# Form **990**

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2010

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2010 calendar year, or tax year beginning , 2010, and ending , 20 C Name of organization The San Diego River Park Foundation D Employer identification number Check if applicable: Doing Business As 01-0565671 Address change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change 619 297 7380 4891 Pacific Highway 114 Initial return City or town, state or country, and ZIP + 4 Terminated Amended return San Diego, CA 92110 G Gross receipts \$ 592,354 F Name and address of principal officer: Robert Hutsel H(a) Is this a group return for affiliates? Yes Vo Application pending H(b) Are all affiliates included? ☐ Yes ☑ No 4891 Pacific Highway, Suite 114, San Diego, CA 92110 If "No." attach a list. (see instructions) √ 501(c)(3) 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status: Website: ▶ www.sandiegoriver.org H(c) Group exemption number Form of organization: 

☐ Corporation ☐ Trust ☐ Association ☐ Other ► 2001 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: The mission of the San Diego River Park Foundation is to support and empower community groups working to restore and enhance the San Diego River and to foster Activities & Governance stewardship of this important community and regional asset in perpetuity. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets, Number of voting members of the governing body (Part VI, line 1a) . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) . . . . . 6 5,794 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year Contributions and grants (Part VIII, line 1h) . . . 553.079 588,523 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 3,747 5,733 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 72 57 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 558,884 592,327 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 198,733 244,716 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . . 250,583 237,881 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 449,316 482,597 19 Revenue less expenses. Subtract line 18 from line 12 105.342 109,730 Beginning of Current Year 20 Total assets (Part X, line 16) 2,159,668 2,269,455 21 Total liabilities (Part X, line 26) . 4,177 8 22 Net assets or fund balances. Subtract line 21 from line 20 2,155,491 2.269.447 Part II Signature Block Under penalties of perjury, examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and icer) is based on all information of which preparer has any knowledge. Sign Date Here Executive Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check if Preparer self-employed Firm's name **Use Only** Firm's EIN ▶ Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990	
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	The mission of the San Diego River Park Foundation is to support and empower community groups working to restore and
	enhance the San Diego River and to foster stewardship of this important community and regional asset in perpetuity.
2	Did the organization undertake any significant program services during the year which were not listed on the
~	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section
	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 347,357 including grants of \$ ) (Revenue \$)
	Education, Engagement, and Stewardship Program. This program is an integrated effort to raise awareness about the San Diego
	River and efforts to create a river-long park system, and improve the health of the river by monitoring, restoration, removing trash and debris, and other park related activities. In 2010 107,535 pounds of trash was removed by volunteers. 20,169 hours of
	volunteer service were coordinated and several neighborhood parks were cared for.
	volunteer Service were coordinated and Several heighborhood parks were calculor.
4b	(Code: ) (Expenses \$ 20,112 including grants of \$ ) (Revenue \$ )
	San Diego River Days. This two week series of activities is organized to raise awareness about efforts to create the San Diego
	River Park system. The River Park Foundation coordinated more than 20 different organizations to hold more than 30 activities in
	2010 including a day-long family festival and a youth day of service. It is estimated that more than 10,000 people participated in these events.
4-	
4c	(Code: ) (Expenses \$ 45,466 including grants of \$ ) (Revenue \$ )
	Save the Source Program. This program acquires open space lands, promotes nature-based activities, and encourages stewardship of these lands. This is done through collaboration with partners with the goal of conserving important areas of
	the upper San Diego River watershed.
	***************************************
	***************************************
	Other program assistant (D. 11 i. O. 1. 1. 1. O. 1.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 23.828 including grants of \$ \\/\(\(\)\/\(\)\/\(\)\/\(\)\/\(\)\\\\\(\)\\\(\)\\\(\)\\\\\\
4e	Total and the state of the stat
	Total program service expenses ► \$436,763

