2023 Exempt Org. Return

prepared for:

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

533 LOMAS SANTA FE DR SOLONA BEACH, CA 92075

COPY

Leaf & Cole, LLP

2810 Camino Del Rio South, Suite 200 San Diego, CA 92108

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2023 calen	idar year, or ta	x year begiı	nning 7	/01	, 202	23, an	ıd endin	ig 6	5/30		,	20 2024		
В	Check	if applicable:	С								D E	mploy	er identif	ication number		
	X A	ddress change	BOYS AND	GIRLS (CLUBS O	F SAN DI	EGUITO					95-2	24704	35		
		ame change	533 LOMAS										ne numbe			
	_	itial return	SOLONA BE									252	755	9371		
	\blacksquare			•							-	556.	. 755.	9311		—
	_	nal return/terminated											~	0 55		
	-	mended return	<u> </u>										ceipts \$			
	A	pplication pending		dress of princip	al officer: M	ARINEKE	VANDERVO	ORT			his a group			— —		Nο
			SAME AS (C ABOVE						H(D) Are	all subord No," attach	dinates n a list.	included See inst	ructions.	es	No
I	Tax-	exempt status:	X 501(c)(3)	501(c) ()	(insert no.)	4947(a)(1)	or	527		.,					
J	We	bsite: W	W.BGCGREA	TERTOGE	THER.OF	RG				H(c) Gro	up exemp	tion nu	mber			
K	Forn	n of organization:	X Corporation	Trust	Association	Other		L Year	r of formati	ion: 19	966	M s	tate of le	gal domicile: (CA	
Pa	rt I	Summai	ry	<u> </u>												
	1		ibe the organiz	ation's miss	sion or mos	st significant	activities:T	II O	MPACT	THE	LIVE	S OI	THE	YOUTH	WHO	
a			MOST THRO											. — — — — .		
ũ																
Governance																
Š	2	Check this be	ox if the	e organizatio	on disconti	nued its ope	rations or di	spose	ed of mo	ore than	1 25% d	of its i	net ass	ets.		
ŏ	3	Number of vo	oting members	of the gove	rning body	∕ (Part VI, İir	ne 1a)						3			21
•ජ ග	4		ndependent vot										4			21
Ë	5		r of individuals										5		3	322
Activities &	6		r of volunteers										6			50
ĕ			ed business re									L	7a			0.
	b	Net unrelated	d business taxa	able income	from Form	n 990-T, Par	t I, line 11						7b			0.
								_			Prior \			Current		
Φ	8	Contributions	and grants (P	Part VIII, line	e 1h)			×://:			2,43			2,04		
Revenue	9	Program ser	vice revenue (F ncome (Part VI	Part VIII, lin	e 2g)		:::::([[]):	. 7. (.			4,84			5,48		
eve	10											6,8			5,79	
—	11		ie (Part VIII, co									6,3			6,71	
	12		e — add lines 8								8,04	5,1	04.	8,37	8,01	<u> 10.</u>
	13		similar amounts				•									
	14	•	d to or for mem	•												
S	15	Salaries, oth	er compensation	on, employe	e benefits	(Part IX, col	lumn (A), lin	es 5-	10)		4,72	1,7	48.	4,94	8,96	<u> 59.</u>
Expenses	16a	Professional	fundraising fee	es (Part IX,	column (A)), line 11e).										
be	b	Total fundrai	sing expenses	(Part IX. co	lumn (D).	line 25)		401	,295.							
Ж	17		ses (Part IX, co			_					2,71	1 7	40	3,00	7 04	
	18		ses. Add lines 1								7,43			7,95	_	
	19	•	s expenses. Su	-												
		Revenue les	s expenses. 30	ibliact iiile	16 110111 1111	E 12						1,6			1,07	<u> 19.</u>
s or nces	20	Total accets	(Part X, line 16	5)							ning of C			End of		07
sse Bala	20 21		es (Part X, line	•						•	12,19 1,01			13,03		
Net Assets Fund Balanc	21		,	,										1,35		
고급	22		r fund balances	s. Subtract	line 21 fron	n line 20				-	11,18	6,1	92.	11,67	7,9	<u>/0.</u>
	rt II	Signatu														
Unde	er penal	Ities of perjury, I d	eclare that I have ex arer (other than office	xamined this ref	turn, including	accompanying s	chedules and sta	atemen wledge	its, and to	the best o	of my knov	vledge	and belie	f, it is true, corr	ect, and	t
		1									T					
٥.		Signature of	f officer							Date	2					_
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пе	re		EKE VANDER It name and title	RVORT					Ĺ	EO						_
		21 1			Dronavari-	cianatura		In	ato				1 I-	OTINI		
	_		preparer's name		Preparer's	-		ا ا	ate	.	Check		1 "	TIN		
Pa			KIKUNO			KIKUNO			5/12/	²⁵	self-e	mploye	d I	20134764	4	
Pre	epar	er Firm's nam		& COLE,	LLP											
Us	e Or	Ily Firm's addr		CAMINO			SUITE 2	200			Firm's	S EIN		2076568		
					A 92108						Phone	e no.	619.	294.720	0	
May	/ the	IRS discuss th	nis return with	the prepare	r shown ab	ove? See in	structions				 .			X Yes	1	No

Check if Schedule O contains a response or note to any line in this Part III. Bindly describe the organization's mission: SEE SCHEDULE 0	Par	t III		X
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 Extraction cases conducting, or make significant changes in how it conducts, any program services?	1	Briofly		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ2 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?	•		E SCHEDIII E O	
Form 990 or 990-E22.		200		
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all "Yes," describe these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services?	2	Did th	the organization undertake any significant program services during the year which were not listed on the prior	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No if Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 2,335,552; including grants of \$) (Revenue \$ 1,664,496.) BCC AQUATICS PROGRAM 456 CHILDREN SERVED - THE AQUATICS PROGRAM OFFERS YEAR-ROUND COMPETITIVE SUMMING THROUGH THE AWARD-VINNING RANCHO SAN DIEGUITO (RSD) SWIM TEAM, SMIM LESSONS, RECREATIONAL AND LAP SWIM TIME, WE CHAMPION WATER SAFETY IN SAN DIEGO COUNTY, PROVIDING THOUSANDS OF SWIMMING LESSONS EACH YEAR, RSD IS RANKED AS ONE OF THE TOP 200 SWIM CLUBS IN THE NATION BY USA SWIMMING, ALDMAI HAVE RECEIVED \$3,140,000+1,659,443. 733,449. OUR SEVEN BRANCHES PROVIDE DIVERSE ACTIVITIES IN OUR AFTER SCHOOL, IN SCHOLARSHIPS TO OVER 50 UNIVERSITIES. 4b (Code:) (Expenses \$ 996,866; including grants of \$) (Revenue \$ 1,223,937.) SEF_SCHEOULE O. 4c (Code:) (Expenses \$ 1,071,022; including grants of \$) (Revenue \$ 1,223,937.) SEF_SCHEOULE O. 4b (Code:) (Expenses \$ 996,866; including grants of \$) (Revenue \$ 850,677.) BCC ATHLETIC PROGRAM 2,264 CHILDREN SERVED THE ATTLETICS DEPARTMENT OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDLE SCHOOL SPORTS PROGRAM, YOUTH AT FIVE MIDDLE SCHOOLS CAN PRAITCIPATE IN TEN DIFFERS PROFITS FOR ELEMENTARY HOOPS, SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBALL PROGRAMS. THIS PROGRAM PROMOTES POSITIVE SOCIAL-EMOTIONAL HEALTH, AND EDUCATIONAL OUTCOMES IN CHILDREN AND TEENS.		Form	m 990 or 990-EZ?	X No
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
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		Х
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 Revenue Procedure 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, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
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.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 253 If "Yes," complete Schedule D, Part X	11e	Χ	
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	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Χ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, 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 for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		Х
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023) BOYS AND GIRLS CLUBS OF SAN DIEGUITO Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
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? <i>If "Yes," complete Schedule J.</i>	23	Х	
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 25a.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		V	. [
1 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
ВΛΛ	TFFA01041 08/23/23		990 ((0000)

