·	. —			6,36	
and Disburse-	1	Taxes			_	\rightarrow			4,53	
ments		Rents				\vdash			3,93	
		Depreciation and depletion (See instructi				16			3,42	
		Other expenses and disbursements. Atta				17				
0 - 111-		Total expenses and disbursements. Add				18			8,65	1300
Schedule	<u> </u>	Balance Sheet	Beginning of t			nd of	taxa	ble yea		
Assets			(a)	(b) 2,427,638	(c)	-	+		(d) 575,	506
				534,432			-		415,	
		s receivable		334,432					410,	
		eceivable		9,472						472
				9,412						4/2
		state government obligations								
-		s in other bonds					-			
		s in stock				100	-			
		ans					-			
		tments. Attach schedule	4 600 730		7 022	0.4				
		able assets	4,682,738		7,832,			7	737	137
		cumulated depreciation	(94,377)	4,588,361		303)		737,	
				19,803,602					803,	
12 Other a	asset	s. Attach schedule		415,726	P. Laboret				479,	
		s		27,779,231	likes such		4_	32,	020,	124
Liabilities				F.CO. 107		<u>EE</u>			0.00	077
		ayable		560,127					802,	8//
15 Contrib	ution	s, gifts, or grants payable					•			
		notes payable		000 000			10	-1	026	
_		payable		800,000		17E			936,	
		ies. Attach schedule		178,473		Han.	-		380,	<u>U39</u>
19 Capital	stoc	k or principal fund					•			
20 Paid-in	or ca	apital surplus. Attach reconciliation		06.040.601			•		001	110
21 Retaine	ed ea	rnings or income fund		26,240,631			•		901,	
22 Total li	iabili	ties and net worth		27,779,231				32,	020,	124
Schedule	M-1									
		Do not complete this schedule if the								
		per books	2,637,215	7 Income recorded	-			ELE		SUL
			•	not included in this			•			
		apital losses over capital gains	•	8 Deductions in this		ed				
		recorded on books this year.		against book incor				71-31		
			•	Attach schedule .			•			
		ecorded on books this year not	TO BUT BUT ET IT S	9 Total. Add line 7 a		114034				
			2 (27 115	10 Net income per re					C 2 7	015
6 Total. A	dd lir	ne 1 through line 5	2,637,215	Subtract line 9 from	m line 6			<u>Z,</u>	637,	<u>Z15</u>

2024 Depreciation and Amortization

3885F

Attac	h to Form 541, Form 109	, or Form 199.							
Name	as shown on tax return					F	EIN		
THE	SAN DIEGO RI	VER PARK	FOUNDATIC	N		0	1-0565	671	
Tangil	ole and intangible assets placed	in service during the 20	024 taxable year:		Deprecia	ation		Amortizat	ion
	(a) Description of property	(b) Date placed in service (mm/dd/yyyy)	(c) Cost or other basis	(d) Method of figuring depreciation	(e) Life or rate	(f) Depreciation for this year	(g) Code section	(h) Period or percentage	(i) Amortization for this year
1	* *								
Add I	ine 1 column (f) and colum	п (i) amounts. See	instructions		1				
Depr	eciation								
2	California depreciation for	assets placed in s	ervice beginning b	efore the 20	24 taxable	year	ES ESSENCE E		3,936
	Be sure to make adjustme	•							2 026
3	Total California depreciation	on. Add line 1(f) an	d line 2		63 · · F · 83	10 - 31 - 3000 - 30 - 30 - 30 - 30 - 30		женсе: 3	3,936
Amo	rtization								
4	California amortization for	intangibles placed	in service beginn	ing before the	e 2024 tax	able year	2 88 1906 188	. 4 <u> </u>	
	Be sure to make adjustme	*							
5	Total California amortization	on. Add line 1(i) an	d line 4				. 10	5	
6	Total depreciation and am	ortization. Add line	3 and line 5. See	instructions				6	3,936

What's New

Intangible Drilling and Development
Costs – California law does not allow the
Internal Revenue Code (IRC) Section 263(c)
deduction for intangible drilling and
development costs in the case of oil and
gas wells paid or incurred on or after
January 1, 2024. For more information,
see California Revenue and Taxation
Code (R&TC) Section 17260 and get
Schedule P (541), Alternative Minimum Tax
and Credit Limitations — Fiduciaries.