Part I	V Checklist of Required Schedules		Yes	No
	Total Control of 4047(a)(1) (ather than a private foundation)? If "Yes"	$\dashv$	-	OCTANO.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	1	
-	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	1	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	le 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 Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		1
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	6		1
-	complete Schedule D, Part I			<del>                                     </del>
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; 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,"	^		1
40	complete Schedule D, Part IV	9	-	+
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• • •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	aab		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b	-	\ <u>\</u>
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	1
f	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 under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	$\vdash$	1
0	Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			1,
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	1
12	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	170	+	+
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
. <del>-</del>	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	_	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			1,
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			Ť
	If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	-	1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part I	V Checklist of Required Schedules (continued)		Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
21	in the United States on Part IX column (A) line 1? If "Yes," Complete Scriedule I, Faits Faitur	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the Orlice States			,
	on Part IX. column (A). line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>√</b> _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a 24b		1
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	200		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Approximation of the contract		
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	33		
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
			00	0 10040

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check is confedure of contains a responde to any question in allot are a first transfer and transfer are a first transfer and transfer are a first transfer and transfer are a first transfer are a first transfer and transfer are a first tran		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   3		33	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	1,000,000,000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		<b>V</b>
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a		_		
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible?	6a		1
b		- Oa		-
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	WIN	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
		7c		✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year			
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		1
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	///		✓
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			Transfer III
a b	Did the organization make any taxable distributions under section 4966?	9a		Resc Allere
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
а	Section 501(c)(7) organizations. Enter:			engles entre
b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from marshaus and all			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 494/(a)(1) non-exempt charitable trusts. Is the organization filing Form 000 in line of Females.	12a	200 E	
b 13	the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for 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			
_	the diganization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		✓
	, p. ondo an explanation in Scriedule U.	14b	- 1	

Part \	The support and Disclosure For each "Yes" response to lines 2 through 70 be	low, al	na to chea	ora Jule
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	3 111 00		idio
	O. See instructions.  Check if Schedule O contains a response to any question in this Part VI			<b>V</b>
Contin	on A. Governing Body and Management			
Secuc		Y	es	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
b	- I the mark and tracking members included in line 1a above, who are independent . I in			#1.5 2007.3
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?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	$\perp$	<u>√</u>
4	Did the erganization make any significant changes to its governing documents since the prior Form 990 was filed?	5	$\dashv$	<u>√</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets:	6		<u>√</u>
6	Does the organization have members or stockholders?	-	-+	<u>·</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	_	<u>/</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	1	
а	The governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	de.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
i i a	form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100.00		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>√</b>	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	-	<b>√</b>	
14	Does the organization have a written document retention and destruction policy?	14	<b>✓</b>	H19 611
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?			
a	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	000 00000	<b>√</b> _
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?	16-		7
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	16a		<b>/</b>
8001	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	i)s only	) ava	ilable
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Robert Hutsel, 4891 Pacific Highway, Suite 114, San Diego CA 92110 (619) 297-7380	of the		

		LILL LO
Part VII	Compensation of Officers, Directors, Trustee	s, Key Employees, Highest Compensated Employees,
	and Independent Contractors	

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 instructions for definition of "key employee."
- List the organization's five current highest compensated who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	or any relate	d org	aniz	atio	n c	ompe	nsa			
(A)								(E)	(F)	
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	individual tr or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Jo Ann Anderson	1							0	0	0
Board Vice Chair	•	1		1						•
(2) Michael Beck			П					0	0	0
Board Chair	- 3	1		1					U	U
(3) Charles Berwanger										
Board Treasurer	1	1		1				0	0	0
(4) Dr. Kurt Benirschke			T		Τ					
Board Member	1	1						0	0	C
(5) Janie DeCelles			T							
Board Member	- 1	1						0	0	(
(6) Sam Duran										
Board Member	- 1	1						0	0	
(7) Joan Embry Pillsbury			T	T	T		1			
Board Member	1	1						0	0	(
(8) Robert Hutsel			$\vdash$	$\vdash$			$\vdash$			
Executive Director	- 40			1		1		80,304	0	4,274
(9) Cary Lowe			T	T	$\vdash$		$\vdash$			
Board Member	1	1					-	0	0	(
(10) James Peugh		<u> </u>	$\vdash$	1	T	<u> </u>	$\vdash$	<b>1</b>	<del>                                     </del>	
Board Member	1	1			-			0	. 0	
(11) Philip Pryde		-	$\vdash$	$\vdash$	$\vdash$	<del>                                     </del>	$\vdash$	<b> </b>		
Board Member	1	1						0	0	C
(12) M Lea Rudee	1	<u> </u>		$\vdash$	$\vdash$	$\vdash$	$\vdash$	<del> </del>		
Board Vice Chair	1	1		1		-		0	0	C
(13) James Ryan		<u> </u>	$\vdash$	†	$\vdash$	<del>                                     </del>	$\vdash$	<u> </u>		
Board Member	1	1						0	0	C
(14) Tom Sudberry			$\vdash$	$\vdash$	$\vdash$		$\vdash$			
Board Member	1	1						0	0	C
(15)			T							
(16)		-	-	-						
	7		1			1				