Form 990 (2023) BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 322			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
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		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Х
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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
·	If the organization received a contribution of qualified intellectual property, did 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. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
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 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
BAA	TEEA0105L 08/23/23	Form	990	2023)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 21 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH O Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... 6 Χ 7a 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?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official.. SEE. SCHEDULE..Q...... 15a **b** Other officers or key employees of the organization...SEE .SCHEDULE .Q..... 15b X If "Yes" to line 15a or 15b, describe 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 X **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. DEBI COX 533 LOMAS SANTA FE DR SOLONA BEACH CA 92075 858.755.9371

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an Institutio	s pe	ition more rson i irecto	n oh s both s r/truste the both this both this both this both s both s both s both s r/truste lemployee	an ee)	(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)	MARINEKE VANDERVORT	40									
	CEO	0			Χ				222,648.	0.	12,877.
	JOE BENJAMIN AQUATICS DIR	$-\frac{40}{0}$					X	$\int \int$	131,767.	0.	23,660.
(3)	DEBI_COX	_ 40 _		, (1	\bigcirc	1/5		7			
	CFO	0	(`		<u>X</u>	7 1			101,819.	0.	19,440.
(4)	LARRY MCDONALD	1									_
	CHAIR	0	Χ		Χ				0.	0.	0.
(5)	BEN HAMSON	1	3.7		3.7				0	0	0
·(C)	VICE CHAIR	0	Χ		Χ				0.	0.	0.
(6)	TODD TRUSSO	1			3.7					0	0
	SECRETARY	0	Χ		Χ				0.	0.	0.
<u>(7)</u>	DOUG REGNIER	1	37		37				0	0	0
(0)	TREASURER	0	X		Χ				0.	0.	0.
(0)	SUMEER CHANDRA	1	37						0	0	0
(0)	DIRECTOR JASON CYR	0	X						0.	0.	0.
(3)	DIRECTOR	1 -	Х						0.	0.	0.
(10)	CRAIG GARNER	1	Λ						0.	0.	0.
<u>()</u>	DIRECTOR		Х						0.	0.	0.
(11)	ED JOHNSON	1	71						0.	0.	<u> </u>
<u>\'.'/</u> _	DIRECTOR		Х						0.	0.	0.
(12)	BARBARA HARPER	1	21						0.	0.	
<u> </u>	DIRECTOR		Х						0.	0.	0.
(13)	MATT HOLDER	1							3.	· ·	<u> </u>
	DIRECTOR	0	Χ						0.	0.	0.
(14)	CAROLINE HORNBLOWER	1									<u> </u>
	DIRECTOR	0	Χ						0.	0.	0.

				(C)							
(A)	(B)				more	than c		(D)	(E)		(F)	
Name and title	Average hours	box, offic	unles er an	ss pe d a d	rson irecto	is both or/trust	an ee)	Reportable compensation from	Reportable compensation from		ated amou of other	ınt
	per week (list any	함	sų	Off	Ke	em	For	the organization (W-2/1099-	related organizations (W-2/1099-	the d	ensation fro organization	
	hours for related	Individual or directo	tituti	Officer	y em	ploy	Former	MISC/1099-NEC)	MISC/1099-NEC)		id related anizations	
	organiza- tions	ual t	۵		Key employee	ee tor						
	below dotted	l trustee or	l truste		/ee	l per						
	line)	96	stee			Highest compensated employee						
(15) EDIC TANIBODNO	1					8.						
(15) ERIC IANTORNO	1	,						0	0			^
DIRECTOR (16) HUGH LESLIE	0	Х						0.	0.			0.
DIRECTOR	1	Х						0.	0.			0.
(17) JEFF LEVINSON	1	Λ				1		0.	0.			<u> </u>
DIRECTOR	0	Х						0.	0.			0.
(18) JENNIFFER MACDOUGALL	1	71						0.	0.			••
DIRECTOR	0	Х						0.	0.			0.
(19) PATTY MAYSENT	1	71						0.	0.			<u> </u>
DIRECTOR	0	Х						0.	0.			0.
(20) SHALON NIENOW 1												<u> </u>
DIRECTOR 0.												0.
(21) MARTIN PETERS	1							- 0.1	0.			
DIRECTOR	0	Χ						0.	0.			0.
(22) IAN PYKA	1											
DIRECTOR	0	Х						0.	0.			0.
(23) BRIAN SOLOMON	11											
DIRECTOR	0	Χ					П	0.	0.			0.
(24) DAVID THOMAS	1			_	<u></u>	7/	2(
DIRECTOR	0	X			1//	2	7	0.	0.			0.
(25)		$(\cap$				7						
			V									
1b Subtotal								456,234.	0.		55,97	
c Total from continuation sheets to Part VII, Section 1.								0.	0.		FF 05	<u>0.</u>
d Total (add lines 1b and 1c)								456,234.	0.	oncatio	55,97	<i>//.</i>
	to those i	isieu	abu	ve) v	WIIO	recei	veu	more man \$100,00	o of reportable comp	Jensand	11	
from the organization 3											Yes	No
											165	NO
3 Did the organization list any former officer, direct on line 1a? If "Yes," complete Schedule J for suc	tor, truste <i>h individu</i>	e, ke <i>al</i>	ey e	mple	oyee	e, or	high	nest compensated	employee	. 3		X
· ·												
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab er than \$1	ie co 50,0	mpe 30?	If "	illori Yes,	" cor	nple	ete Schedule J for	ITOTTI			
such individual							· · · ·			. 4	X	
5 Did any person listed on line 1a receive or accru	e compen	satio	n fr	om	any	unre	late	ed organization or	individual	5		37
for services rendered to the organization? <i>If "Yes</i> Section B. Independent Contractors	s, comple	ete S	cne	auie	JT	or su	сп р	person		. ј		X
1 Complete this table for your five highest compen	sated inde	epen	den	t cor	ntra	ctors	tha	t received more th	nan \$100.000 of			
compensation from the organization. Report compen	sation for	the c	alen	dar	year	endi	ng v	vith or within the or	ganization's tax year	ʻ		
(A) Name and business add								(B)	of annuisas	(C)	
	ress							Description of	or services		eńsation	
SHADOWCREST ROOFING INC 285 PAWNEE ST STE C SAN MARCOS, CA 92078 CONSTRUCTION											394,59	
RAM AIR ENGINEERING INC PO BOX 7088 CAPISTRANO BEACH, CA 92624 HVAC SYSTEM REPLACEMENT										4	106,46	<u> </u>
2 Total number of independent contractors (including t	ut not lim	ited t	n the	neo 1	lictor	d aba	VO)	who recoived more	than			
\$100,000 of compensation from the organization	out HOL HITH	iieu l	ט נוונ	JSC 1	115160	u a00	ve)	wito received more	uiali			
	۷											