Percentage Depletion – For taxable years beginning on or after January 1, 2024, California law does not allow the calculation of depletion as a percentage of gross income from the property for specified natural resources, including coal, oil shale, oil and gas wells. California R&TC Sections 17681.3 and 17681.6 allowing state nonconformity to federal rules for percentage depletion of certain refiner exclusions as well as the temporary suspension of taxable income limit for marginal production have also been repealed. For more information, see R&TC Section 17681, and get Schedule P (541).

General Information

In general, for taxable years beginning on or after January 1, 2015, California law conforms to the IRC as of January 1, 2015. However, there are continuing differences between California and federal law. When California conforms to federal tax law changes, we do not always adopt all of the changes made at the federal level. For more information, go to ftb.ca.gov and search for conformity. Additional information can be found in FTB Pub. 1001, Supplemental Guidelines to California Adjustments.

The instructions provided with California tax forms are a summary of California tax law and are only intended to aid taxpayers in preparing their state income tax returns. We include information that is most useful to the greatest number of taxpayers in the limited space available. It is not possible to include all requirements of the R&TC in the instructions. Taxpayers should not consider the instructions as authoritative law.

A Purpose

Use form FTB 3885F, Depreciation and Amortization, to compute depreciation and amortization allowed as a deduction on Form 541, California Fiduciary Income Tax Return; Form 109, California Exempt Organization Business Income Tax Return; or Form 199, California Exempt Organization Annual Information Return. Attach form FTB 3885F to Form 541, Form 109, or Form 199.

Depreciation is the annual deduction allowed to recover the cost or other basis of business or income producing property with a determinable useful life of more than one year. Land is not depreciable

Amortization is an amount deducted to recover the cost of certain capital expenses over a fixed period.

B Federal/State Differences

California law has not always conformed to federal law regarding depreciation methods, special credits, or accelerated write-offs.

Line 7, Part II (CA 199) - Other Income

1	Other Income	1	20,351
2		2	
		3	
		4	
		5	
		6	
		7	
		8	
		9	
0	Total	40	20,351

Line 17, Part II (CA 199) - Other Deductions

1	Pension plans, employee benefits	1	107,343
2	Legal fees	2	0
3	Accounting fees	3	10,903
4	Other professional fees	4	0
	Travel, conferences, and meetings		9,152
	Printing and publications		0
7	Special events direct expenses	7	0
	Office expenses		24,989
9	Other expenses	9	241,038
0		10	
1		11	
2	Total	12	393,425

Line 12, Sch L (CA 199) - Other Assets

			Beginning	End
1		1	0	0
2	Prepaid and Deferred Charges	2	18,888	18,263
3	Endowment at San Diego Foundation	3	199,174	208,891
4	Investment - Equities	4	38,864	38,788
5	Investment - Fixed Income	5	17,500	4,138
6	Certficates of Deposit	6	25,321	156,179
7	Right of Use Asset	7	115,979	53,157
8		8		
9		9		
10	Total		415,726	479,416

Line 18, Sch L (CA 199) - Other Liabilities

		Beginning	End of
		of Year	Year
1	1	0	0
2 Retention Payable	2	56,636	306,308
3 Office Lease Liability	3	115,410	54,267
4 Equipment Lease Liability	4	6,427	4,748
5 Deferred Revenue	5	0	14,716
6	6		
7	7		_
8	8		
9	9		
10 Total	10	178,473	380,039

DEPARTMENT OF JUSTICE PAGE 1 of 5

STATE OF CALIFORNIA RRF-1 (Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code