Part V	Section A. Officers, Directors, Trus	tees, Key	Emplo	yee			Highe	St	ompensateu	/E)	Turiue	(F)
	(A)	(B)	D#	<i>(</i>	)) book	-	hat app	ohd.	(D) Reportable	(E) Reportable		Estimated
	Name and title	Average hours per week (describe hours for related organizations in Schedule	Individual trust or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		amount of other compensation from the organization and related organizations
(17)		O)		Ψ	_	_	ed				+	
<u>\</u>				_			<u> </u>	_			+	
(18)											_	
(19)												
(20)												
(21)												
(22)												
(23)				T								
(24)		-			T			T				
(25)		-	1		T	T		T				
(26)			1		T	t						
(27)			1	$\dagger$	T	$\dagger$		1			$\top$	
(28)			+	$\dagger$	1	T		$\dagger$			1	
1b	Sub-total				ㅗ	<u></u>	<u> </u>	<b> </b>	80,30	4	0	4,274
C	Total from continuation sheets to Par Total (add lines 1b and 1c)							<b>&gt;</b>	80,30	4	0	4,274
2	Total number of individuals (including bureportable compensation from the organ	ut not limite	ed to t	thos			abov	/e) \			,000	in
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If</i> "Yes," complete	officer, dire	ector	or t				em	ployee, or hig	hest compens	ated	3 ✓
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive for services rendered to the organization											CONTRACTOR OF CONTRACTOR STREET, CONTRACTOR OF CONTRACTOR
	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization.	compens	ated ii	nde	pen	den	t con	trac	tors that recei	ed more than	\$100	,000 of
	(A) Name and business ad	ldress							(B) Description of	services	(	(C) Compensation
None								1				
		9413911 AMIL						+			3	
-								1				
2	Total number of independent contract received more than \$100,000 in compet								those listed a	bove) who		Experience of the second of th

Part	VIII	Statement of Reven	nue					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Table and the second se	The British Page 1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
(D (B	1a	Endarated compaigns	1a	1		TOVORIGO		
ant		Federated campaigns . Membership dues		1			2-20-22-22-23	
95	b						2797	
fts, an	C	Fundraising events						
gilar	d	Related organizations .					Section Control	
ons,	е	Government grants (contrit		187,654				
utio	f	All other contributions, gifts, and similar amounts not include						
흔				400,869				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included		0			7.70 Carrier 19	Land State of the
	h	Total. Add lines 1a-1f.	<u></u>		588,523	1000	100	
Program Service Revenue				Business Code				20 Demokratik
e e	2a	***************************************						
ď	b	***************************************						
Ş.	С		~~~~~					
Se	d							
ag ag	е							
.go	f	All other program service						
	g	Total. Add lines 2a-2f						
	3	Investment income (in						
		and other similar amour	-	▶	3,747			3,747
	4	Income from investment o	f tax-exempt b	oond proceeds ►				
	5	Royalties	<u></u>	🕨				
			(i) Real	(ii) Personal				
	6a	Gross Rents						
	b	Less: rental expenses						T at the second
	С	Rental income or (loss)			Victor Tolograms		442400000000	
	d	Net rental income or (lo	ss)		-	The committee of the first of the second section of the section of		The second secon
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis					100 m to the	
		and sales expenses .						
	С	Gain or (loss)						State State of the
	d	Net gain or (loss)		▶				To children and the second of
Ø								10 mm
Ž	8a	Gross income from fund	draising					
evenue		events (not including \$						
æ		of contributions reported		4				
Other Re				a				
₽	b	Less: direct expenses .	1	b				Entractic Control of Control
	C	Net income or (loss) from	m fundraising	events . >				Accessed Afficiency for the Control of the Control
	9a	Gross income from gami	ing activities.					
		See Part IV, line 19		a				
	b	Less: direct expenses .	I	0				
	C	Net income or (loss) from	m gaming ac	tivities >				
	10a	Gross sales of inve	entory, less					
		returns and allowances		84				
	b	Less: cost of goods sold	d k	27				
	С	Net income or (loss) from	m sales of inv	The state of the s	57			57
		Miscellaneous Reve	enue	Business Code				37
	11a							
	b	***************************************						
	С	******************						
	d	All other revenue				-		
	е	Total. Add lines 11a-11	d	>				
	12	Total revenue. See inst	ructions	▶	592,327			3,804