		Check if Schedule O contains a r	esponse or note to any	y line in this Part V	TIL		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d	Membership dues	1a 1b 171,495.				
ions, G r Simil	e f	All other contributions, gifts, grants, and	1e 25,980.				
ntribut d Othe	g	Noncash contributions included in	1f 1,842,762. 1g 6,115.				
Co	h	Total. Add lines 1a-1f		2,040,237.			
			Business Code	2701072077			
en	2a	AQUATICS	900099	1,664,496.	1,664,496.		
Rev	b	MONTESSORI	900099	1,223,937.	1,223,937.		
ce	С	OTHER PROGRAM REVENUE	900099	906,389.	906,389.		
ervi	d	ATHLETIC PROGRAMS	900099	850,677.	850,677.		
шS	е	CAMPS		839,767.	839,767.		
Program Service Revenue	f	All other program service revenue.		000,.0.0	3337.311		
Pro	g	Total. Add lines 2a-2f		5,485,266.			
	3	Investment income (including dividend	ls, interest, and	, ,			
		other similar amounts)		125,794.			125,794.
	4	Income from investment of tax-exer	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties					
	C-	(i) Real	(ii) Personal				
		Gross rents	00.		7		
		Less: rental expenses 6b					
		Rental income or (loss) 6c 384, 9			۷		224 222
		Net rental income or (loss)		384,900.			384,900.
	7a	Gross amount from sales of assets	(11) (11)				
		other than inventory 7a					
	b	Less: cost or other basis and sales expenses 7b					
	С	Gain or (loss) 7c					
		Net gain or (loss)					
<u>o</u>	8a	Gross income from fundraising events					
	-	(not including \$ 171,495.					
Other Revenu		of contributions reported on line 1c).					
гŖ		See Part IV, line 18	8a 528,507.				
he		Less: direct expenses	8b 197,666.				
δ	С	Net income or (loss) from fundraising	ng events	330,841.			330,841.
	9a	Gross income from gaming activities.					
	h	See Part IV, line 19	9a 9b				
		Net income or (loss) from gaming a					
			Tett vittes				
	ıua	Gross sales of inventory, less returns and allowances	10a 10,972.				
		Less: cost of goods sold	10b				
		Net income or (loss) from sales of i		10,972.			10,972.
S)		• • • • • • • • • • • • • • • • • • • •	Business Code	10,572.			10,512.
Miscellaneous Revenue	11a						
ᇎ	b						
ĕ ĕ	11a b c d						
<u> </u>	d	All other revenue					
Σ	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		8,378,010.	5,485,266.	0.	852,507.

Section 501(c)(3) and 501(c)(4	organizations must com	plete all columns. All other of	rganizations must comple	ete column (A).
--------------------------------	------------------------	---------------------------------	--------------------------	--------------	-----

	Check if Schedule O contains a r				
Do r 6b, 7	not include amounts reported on lines 7b, 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 domestic organizations and domestic governments. See Part IV, line 21.		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	210,000.	52,500.	63,000.	94,500.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	3,887,747.	3,345,159.	374,821.	167,767.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,007,717.	3/3/13/133.	3717021.	101,101.
9	Other employee benefits	546,030.	376,658.	135,307.	34,065.
10	Payroll taxes	305,192.	230,782.	59,828.	14,582.
11	Fees for services (nonemployees):	,			
а	Management				
b	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		~ < /		
g	Other. (If line 11g amount exceeds 10% of line 25, column	04 007	(0) \27 076	EC 021	
12	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	94,807. 63,104.	37,876.	56,931. 125.	61 064
13	Office expenses	424,474.		97,707.	61,064. 23,381.
14	Information technology	135,405.	303,386. 22,186.		23,301.
15	Royalties	135,405.	22,100.	113,214.	<u> </u>
16	Occupancy	015 040	766,466.	10 621	858.
17	Travel	815,948. 57,178.	41,680.	48,624. 15,265.	233.
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	37,176.	41,000.	13,203.	233.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	585,100.	585,100.		
23	Insurance	131,836.	87,791.	40,111.	3,934.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSE	594,840.	594,840.		
b		105,270.	66,092.	38,272.	906.
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,956,931.	6,512,431.	1,043,205.	401,295.
26	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 if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any lir	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			72,927.	1	68,580.
	2	Savings and temporary cash investments		L	2,720,513.	2	1,938,444.
	3	Pledges and grants receivable, net				3	306,561.
	4	Accounts receivable, net			17,524.	4	27,357.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office I contrib rsons	er, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		· · · · ·		7	
တ	8	Inventories for sale or use				8	
šet	9	Prepaid expenses and deferred charges		-	42 220	9	4 F 0 O 4
Assets	-		1 1		43,238.	9	45,884.
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		17,922,253.			
	b	Less: accumulated depreciation		9,025,225.	9,058,341.	10c	8,897,028.
	11	Investments — publicly traded securities		-		11	
	12	Investments — other securities. See Part IV, line 11		F		12	
	13	Investments — program-related. See Part IV, line 11.				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		284,781.	15	1,752,943.	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		12,197,324.	16	13,036,797.
	17	Accounts payable and accrued expenses			666,762.	17	605,321.
	18	Grants payable				18	
	19	Deferred revenue		·····	344,370.	19	326,038.
	20	Tax-exempt bond liabilities		······(6)·······		20	
ē	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utok. or:	35% L		22	
-	23	Secured mortgages and notes payable to unrelated th	nird part	ies		23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rela plete Pa	ated third parties, art X of Schedule D.		25	427,468.
	26	Total liabilities. Add lines 17 through 25			1,011,132.	26	1,358,827.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	•	X			
<u>a</u>	27	•			11,186,192.	27	11,285,476.
Ва	28	Net assets with donor restrictions			11/100/131.	28	392,494.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				332, 1311
ᡖ	29	Capital stock or trust principal, or current funds				29	
र्घ	30	Paid-in or capital surplus, or land, building, or equipm				30	
88	31	Retained earnings, endowment, accumulated income,		_		31	
Ţ,	32	Total net assets or fund balances		<u> </u>	11,186,192.	32	11,677,970.
Ş	33	Total liabilities and net assets/fund balances			12,197,324.	33	13,036,797.
					10,10,1001.		10,000,101.