11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

						
The San Diego River Park Foundation	on		Check i	if:		
Name of Organization				hange of address		
			☐ Ar	mended report		
List all DBAs and names the organization	n uses or	has used		Organization requests email notifications		
4891 Pacific Highway, APT 114						
Address (Number and Street)			State 0	Charity Registration Number121	303	
San Diego, CA 92110			1	-		
City or Town, State, and ZIP Code (619) 297-7380	rbi	utsel@sandiegoriver.org		ration or Organization No. 23512		
Telephone Number		nail Address	Federa	al Employer I.D. No. 01-056567	1	
ANNUAL REGIS	STRATIO	N RENEWAL FEE SCHEDULE (11 Cal. (Make Check Payable to Departmen				
Total Revenue	Fee	Total Revenue	Fee	Total Revenue	<u>Fe</u>	20
Less than \$50,000 Between \$50,000 and \$100,000	\$25 \$50	Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million	\$100 \$200	Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million	n \$1,	,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,	,200
PART A - ACTIVITIES				10/04/0004		
For your most recent full acco	unting pe	eriod (beginning 1/1/2024	endi	ng <u>12/31/2024</u>) list:		
Total Revenue \$ (including noncash contributions)	4 095 86	8 Noncash Contributions \$	3	3,857 Total Assets \$ 32,02	20.724	
						•
Program Expens	ses \$	1,049,926 Total Ex	penses \$	1,456,653_		
PART B - STATEMENTS REGARDING	ORGANIZ	ZATION DURING THE PERIOD OF THIS	REPORT	Γ		
		wer "yes" to any of the questions below, y ch "yes" response. Please review RRF-1 in				Г.:
			_		Yes	No
 During this reporting period, were the officer, director or trustee thereof, eith 	re any con ner directly	ntracts, loans, leases or other financial tra y or with an entity in which any such office	nsactions r, director	between the organization and any or trustee had any financial interest?		х
2. During this reporting period, was ther	e any thef	ft, embezzlement, diversion or misuse of the	he organiz	zation's charitable property or funds?		X
During this reporting period, were any	y organiza	ation funds used to pay any penalty, fine or	r judgmen	t?		X
4. During this reporting period, were the	services	of a commercial fundraiser, fundraising co	unsel for	charitable purposes, or commercial		
coventurer used?					<u> </u>	X
5. During this reporting period, did the o	rganizatio	on receive any governmental funding?			Х	
During this reporting period, did the o	rganizatio	on hold a raffle for charitable purposes?				Х
7. Does the organization conduct a vehi	icle donati	ion program?				х
Did the organization conduct an inde- generally accepted accounting princip		udit and prepare audited financial stateme	ents in acc	cordance with	x	
		nization hold restricted net assets, while re	eporting n	regative unrestricted net assets?	<u> </u>	
					Alasii	X
I declare under penalty of perjury that and belief, the content is true, correct			anying d	ocuments, and to the best of my knowle	age	
20101, 110 00110111 10 1100, 0011000			_	Described and CEO		
Signature of Authorized Agent	<u>.</u>	Robert A Hutsel Printed Name	<u>F</u>	President and CEO Title	Date	
Signature of Authorized Agent		Fillited Name		Titlo		

The San Diego River Park Foundation 2024 Form RRF-1 Attachments CA Charity Registrations Number 121803 CA Corporation Number 2351296

Part B, Question #5

1. City of El Cajon

200 Civic Center Way

El Cajon, CA 92020

Contact: Paul Romero Phone: (619)441-1562

Email: promero@cityofelcajon.us

2. City of San Diego Public Utilities Department

9192 Topaz Way

San Diego, CA 92123 Contact: Dirk Smith Phone: (619) 533-6641

Email: ddsmith@sandiego.gov

3. City of San Diego Environmental Services

9601 Ridgehaven Ct, Ste 320

San Diego, CA 92123 Contact: Stephen Bilecz Phone: (858) 627-3316

Email: SBilecz@sandiego.gov

4. City of San Diego Storm Water Division

9370 Chesapeake Drive, Suite 100

San Diego, CA 92123 Contact: Craig Gustafson Phone: (858) 541-4326

Email: CGustafson@sandiego.gov

5. City of San Diego Homelessness Strategies and Solutions Department

202 C Street, A8 San Diego, CA 92101

Contact: Leticia Rodriguez Phone: (619) 987-0178

Email: rodriguezl@sandiego.gov

6. San Diego County, CE/NRP Program

Office of Economic Development and Government Affairs

1600 Pacific Highway, Room 152

San Diego, CA 92101 Contact: Caroline Smith Phone: (619) 531-5198

7. San Diego Association of Governments

401 B Street, Suite 800 San Diego, CA 92101 Contact: Kim Smith Phone: (619) 595-5660

Email: Kim.Smith@sandag.org

8. San Diego County, Fish & Wildlife Advisory Commission

9325 Hazard Way, Suite 100

San Diego, CA 92123 Contact: Garrett Cooper Phone: (858) 694-2472

Email: sdcawm@sdcounty.ca.gov

9. State of California

715 P Street, 20th Floor Sacramento, CA 95814 Contact: Karen Nenahlo Phone: (916) 902-5561

Email: Karen.Nenahlo@resources.ca.gov

Part B, Question #8

The Organization engaged an independent CPA firm to conduct an audit.