#### 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) but are not required to complete columns (B), (C), and (D).

Do 1	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			Maria de la companya	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	-			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	80,304	61,410	9,460	9,434
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	131,812	120,865	4,393	6,554
0	and section 403(b) employer contributions)	N		35 1	
9	Other employee benefits	14,603	13,105	722	776
10	Payroll taxes	17,997	15,463	1,186	1,348
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	7,495	4,592	347	2,556
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees		200		
g	Other				
12	Advertising and promotion	10,886	10,191	128	FC7
13	Office expenses	15,182		372	567 1,841
14	Information technology	2,879	2,605	127	1,041
15	Royalties	2,070	2,000	1.27	17/
16	Occupancy	29,227	25,253	1,845	2,129
17	Travel	2,090		0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			Λ.	***************************************
19	Conferences, conventions, and meetings .	350	301	23	26
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	4,284	4,277	3	4
23	Insurance	3,801	3,441	167	193
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column				AND SERVICE AND ADDRESS OF
	(A) amount, list line 24f expenses on Schedule O.)				
а	Taxes & Licenses	483	A72	-	-
b	Program Expense	83,443	83,443	5	6
C	Subcontract Expense	75,047	74,683	169	0
d	Dues & Subscriptions	965	965	0	195
е					U
f	All other expenses Bank Fees & Misc	1,748	639	21	1,089
25	Total functional expenses. Add lines 1 through 24f	482,597	436,763	18,968	26,865
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			-	

	Balance Sheet	(A)		(B) End of year
		Beginning of year		
1	Cash—non-interest-bearing	49,707	1	71,024
2	Savings and temporary cash investments	29,752	2	33,232
3	Pledges and grants receivable, net	FC 200	3 4	126,879
4	Accounts receivable, net	56,380	4	120,073
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net	,	7	
8	Inventories for sale or use	9,498	8	9,472
9	Prepaid expenses and deferred charges	2,245	9	1,700
10a	Land, buildings, and equipment: cost or			
b	other basis. Complete Part VI of Schedule D  Less: accumulated depreciation	2,016,310	100	2,027,148
11	Investments—publicly traded securities	2,010,310	11	2,027,140
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,163,893	_	2,269,455
17	Accounts payable and accrued expenses	4,177	17	
18	Grants payable		18	0
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Payables to current and former officers, directors, trustees, key			
21 22	employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25 26	Other liabilities. Complete Part X of Schedule D		25	
20	Total liabilities. Add lines 17 through 25	4,177	26	
	Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,015,348	0.7	0.404.004
28	Temporarily restricted net assets	26,532	27 28	2,164,622
29	Permanently restricted net assets	8,268	29	95,526 9,299
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	<b>0,208</b>	23	<b>5,23</b>
30	Capital stock or trust principal, or current funds	333		
31	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds .		31	
32	Transfer our inigo, chicowingili, accuminaten inchine or other time			
27 28 29 30 31 32 33 34	Total net assets or fund balances .  Total liabilities and net assets/fund balances .	2,159,717	33	2,269,447