Par	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	8,3	78,	010.
2	Total expenses (must equal Part IX, column (A), line 25)			931.
3	Revenue less expenses. Subtract line 2 from line 1			079.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	11,1		
5	Net unrealized gains (losses) on investments		61,	318.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments		9,	381.
9	Other changes in net assets or fund balances (explain on Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			0.00
Day	column (B)) 10 rt XII Financial Statements and Reporting	11,6	11,	970.
rar				
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	à		
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	lf "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
	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?	n 3a		Х
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 on Schedule O and describe any steps taken to undergo such audits			
BAA	TEEA0112L 08/23/23	Forn	1 990	(2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name	Name of the organization Employer identification number						
BOY	BOYS AND GIRLS CLUBS OF SAN DIEGUITO 95-2470435						
	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.						
The c	organization is not a private found	dation because it is: ((For lines 1 through 12,	check o	nly one	box.)	
1	A church, convention of church	,		,	b)(1)(A)((i).	
2	A school described in sectio	n 170(b)(1)(A)(ii). (At	tach Schedule E (Form	990).)			
3	A hospital or a cooperative h	nospital service organ	nization described in sec	tion 170)(b)(1)(<i>A</i>	۸)(iii).	
4	A medical research organiza	tion operated in conj	unction with a hospital of	describe	d in sec	ction 170(b)(1)(A)(iii). E	nter the hospital's
	name, city, and state:						
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	escribed in
6	A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).	
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic described
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part I	l.)			
9	An agricultural research organ	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege
	or university or a non-land-gra university:	nt college of agriculture	e (see instructions). Enter	the nam	ne, city,	and state of the college	or
10	X An organization that normall	v receives (1) more t	han 33-1/3% of its sunr	ort from		outions membershin fe	es and gross receints
	from activities related to its	exempt functions, sul	bject to certain exception	ns; and	(2) no r	more than 33-1/3% of i	ts support from gross
	investment income and unre June 30, 1975. See section	lated business taxabl 509(a)(2) (Complete	le income (less section	511 tax)	from b	usinesses acquired by	the organization after
11	An organization organized a	,,,,,	•	ety. See	section	1 509(a)(4).	
12	An organization organized a	nd operated exclusive	ely for the benefit of, to	perform	the fun	ections of, or to carry o	it the purposes of one
	or more publicly supported of lines 12a through 12d that de	organizations describe escribes the type of s	ed in section 509(a)(1) o supporting organization	or sectio and com	n 509(a iplete lii)(2). See section 509(a nes 12e, 12f, and 12g.	(3). Check the box on
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elec	ed, or controlled by its sur t a majority of the directo	ported or rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organizati	the supported on. You must
b	Type II. A supporting organiz	ration supervised or o	controlled in connection	with its	support	ted organization(s), by	having control or
	management of the supporting	organization vested in	the same persons that c	ontrol or	manage	the supported organizat	ion(s). You
_	must complete Part IV, Sect		r r r	201	1.6		1.1
С	Type III functionally integrated organization(s) (see instruction)	. A supporting organizations). You must com	plete Part IV, Sections	n with, ar A, D, an	na tunctio d E.	onally integrated with, its	supported
d	Type III non-functionally integ	rated. A supporting orderally	ganization operated in cor v must satisfy a distribu	nection	with its	supported organization(s it and an attentiveness) that is not requirement (see
	instructions). You must com	•	•				
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writt	ten determination from t	the IRS	that it is	s a Type I, Type II, Typ	e III functionally
f	Enter the number of supported						
g	Provide the following information	-					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other
			(described on lines 1-10 above (see instructions))	in your g	ion listed overning	support (see instructions)	support (see instructions)
				docur	nent?		
				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.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			.			
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20	23 (line 6, column	n (f), divided by I	ine 11, column (f))	14	%
15	Public support percentage from 2	2022 Schedule A,	Part II, line 14			15	%
16a	33-1/3% support test—2023. If the and stop here. The organization						
b	33-1/3% support test—2022. If the and stop here. The organization	e organization did qualifies as a pul	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	. Explain in Part \	/I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	. Explain in Part \	/I how the
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions

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

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

Sec	tion A. Public Support		•				
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1 247 908	2 278 806	3 538 209	2 431 007	2 040 237	11,536,167.
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.						22,562,754.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	4,032,000.	3,014,373.	4,370,002.	11,330.	10,972.	22,302.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.				11,330.	10,972.	0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	5,299,908. 440,300.	6,093,385. 446,250.	7,908,291.	7,283,165. 1,512,500.		34,121,223.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	
_	Add lines 7a and 7b		- ,				0.
	Public support. (Subtract line	440,300.	446,250.	421,442.	1,512,500.	1,085,537.	3,906,029.
	7c from line 6.)tion B. Total Support						30,215,194.
	• • • • • • • • • • • • • • • • • • • •	(a) 2019	(b) 2020>	(c) 2021	(d) 2022	(e) 2023	(f) Total
	dar year (or fiscal year beginning in) Amounts from line 6	5,299,908.		_//:-	7,283,165.	7,536,474.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	,	6,093,385.	7,908,291.			34,121,223.
	similar sources	320,485.	209,798.	427,784.		510,694.	1,897,825.
	Add lines 10a and 10b	320,485.	209,798.	427,784.	429,064.	510,694.	1,897,825.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	270 012	75 021	452 055	222 075	220 041	1 461 004
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	270,012.	75,021.	453,055. 3,506.	332,875.	330,841.	1,461,804. 3,528.
13	Total support. (Add lines 9, 10c, 11, and 12.)	5,890,405.		·	8,045,104.	8,378,009.	37,484,380.
14	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul						
	Public support percentage for 20			ne 13, column (f))	15	80.61 %
16	Public support percentage from 2	2022 Schedule A,	Part III, line 15.	<u></u>	<u></u>	16	82.56 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	е			
17	Investment income percentage f	or 2023 (line 10c,	column (f), divide	ed by line 13, col	umn (f))		5.06 %
18	Investment income percentage f						4.96 %
	33-1/3% support tests – 2023. If it is not more than 33-1/3%, check 23.1/3% support tests 20.23 . If it	this box and sto	p here. The organ	nization qualifies a	as a publicly supp	orted organization	1X
	33-1/3% support tests—2022. If the line 18 is not more than 33-1/3% Private foundation. If the organization of the organiz	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported orga	nization

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

			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
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.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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 organization decument outhorizing questions and (iv) how the action was			
	authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
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? <i>If "Yes," provide detail in Part VI.</i>	9b		
c	EDID DID DID DID DID DID DID DID DID DID	9с		
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.	10a		
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.)	1 0 b		

_	dule A (Form 990) 2023 BOYS AND GIRLS CLUBS OF SAN DIEGUITO 95-247043	5	P	age 5
Par	t IV Supporting Organizations (continued)		· ·	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
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		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	
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) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		.,	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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 supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
t	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instru	uctions	5).
2	Activities Test. Answer lines 2a and 2b below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ŀ	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	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		
k	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See through E.
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 BOYS AND GIRLS CLUBS OF SAN DIEGUITO	95-2470	0435	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (co	ntinued)		
Sect	tion D — Distributions		Current	Year
1	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	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details			
	in Part VI). See instructions.	8		
9	Distributable amount for 2023 from Section C, line 6	9	•	•
10	Line 8 amount divided by line 9 amount	10		

Line 8 amount divided by line 9 amount		10	
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount	~ 1		
i Carryover from 2018 not applied (see instructions)	L(O) \(\)(
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			_
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			
_		· · · · · · · · · · · · · · · · · · ·	

BAA Schedule A (Form 990) 2023

95-2470435

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section E, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE		2023		2022		2021		2020	 2019
OTHER INCOME	TOTAL	\$ (). \$	0	<u>\$</u> \$	3,506. 3,506.	\$ \$	22. 22.	\$ 0.



Schedule B (Form 990)

Schedule of Contributors

leaule of Contributors

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

Employer identification number

OMB No. 1545-0047

BOYS .	BOYS AND GIRLS CLUBS OF SAN DIEGUITO 95-2470435								
Organization type (check one):									
Filers of	Filers of: Section:								
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on						
		527 political organization							
Form 990)-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
		ed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	pecial Rule. See instructions.						
General	Rule								
X		ling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts Land II. See instructions for defontributions.							
Special I	Rules								
	regulations under secti 16b, and that receive	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lind from any one contributor, during the year, total contributions of the greater on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parameter on (ii) Form 990, Part VIII, line 1h; or (iii) Form 990-EZ, line 1.	ne 13, 16a, or of (1) \$5,000; or						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year.								
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).									

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	SCOTT WERBELOW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$18,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	BARBAR A STEEL CHARITABLE FND 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	DPR FOUNDATION 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	JEANNETTE FONSECA 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$8,164.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>5</u>	CECIL B DEMILLE FND 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

Name of organization

Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
7	SETH SPRAGUE EDUCTIONAL FND		Person X Payroll					
	533 LOMAS SANTA FE DR	\$40,000.	Noncash					
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
8	RC BAKER FND		Person X Payroll					
	533 LOMAS SANTA FE DR	\$5,000.	Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>9</u>	WILLIAM MOSELLE		Person X					
	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Payroll Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>10</u> _	SCHALON FND		Person X					
	533 LOMAS SANTA FE DR	\$15,000.	Payroll Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>11</u> _	SAHM FAMILY FND		Person X					
	533 LOMAS SANTA FE DR	\$10,000.	Payroll					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
12_	SCOTT MCCAFFERTY		Person X					
	533 LOMAS SANTA FE DR	\$25,000.	Payroll					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					

Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

	Contributors (see instructions). Ose duplicate copies of Part I if additional s	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ZAR WALKER FND		Person X
	533 LOMAS SANTA FE DR	\$ <u>15,000.</u>	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u> _	DAVID THOMAS		Person X Payroll
	533 LOMAS SANTA FE DR	\$10,000.	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	RICHARD SCHMITZ		Person X
	533 LOMAS SANTA FE DR	\$ 10,000.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1.0	OGLE CHARITY FUND		Person X
<u>16</u> _		-	
<u>16</u> _	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Payroll
<u> 16</u> _		\$ <u>5,000.</u>	Payroll
16 _ (a) No.	533 LOMAS SANTA FE DR	\$ 5,000.	Payroll Noncash (Complete Part II for
	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
(a) No.	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b) Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
(a) No.	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 PATRICK DOUGHERTY	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
(a) No.	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 PATRICK DOUGHERTY 533 LOMAS SANTA FE DR	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No.	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 PATRICK DOUGHERTY 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b)	(c) Total contributions \$20,555.	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Rayroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) No. 17_ (a) No.	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 PATRICK DOUGHERTY 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4	(c) Total contributions \$20,555.	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)

Schedule B (Form 990) (2023) Name of organization Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

raiti	Contributors (see instructions). Ose duplicate copies of Part Fit additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _	CITY OF SOLANA BEACH	-	Person X Payroll
	533 LOMAS SANTA FE DR	\$6,000.	Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>20</u> _	WITHINGTON FOUNDATION INC	-	Person X Payroll
	533 LOMAS SANTA FE DR	\$ <u>5,000</u> .	Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>21</u> _	JAKE'S DEL MAR		Person X
	533 LOMAS SANTA FE DR	\$7 <u>,</u> 500.	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>22</u> _	CAROLINE HORNBLOWER		Person X Payroll
	533 LOMAS SANTA FE DR	\$8,013.	Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>23</u> _	GUILFORD WHITNEY FOUNDATION		Person X
	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>24</u> _	COASTAL COMMUNITY FND		Person X
	533 LOMAS SANTA FE DR	\$ 5,000.	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)

Employer identification number

raiti	Contributors (see instructions). Ose duplicate copies of Part Fit additional s	pace is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _	CITY OF SAN DIEGO		Person X
	533 LOMAS SANTA FE DR	\$19,980.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _	DOUG REGNIER		Person X Payroll
	533 LOMAS SANTA FE DR	\$ 18,930.	l ¹ 🖳
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _	CHARLES BROWN		Person X Payroll
	533 LOMAS SANTA FE DR	\$ 718,431.	<u> </u>
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>28</u> _	LARRY SCOTT		Person X Payroll
	533 LOMAS SANTA FE DR	\$ <u>77,050.</u>	<u> </u>
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>29</u> _	JEFF LEVINSON		Person X
	533 LOMAS SANTA FE DR	\$68 <u>,</u> 492.	Payroll X
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>30</u> _	FRANK N. DENISON REVOCABLE TRUST		Person X
	533 LOMAS SANTA FE DR	\$ 50,000.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>31</u> _	DON OLIPHANT		Person X	
	533 LOMAS SANTA FE DR	\$ 50,000.	Payroll Noncash	
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>32</u> _	BILL HOEHN		Person X	
	533 LOMAS SANTA FE DR	\$47,500.	Payroll	
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>33</u> _	BOYS & GIRLS CLUBS OF AMERICA		Person X	
	533 LOMAS SANTA FE DR	\$40,424.	Payroll Noncash	
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)	
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>34</u> _	SUSIE AND JACK BURGER		Person X	
	533 LOMAS SANTA FE DR	\$32,256.	Payroll Noncash	
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>35</u> _	JUDITH CAMPBELL EDU & CHARITABLE FD		Person X	
	533 LOMAS SANTA FE DR	\$30,000.	Payroll Noncash	
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
36_	THE ROSE FOUNDATION		Person X	
	533 LOMAS SANTA FE DR	\$25,000.	Payroll Noncash	
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)	

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>37</u> _	REID TRACY		Person X	
	533 LOMAS SANTA FE DR	\$ 21,000.	Payroll	
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
38_	CAROL SOMMER		Person X	
	533 LOMAS SANTA FE DR	\$20,000.	Payroll Noncash	
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>39</u> _	SCHWAB CHARITABLE FUND		Person X	
	533 LOMAS SANTA FE DR	\$ <u>16,902.</u>	Payroll	
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>40</u>	GALLEGOS UNITED		Person X	
	533 LOMAS SANTA FE DR	\$16,000.	Payroll	
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>41</u> _	KEITH FOX		Person X	
	533 LOMAS SANTA FE DR	\$15,100.	Payroll	
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
42_	USA SWIMMING FOUNDATION		Person X	
	533 LOMAS SANTA FE DR	\$ 15,000.	Payroll	
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)	

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>43</u> _	RYAN SIT	\$ 12.805.	Person X Payroll	
	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>12,805.</u>	Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
44_	TODD TRUSSO		Person X	
	533 LOMAS SANTA FE DR	\$12,531.	Noncash	
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>45</u> _	LBA REALTY 533 LOMAS SANTA FE DR	\$ <u>10,464</u> .	Person X Payroll Noncash (Complete Part II for	
	SOLANA BEACH, CA 92075		noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>46</u> _	BLAIR CANNON 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>10,392.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>47</u> _	HARRINGTON FAMILY FOUNDATION 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>10,000.</u>	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
48_	DANNY SHEPHERD		Person X Payroll	
	533 LOMAS SANTA FE DR	\$9 <u>,650</u> .	Noncash	
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)	