orm 99	00 (2010)			Pa	ige 12
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				. 🗆
1 2 3	Total revenue (must equal Part VIII, column (A), line 12)	1 2 3		48 10	2,327 2,597 9,730
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O)	5		2,15	9,717
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,26	9,447
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				. 🗆
1	Accounting method used to prepare the Form 990:   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	oplain i	n I	Yes	No
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements audited by an independent accountant?		. 2b		<b>√</b>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, experience of the organization changed either its oversight process or selection process during the tax year, experience of the organization changed either its oversight process or selection process during the tax year, experience of the organization changed either its oversight process or selection process during the tax year, experience of the organization changed either its oversight process or selection process.	untant?	2c		
d	Schedule O.  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yes issued on a separate basis, consolidated basis, or both:	ear wer	e		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		200		7 to 200 to 200

3a

3b

Form **990** (2010)

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

# **Public Charity Status and Public Support**

OMB No. 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number Name of the organization 01-0565671 The San Diego River Park Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated b Type II e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 organization in col. support organization governing document? col. (i) of your (i) organized in the above or IRC section support? US? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	268,013	447,390	1,086,511	553,079	588,523	2,943,516
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-			,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge			æ			
4	Total. Add lines 1 through 3	268,013	447,390	1,086,511	553,079	588,523	2,943,516
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						477,113
<sup>.</sup> 6	Public support. Subtract line 5 from line 4.					100	2,466,403
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	268,013	447,390	1,086,511	553,079	588,523	2,943,516
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68	323	<10,594>	5,733	3,747	<723>
9	Net income from unrelated business activities, whether or not the business is regularly carried on						-
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		,	ž.			
11	Total support. Add lines 7 through 10	and the second					2,942,793
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	31 667
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
Cooti	organization, check this box and stop he			<u> </u>	· · · · ·		▶ □
14	on C. Computation of Public Suppor	t Percentage	<u> </u>				
15	Public support percentage for 2010 (line 6 Public support percentage from 2009 Sch	o, column (t) di		2.72		14	83.8 %
16a	331/3% support test—2010. If the organi-	redule A, Part I	I, line 14 .			15	80.7 %
	331/s% support test—2010. If the organization qual	lifies as a nubli	cly supported	on line 13, and	l line 14 is 331/	3% or more, cl	
b	331/3% support test—2009. If the organ	ization did no	t check a boy	organization	100 and line		. ▶ ☑
	check this box and stop here. The organi	zation qualifies	s as a publicly	SUDDORFED OF	roa, and line		<b>-</b>
17a	check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
b	15 is 10% or more, and if the organization me Explain in Part IV how the organization me	109. If the organion meets the eets the	nization did no "facts-and-cir -and-circumst	t check a box cumstances" t	on line 13, 16a test, check thi	a, 16b, or 17a, s box and sto	
18	supported organization	d not check a b	oox on line 13	16a 16h 17a	or 17h chook	this box and	. D