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u> _	JASON CYR 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>9,265.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>50</u> _	DAVID C. COPLEY FOUNDATION 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>9,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>51</u> _	ARLENE INCH 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$8,025.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>52</u> _	KYLE BARBATO 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>8,004.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>53</u> _	MARSH & MCLENNAN AGENCY 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>8,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>54</u> _	TOOLBOX MEDICAL INNOVATIONS 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u> _	PATRICIA MAYSENT		Person X Payroll
	533 LOMAS SANTA FE DR	\$7 <u>,</u> 650.	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>56</u> _	THE SAN DIEGO FOUNDATION		Person X
	533 LOMAS SANTA FE DR	\$7 <u>,</u> 300.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>57</u> _	ANDREW KIMBALL		Person X
	533 LOMAS SANTA FE DR	\$7,230.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>58</u> _	ENCINITAS COASTAL ROTARY CLUB		Person X Payroll
	533 LOMAS SANTA FE DR	\$ <u>7,205.</u>	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59_	CORY GRANT		Person X
	533 LOMAS SANTA FE DR	\$6,500.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60_	KING BENEFITS		Person X
	533 LOMAS SANTA FE DR	\$6,150.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>61</u> _	ROSCOE MCCREA	_	Person X
	533 LOMAS SANTA FE DR	\$5 <u>,556</u> .	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>62</u>	SHALON NIENOW	-	Person X
	533 LOMAS SANTA FE DR	\$5 <u>,150</u> .	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>63</u> _	STEVE_ROSETTA	-	Person X
	533 LOMAS SANTA FE DR	\$ <u>5,150.</u>	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>64</u> _	LES CROSS		Person X
	533 LOMAS SANTA FE DR	\$ 5,100.	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>65</u> _	TREVOR WALKER	_	Person X
	533 LOMAS SANTA FE DR	\$ 5,100.	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>66</u> _	CHRIS_VAFIADIS	-	Person X
	533 LOMAS SANTA FE DR	\$ <u>5,075.</u>	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)

Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>67</u> _	JOHN MACDOUGALL		Person X
	533 LOMAS SANTA FE DR	\$ <u>5,075.</u>	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>68</u> _	LATHAM & WATKINS LLP		Person X
	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>69</u> _	JIM RIEDMAN		Person X
	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>70</u> _	JOHN MELICAN		Person X Payroll
	533 LOMAS SANTA FE DR	\$5,000.	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71_	ROGER SHAHNAZARIAN		Person X
	533 LOMAS SANTA FE DR	\$5,000.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>72</u> _	JIM REIDMAN		Person X Payroll
	533 LOMAS SANTA FE DR	\$5,000.	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
	TEE 0.7001 00/00/03		

Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is necaca.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>73</u> _	STERLING JONES		Person X
	533 LOMAS SANTA FE DR	\$5,000.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>74</u> _	TERRY_LINGENFELDER		Person X Payroll
	533 LOMAS SANTA FE DR	\$ <u>5,000</u> .	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>75</u> _	BARBARA EVENSON		Person X
	533 LOMAS SANTA FE DR	\$ 5,000.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(2)	(b)	(0)	/- IX
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76_	Name, address, and ZIP + 4 SHARON LAW	Total contributions	Person X
	Name, address, and ZIP + 4	*5,000.	
	Name, address, and ZIP + 4 SHARON LAW	\$ <u>5,000</u> .	Person X Payroll
	SHARON LAW 533 LOMAS SANTA FE DR	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for
<u>76</u> _	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b)	\$ <u>5,000</u> .	Person X Payroll
76 (a) No.	SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b) Name, address, and ZIP + 4	\$ <u>5,000</u> .	Person X Payroll
76 (a) No.	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST	\$ 5,000. Total contributions	Person X Payroll
76 (a) No.	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST 533 LOMAS SANTA FE DR	\$ 5,000. Total contributions	Person X Payroll
76 _ (a) No.	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b)	\$ 5,000. Total contributions (c) Total contributions	Person X Payroll
76	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4	\$ 5,000. Total contributions (c) Total contributions	Person X Payroll
76	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 RACHEL RAY FOUNDATION F33 LOMAS SANTA FE DR	\$ 5,000. Total contributions (c) Total contributions \$ 5,000. Total contributions	Person X Payroll

Employer identification number

raiti	Contributors (see instructions). Ose duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>79</u> _	SAMUEL & KATHERINE FRENCH FUND		Person X Payroll
	533 LOMAS SANTA FE DR	\$5,000.	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>80</u> _	THRIVE SAN DIEGO SPORTS		Person X Payroll
	533 LOMAS SANTA FE DR	\$ <u>5,000</u> .	Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>81</u> _	WATKINS LOMA ALTA LLC TRUST		Person X Payroll
	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

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Part II	Noncash Property	(see instructions).	Use duplicate	copies of Part II	if additional sp	ace is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>29</u>	STOCK	\$ 6,115.	3/31/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
BAA	TEEA0703L 08/09/23	Schedule I	 B (Form 990) (2023)

Employer identification number 95-2470435

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)\$							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	N/A			_				
		(e) Transfer of gift		_				
	Transferee's name, addres		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
				_ ·				
		(e) Transfer of gift						
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
				·				
		(e) Transfer of gift						
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee					
				_				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
				_				
		(e) Transfer of gift		_				
	Transferee's name, addres		Relationship of transferor to transferee					
				_				
		TEF 407041 00/00/02	0.1.1.1.0.00.4000	_				

SCHEDULE D (Form 990)

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

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

BOYS AND GIRLS CLUBS OF SAN DIEGUITO 95-2470435 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a 2b **b** Total acreage restricted by conservation easements....... c Number of conservation easements on a certified historic structure included on line 2a...... d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 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 violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Part III Organizations Main	taining Conection	IIS UI AI I, IIIS	sioricai rreasures,	Of Other Silling As	53C13 (COIII	ii iueu)
3 Using the organization's acquisition items (check all that apply).	, accession, and other	records, check a	ny of the following that m	nake significant use of its	collection	
a Public exhibition		d Loan	or exchange program			
b Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organiz Part XIII.	ation's collections and	l explain how they	y further the organization	's exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintained	as part of the o	t, historical treasures, organization's collection	or other similar assets	Yes	No
Part IV Escrow and Custod Complete if the organic	ial Arrangement	s od "Voc" on F	Form 990 Part IV/ I	ino Q or reported a	n amount	nn -
Form 990, Part X, li		eu res onr	TOITH 990, Part IV, I	ine 9, or reported a	iii aiiiouiii (JII
1a Is the organization an agent, trus	tee, custodian, or ot	her intermediary	for contributions or oth	ner assets not included		
on Form 990, Part X? b If "Yes," explain the arrangement in					Yes	No
b in res, explain the arrangement in	i Part Alli allu comple	te the following ta	ible.		Amount	
c Beginning balance					Amount	
d Additions during the year						
e Distributions during the year						
f Ending balance						
2a Did the organization include an a					Yes	No
b If "Yes," explain the arrangemen				· .		-
bili res, explain the arrangement	tiiri ait XIII. Check	nere ii the expla	ination has been provid	eu iii i ait XIII		
Part V Endowment Funds						
Complete if the orga	nization answer	ed "Yes" on F	form 990 Part IV I	ine 10		
	IIIIZation answer	- 1C3 OII I	omi 550, i ait iv, i	IIIC 10.		
	(a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four yea	ars back
1a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities			<u> </u>			
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	e of the current year	end balance (lin	ne 1g, column (a)) held	as:		
a Board designated or quasi-endov	vment	 %				
b Permanent endowment	ું					
c Term endowment	%					
The percentages on lines 2a, 2b, an	nd 2c should equal 10	0%.				
3a Are there endowment funds not in t	he possession of the o	organization that a	are held and administered	d for the		
organization by:				- 101 111	Yes	No
(i) Unrelated organizations?					3a(i)	
(ii) Related organizations?					3a(ii)	
b If "Yes" on line 3a(ii), are the rela	ated organizations lis	sted as required	on Schedule R?		. 3b	
4 Describe in Part XIII the intended	duses of the organiz	ation's endowme	ent funds.			
Part VI Land, Buildings, an	d Equipment					
Complete if the organizati		n Form 990, Part	IV, line 11a. See Form 9	990, Part X, line 10.		
Description of property	(a) Cos	t or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue
1a Land	· · · · · ·	- 7		,		
b Buildings			15,203,160.	7,308,391.	7,894	1,769.
c Leasehold improvements			26,872.	26,872.	., 05	0.
d Equipment			1,748,525.	1,689,962.	5,9	3,563.
e Other			943,696.	1,000,002.		3,696.
Total. Add lines 1a through 1e. (Colum		rm 990. Part X				7,028.
BAA	(a) mast equal 1 of	550, 1 411 /1, 1	100, 001411111 (D))		ule D (Form 99	

Part VII	Investments — Other Securities Complete if the organization answered "Yes"	on Form 990 Part IV line	N/A a 11h See Form 990 Part V line 12	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	al derivatives	, ,	(O) motion of variations cost of one	or your market value
	held equity interests.			
(3) Other				
-		-		
(B)				
(A) (B) (C) (D) (E)		_		
(D)				
(E)				
(F)				
(G)				
(H)				
(l)		_		
	nn (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments — Program Related Complete if the organization answered "Yes"	on Form OOO Dort IV line	N/A	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of end	a or year market value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			П	
Total. (Colum	nn (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) CHAR	RLES SCHWAB INVESTMENTS	Description		1,021,449.
	E INSURANCE BENEFICIAL INTERE	ST		355,697.
(3) RIGH	T OF USE ASSET			56,154.
(4) UNIT	TRUST HOLDINGS FOUNDATION			319,643.
(5)				
(6)				
(7) (8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, line 15,	. column (B))		1,752,943.
Part X	Other Liabilities	(=),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,752,515.
. 4.177	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.
1.		cription of liability		(b) Book value
	al income taxes			
	ERRED COMPENSATION			371,314.
	RATING LEASE LIABILITY			56,154.
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, line 25,			427,468.
	uncertain tax positions. In Part XIII, provide the text of the			s liability for uncertain EE PART XIII X

BAA

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.
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:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	cac nor Daturn N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
	a
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	a
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	a
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	a
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2a 2b	a
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2a 2b 2c	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2e 3
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2e 4c
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2e 4c

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

PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATIONS ARE PUBLIC CHARITIES AND ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE ORGANIZATIONS BELIEVE THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE COMBINED FINANCIAL STATEMENTS. THE ORGANIZATIONS ARE NOT A PRIVATE FOUNDATIONS.

BAA Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEAR ENDED JUNE 30, 2024, 2023, 2022 AND 2021 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THREE-TO-FOUR YEARS AFTER THE RETURNS WERE FILED.



SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-004

2023

Open to Public Inspection

Name of the organization						Employer identific	
BOYS AND GIRLS CLUBS OF S						95-247043	5
Part I Fundraising Activities. Comple Form 990-EZ filers are not re							
1 Indicate whether the organization	raised funds th	rough any					
a Mail solicitations			е		-	-	
b Internet and email solicitations	5		f	Solicitation of gove		-	
c Phone solicitations			g	X Special fundraising	, events		
d In-person solicitations							
2a Did the organization have a written o	r oral agreemen	t with any	individual (including officers, directo	rs, truste	ees, or key	
employees listed in Form 990, Par				-			
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	riduals or entities	s (fundraise	ers) pursua	nt to agreements under v	which the	e fundraiser is to	be
Compensated at least \$5,000 by the	T organization	T			63.0		<u> </u>
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(V) Ar	mount paid to retained by)	(vi) Amount paid to
or entity (fundraiser)	(II) Activity	have custor of contr	dy or control ibutions?	from activity	fundraiser listed in		(or retained by) organization
		Yes	No		C	olumn (i)	. 3
1							
2							
_							
3							
		1					
4							
4				VB 1			
		1	$\bigcirc ($))\\			
5		\					
3							
6							
7							
8							
		1					
-							
9							
10							
10							
		1					
Total							0.
3 List all states in which the organization				ontributions or has been	notified	it is exempt from	
or licensing.	-					•	-

Page 2

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)			
re			CHIP IN FOR KI (event type)	YOUTH OF THE Y (event type)	2 (total number)	through column (c))			
Revenue	1	Gross receipts	231,572.	220,613.	247,817.	700,002.			
Н	2	Less: Contributions	65,770.	102,422.	3,303.	171,495.			
	3	Gross income (line 1 minus line 2)	165,802.	118,191.	244,514.	528,507.			
	4	Cash prizes							
	5	Noncash prizes							
nses	6	Rent/facility costs	11,760.	10,014.	9,526.	31,300.			
Direct Expenses	7	Food and beverages	23,737.	34,890.	6,423.	65,050.			
irect	8	Entertainment		4,300.		4,300.			
D	9	Other direct expenses	44,685.	17,424.	34,907.	97,016.			
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro				197,666. 330,841.			
Par		Gaming. Complete if the organiza	tion answered "Ye						
		than \$15,000 on Form 990-EZ, lin	e 6a.	 	1				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
Re	1	Gross revenue		PY					
ses	2	Cash prizes.	6						
Direct Expenses	3	Noncash prizes							
irect l	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes%	Yes 8				
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)						
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)					
а	ls th	er the state(s) in which the organization conse organization licensed to conduct gaming lo," explain:	onducts gaming activitieg activities in each of the	es: nese states?					
	IO a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								

Schedule G (Form 990) 2023	BOYS AND GIRLS CLUBS OF SAN DIEGUITO	95-2470435	Page 3
11 Does the organization condu	ct gaming activities with nonmembers?	Yes	No
	peneficiary or trustee of a trust, or a member of a partnership or other ent		No
13 Indicate the percentage of gam	ning activity conducted in:	13a	%
-	f the person who prepares the organization's gaming/special events book		
Name			
Address			
b If "Yes," enter the amount of of gaming revenue retained c If "Yes," enter name and addre	· · · · · · ·	and the amount	∏No
Address			
16 Gaming manager information	n:		
Name			
Gaming manager compensat	tion \$		
Description of services provide	ded		
Director/officer	Employee Independent contractor		
17 Mandatory distributions:			
state gaming license?	der state law to make charitable distributions from the gaming proceeds t	Yes	No
	ns required under state law to be distributed to other exempt organization activities during the tax year \$	s or spent in the	
Part IV Supplemental Info and Part III, lines	ormation. Provide the explanations required by Part I, I 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also pastructions	ine 2b, columns (iii) and (vorovide any additional	v);

information. See instructions.