20

Schedule	e A (Form 990 or 990-EZ) 2010			PANI 1/A1			
Part	Support Schedule for Organiza	tions Descri	bed in Section	on 509(a)(2)		lie	an Dowt II
	(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.						
	If the organization fails to qualify	under the tes	ts listed belo	w, please co	mplete Part II	.)	
Section	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	l			-		
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities				1		
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid		8				
	to or expended on its behalf		-				
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b ·	Amounts included on lines 2 and 3						
	received from other than disqualified	2					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	ion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	(4)	(2) 2001	(0, 200	(4) 2000	(0)	(7)
10a							
100	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975		-				
11	Add lines 10a and 10b						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12		<b> </b>					
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	**	L					
14	First five years. If the Form 990 is for the	ne organization	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	on 501(c)(3)
Cook	organization, check this box and stop he						▶ 🗆
	on C. Computation of Public Suppor	rt Percentag	<u>e</u>	•••			
15	Public support percentage for 2010 (line 8	B, column (f) di	vided by line 1	3, column (f))		15	%
16 Sooti	Public support percentage from 2009 Sch	nedule A, Part	III, line 15 .	<u></u> .	<u></u>	16	%
	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2010 (	line 10c, colum	nn (f) divided b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2009	Schedule A. I	Part III, line 17			18	0/6
19a	331/3% support tests—2010. If the organ	ization did not	check the box	on line 14 ar	nd line 15 is m	ore than 331/3	% and line
	17 is not more than 331/2% check this box and stop here. The experiencing qualifies are a while the stop more than 35/39%, and line						
	and an analysis of the state of	and orop noros	or garnzan	on quannos as a	a publicly suppo	oneu organizat	ion . 🕨 📋
b	331/3% support tests—2009. If the organiz	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than :	331/3%, and
b	331/3% support tests—2009. If the organiz line 18 is not more than 331/3%, check this	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than :	331/3%, and

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

rt IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	
	instructions).	_
	·	
	·	

### Schedule B

(Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990, 990-EZ, or 990-PF.

**Employer identification number** 01-0565671

The San Diego River Park Foundation								
Organiza	Organization type (check one):							
Filers of	:	Sect	tion:					
Form 996	0 or 990-EZ	<b>V</b>	501(c)(	3	) (enter number) o	rganization		
			4947(a)(	1) no	nexempt charitable	e trust not treated	as a private	foundation
			527 poli	tical	organization			
Form 99	0-PF		501(c)(3	) exe	mpt private founda	ation		
			4947(a)(	(1) no	nexempt charitabl	e trust treated as a	private four	ndation
			501(c)(3) taxable private foundation					
Note. O instructi	ons.  I Rule  For an organization property) from any o	7), (8), filing	or (10) or	gan ), 99	zation can check b 0-EZ, or 990-PF th	oxes for both the o		and a Special Rule. See
Special	Rules							
<b>V</b>	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year							
Caution 990-EZ	n. An organization tha , or 990-PF), but it m	at is n <b>ust</b> a	ot covere	ed by	the General Rule a	and/or the Special s Form 990, or che	Rules does r	not file Schedule B (Form 990, on line H of its Form 990-EZ, or on

line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
The San Diego River Park Foundation

Employer identification number 01-0565671

raili	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	The San Diego Foundation  2508 Historic Decatur Road, Suite 200  San Diego, CA 92106	\$ 33,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2 (a)	Kinder Morgan Energy Partners LLC  500 Dallas, Suite 1000  Houston, TX 77022	\$ 5,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Sudberry Family Trust  5465 Morehouse Drive, Suite 260  San Diego, CA 92121	\$ 9,400	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4 (a)	Takeda San Diego Inc  10410 Science Center Drive  San Diego, CA 92121	\$ 6,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
(a)	The Burnett Family Charitable Foundation  501 Silverside Road, Suite 123  Wilmington, DE 19809	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Sempra Energy Foundation  101 Ash Street  San Diego, CA 92101	\$\$	Person  Payroll  Noncash  (Complete Part II if there is
			a noncash contribution.)

Name of organization
The San Diego River Park Foundation

Employer identification number
01-0565671

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SDG&E PO Box 129007	 \$ 21,500	Person  Payroll  Noncash
	San Diego, CA 92112		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Guthrie and Sons  4977 West Point Loma Blvd  San Diego, CA 92107	\$\$ <u>8,300</u>	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	Heller Foundation  9255 Town Center Drive, Suite 820  San Diego, CA 92121	\$5,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	Union Bank Trust Department  PO Box 45038  San Francisco, CA 94145	\$\$, 7,500	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11 (a)	PO Box 770001  Cincinnati, OH 45277	\$ 11,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	City of San Diego  202 C Street  San Diego, CA 92101	\$\$	Person Payroll Noncash (Complete Part II if there is
			a noncash contribution.)

Name of organization **Employer identification number** The San Diego River Park Foundation 01-0565671 Part I Contributors (see instructions) (a) (d) (c) No. Type of contribution Name, address, and ZIP + 4 Aggregate contributions 13 Recreational Equipment Inc Person V **Payroll** PO Box 1938 10,000 Noncash (Complete Part II if there is Sumner, WA 98390 a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person П **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person **Payroll** П Noncash П (Complete Part II if there is a noncash contribution.)

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection ▶ Attach to Form 990. ▶ See separate instructions. **Employer identification number** 

Cat. No. 52283D

Schedule D (Form 990) 2010

01-0565671 The San Diego River Park Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ✓ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . . . . 1 2a 104.11 Number of conservation easements on a certified historic structure included in (a) . . . . 0 Number of conservation easements included in (c) acquired after 8/17/06, and not on a 0 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X . For Paperwork Reduction Act Notice, see the Instructions for Form 990.

n	_	_	_	_	2
	۲	а	а	е	~

Part		Collections of A	art, Historical T	reasures	, or Oth	ner Similar As	sets (continued)
3	Using the organization's acquisition, a	ccession, and oth	er records, chec	k any of th	e follow	ing that are a s	significant use of its
	collection items (check all that apply):	ii					
а	☐ Public exhibition		d 🗌 Loa	n or exchar	nge prog	grams	
b	Scholarly research		e 🗌 Oth	er			
C	Preservation for future generation	S					
4	Provide a description of the organization	on's collections a	nd explain how th	ney further	the orga	anization's exer	npt purpose in Part
	XIV.						
5	During the year, did the organization s	solicit or receive of	ionations of art,	historical tr	easures	, or other simila	ar
	assets to be sold to raise funds rather	than to be maintai	ned as part of the	e organizati	on's col	lection?	☐ Yes ☐ No
Part		ngements. Con	nplete if the org	anization a	answer	ed "Yes" to Fo	orm 990, Part IV,
	line 9, or reported an amount						
1a	Is the organization an agent, trustee,						ot
	included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	rt XIV and comple	te the following to	able:	,		
						A	mount
C	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amoun		rt X, line 21? .				☐ Yes ☐ No
Company of the last of the las	If "Yes," explain the arrangement in Pa						
Par	Endowment Funds. Comple						
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	8,268	7,030		10,000	4.4	
b	Contributions						70 Carl 1997 Car
C	Net investment earnings, gains, and						E - A - A - A - A - A - A - A - A - A -
2	losses	1,031	1,238		-2,970		
d	Grants or scholarships						A 15 C 10 K 17 C
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance	9,299	8,268	<u> </u>	7,030	ransansan Araba ya Marana Araba	
2	Provide the estimated percentage of the						
a b	Board designated or quasi-endowmen	it ►	_%				
C	Permanent endowment ►  Term endowment ► %	%					
3a	Are there endowment funds not in the	nocceccion of th	o organization th	at are hold	and ad-	ministered for N	<b>5-</b>
	organization by:	possession or th	e organization th	at are rielu	anu aui	imistered for the	<del></del>
	(i) unrelated organizations						Yes No
	(ii) related organizations						3a(i) √
b	If "Yes" to 3a(ii), are the related organization	zatione listed as re	auired on Sched				3a(ii) ✓
4	Describe in Part XIV the intended uses	of the organization	n's endowment f	unde .			3b
Parl		ment. See Form	990 Part X lin	e 10			
	Description of investment	(a) Cost or oth		or other basis	(6) (	Accumulated	(d) Book value
	-	(investme		ther)		preciation	(u) book value
1a	Land			2,006,129	series de serie		2,006,129
b	Buildings			-,,0			2,000,129
C	Leasehold improvements						
d	Equipment			35,437	·	14,418	21,019
e	Other					14,41.5	21,013
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	0, Part X, column	(B), line 10	D(c).) .	▶	2,027,148

Part VII Investments—Other Securities.	See Form 990, Part	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)  Table (Column (b) must om all Form 000 Part V and (D) line 10.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		V 10
Part VIII Investments—Program Related		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) (10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Pa	rt X line 15	
	) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10) <b>Total.</b> (Column (b) must equal Form 990, Part X, co	ol /D) line 15 )	
Part X Other Liabilities. See Form 990,	Dort V line 25.	
1. (a) Description of liability	(b) Amount	The state of the s
(1) Federal income taxes	(b) / anothe	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		
Total (Column to) must equal form 990, Part X, col. (B) line 25.)		
2 EINI 49 (ACC 740) Foots 1 5 1301		to the organization's financial statements that reports the

			-
-	Da	0	4

	XI Reconciliation of Change in Net Assets from Form 990 to A	dited Financial Statem	nents
	Reconciliation of Change in Net Assets from Form 990 to Al Total revenue (Form 990, Part VIII, column (A), line 12)		1
1	Total expenses (Form 990, Part VIII, column (A), line 12)		2
2	Total expenses (Form 990, Part IX, Column (A), line 25)		3
3	Excess or (deficit) for the year. Subtract line 2 from line 1		4
4	Net unrealized gains (losses) on investments		5
5	Donated services and use of facilities		
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and 9	10
Part	XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue pe	r Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		44.6
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
	Recoveries of prior year grants	2c	
.C	Other (Describe in Part XIV.)		
d	Add lines 2a through 2d		2e
e	Subtract line 2e from line 1		3
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		105 \$119 F 17
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	4a	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b	
b	Other (Describe in Part XIV.)		4c
c	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	nemin With Evnences	nor Potura
Part	XIII Reconciliation of Expenses per Audited Financial Stater	nents with Expenses	per neturn
1	Total expenses and losses per audited financial statements		.   1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1	,	. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
С	Add lines 4a and 4b		. 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		
Part	XIV Supplemental Information		
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and	9: Part III, lines 1a and 4	: Part IV. lines 1b and 2b;
	/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII		
	dditional information.	* PROFESSIONAL STATE OF STATE	• · · · · · · · · · · · · · · · · · · ·
-	I Line 9 Conservation Easements. The San Diego River Park Foundation has n	ot assigned a value to the	
cons	ervation easement that it holds and has not recorded a value for it either on its	Revenue and Evnense Sta	tement
or Ba	alance Sheet,		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Part V	/ Line 4 Endowment Fund The primary purpose of the Eagle Book Presence 5	and shall he to common the	S
. alt	V Line 4 Endowment Fund. The primary purpose of the Eagle Peak Preserve Fu	and shall be to support the	Jaii
Dieg	o River Park Foundation's efforts in maintenance, management, improvements	, and programs of the Eagl	e
-			
Peak	Preserve.		

Schedule D (For	rm 990) 2010	Page 5
Part XIV	m 990) 2010 Supplemental Information (continued)	
÷		



#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

**Employer identification number** 

The San Diego River Park Foundation	01-05656/1
Form 990 Part III Line 4d: River Discovery Center at Grant Park. This is a program to create an education	on center, community center and
nature park within an urban community. This program is working to advance plans for the facility and engage the community and	
interested parties in the design and future use of the facility.	
Form 990 Part VI Line 11b: The Form 990 is prepared by the Accountant and reviewed by the Executive Director. Once	
the Form 990 has been approved by Staff and before being submitted to the Internal Revenue Service, the Board	
Finance Committee is provided a copy for review and comment.	
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. A policy is provided to the Board of Directors each year at the annual meeting. Prior to each Board	
action at its meetings, Board Members are given the opportunity to disclose any conflicts that they, or any other Board	
Members may have with the proposed action.	
Form 990 Part VI Line 15: The Executive Committee of the Board of Directors reviews and considers t	he compensation of
the Executive Director annually. As part of this process, at least two salary compensation studies are	
Board of Directors approves the compensation of the Executive Director as part of its annual approva	al and adoption of
the organization's annual budget.	
Form 990 Part VI Line 19: The organization's governing documents, conflict of interest policy, and fina	
can be viewed by formal request at the organization's corporate headquarters. This information is pro-	
organization's website and office personnel are provided training on responding to such inquiries. The	e organization's
tax return can also be viewed at www.guidestar.org.	
***************************************	