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part I Questions Regarding Compensation

95-2470435

				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the VII, Section A, line 1a. Complete Part III to provide any relevan	e following to or for a person listed on Form 990, Part at information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follower imbursement or provision of all of the expenses described above.		1b		
2	Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, require		2		
3	Indicate which, if any, of the following the organization used to estable Executive Director. Check all that apply. Do not check any boxe establish compensation of the CEO/Executive Director, but expl	es for methods used by a related organization to			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Se organization or a related organization:	ection A, line 1a, with respect to the filing			
	Receive a severance payment or change-of-control payment?		4a		Χ
	Participate in or receive payment from a supplemental nonqual	> \ \ \ \ \ \ '	4b		X
С	Participate in or receive payment from an equity-based comper		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the application	ble amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of:	organization pay or accrue any compensation			
а	The organization?		5a		Х
b	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of:	organization pay or accrue any compensation			
а	The organization?		6a		Χ
b	Any related organization?		6b		Χ
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did payments not described on lines 5 and 6? If "Yes," describe in	d the organization provide any nonfixed Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accr to the initial contract exception described in Regulations section	n 53.4958-4(a)(3)?			
	If "Yes," describe in Part III.		8		Χ
9	If "Yes" on line 8, did the organization also follow the rebuttable pressection 53.4958-6(c)?	sumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
MARINEKE VANDERVORT	(i)	222,648.	0.	0.	6,288.	6,589.	235,525.	0.
1 CEO	(ii)	0.	<u>0.</u>	<u>-</u> 0.	0.	0.	0.	0.
JOE BENJAMIN	(i)	131,767.	0.	0.	7,027.	16,633.	155,427.	0.
2 AQUATICS DIR	(ii)	0.	$\frac{1}{0}$.	0.	0.	0.	0.	0.
	(i)							
3	(ii)							
	(i)							
4	(ii)							
_	(i)							
5	(ii)							
6	(i) (ii)							
0	(i)							
7	(ii)			 				
·	(i)							
8	(ii)							
	(i)							
9	(ii)							1
	(i)							
10	(ii)							
	(i)		 					
11	(ii)							
10	; (j)							
12	(ii)							
13	(i) (ii)							
13	(i)							
14	(ii)						+	1
••	(i)							
15	(ii)						 	
-	(i)							
16	(ii)		+					
			TEE 4 41 001 07 (0)	2/02			0 1 1 1	. /E 000\ 0000

BAA

TEEA4102L 07/03/23

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.



SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number 95-2470435

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE BOYS AND GIRLS CLUBS OF SAN DIEGUITO PROVIDES POSITIVE ACTIVITIES TO DEVELOP THE EDUCATION, HEALTH, SELF-ESTEEM, AND CHARACTER OF YOUTH. SINCE OUR DOORS OPENED IN 1966, OUR PROGRAMS HAVE BEEN ACCESSIBLE TO YOUTH FROM DISADVANTAGED ECONOMIC, SOCIAL, AND FAMILY CIRCUMSTANCES.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

OUR CARMEL VALLEY MONTESSORI SCHOOL (CVMS) PROVIDES A NURTURING, CHILD-CENTERED ENVIRONMENT WHERE INDIVIDUAL NEEDS ARE MET AT EACH STAGE OF DEVELOPMENT. THE MONTESSORI MANIPULABLE MATERIALS ARE SPECIFICALLY DESIGNED TO ENHANCE THE CHILD'S NATURAL LOVE OF LEARNING ALONG WITH A PROGRAM LED BY WELL TRAINED, DEVOTED TEACHERS FACILITATING GROWTH ON EVERY LEVEL. A BALANCED CURRICULUM OF ACADEMICS AS WELL AS MUSIC, ART, GYMNASTICS, CULTURAL STUDIES AND CHARACTER DEVELOPMENT HELP PROMOTE A WELL-ROUNDED INDIVIDUAL WHO HAS THE HIGHEST POTENTIAL TO EXCEL IN EVERY AREA OF LIFE. CVMS HAS PROVIDED UNPARALLELED EDUCATIONAL OPPORTUNITIES FOR THE NORTH COASTAL SAN DIEGO COUNTY'S YOUNGEST CITIZENS SINCE 2000. CVMS EXTENDS ITS TRADITION OF "LEARNING BY DOING" TO THE YOUNG CHILDREN WITH A MODEL PRESCHOOL DESIGNED IN EVERY DETAIL FOR THEIR NEEDS. THE PROGRAM IS OFFERED FOR AGES 2 TO 6 YEARS OLD AND IS COMMITTED TO PREPARING CHILDREN FOR LIFELONG LEARNING BY TEACHING COOPERATION, CHALLENGING INTELLECTS, NURTURING THE DESIRE TO LEARN AND ENGENDERING SELF-CONFIDENCE. THIS HAPPENS IN AN ENVIRONMENT THAT IS FUN, REWARDS CURIOSITY AND WHERE THE TEACHERS CARE DEEPLY ABOUT THE DEVELOPMENT OF THE WHOLE CHILD.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THE HARPER TEEN AND COMMUNITY RESOURCE CENTER PROVIDES A SAFE, TEEN-SPECIFIC SPACE FOR OUR YOUNG ADULTS TO INTERACT WITH EACH OTHER IN AN AGE APPROPRIATE ENVIRONMENT. IT OFFERS MEMBERS AGES 13-18 A SAFE, FUN ENVIRONMENT WHERE TEENS CAN BE THEMSELVES

Employer identification number

95-2470435

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

MINGLE IN THE GAMES ROOM, RECEIVE HOMEWORK HELP DURING POWER HOUR, PARTICIPATE

IN TEEN CENTERED WORKSHOPS FOR COLLEGE PREP, RECEIVE ONGOING MENTORING, WORKFORCE

PREPARATION, AND MUCH MORE! NOT ONLY DO THE TEENS BUILD FRIENDSHIPS, MEMORIES, AND

HAVE FUN, THE GREAT STAFF ALSO BUILDS STRONG, SUPPORTIVE CONNECTIONS WITH THE TEENS.

BGC CAMP PROGRAM 625 CHILDREN SERVED SUMMER ADVENTURE CAMPS PROVIDE A VARIETY OF FUN-FILLED, ACTIVE SUMMER ACTIVITIES TO CAMPERS IN OUR 4 CORE AREAS: ARTS & CRAFTS, SPORTS, GAMES, AND COMPUTERS. WE OFFER 100+ CAMP OPTIONS WITH THEMES LIKE SCI-FI & COMICS, THEATER & DANCE, AND MORE. 14 AND 15-YEAR-OLDS GAIN CAREER SKILLS AND COMPLETE COMMUNITY SERVICE HOURS THROUGH OUR LEADERS IN TRAINING (L.I.T.) PROGRAM.

OUR SEVEN BRANCHES PROVIDE DIVERSE ACTIVITIES IN OUR AFTER SCHOOL PROGRAMS THAT MEET THE INTERESTS OF ALL YOUNG PEOPLE. CORE PROGRAMS ENCOURAGE ACTIVITIES WITH ADULTS, PEERS, AND FAMILY MEMBERS THAT ENABLE KIDS TO ENHANCE SELF-ESTEEM AND FULFILL THEIR POTENTIAL. THE AFTER SCHOOL PROGRAM PROVIDES MEMBERS WITH A SAFE AND FUN ENVIRONMENT TO EXPLORE THEIR OWN CREATIVITY AND CONFIDENCE THROUGH STRUCTURED, SUPERVISED ACTIVITIES RANGING FROM COMPUTER LAB GAMES AND PHYSICAL RECREATION TO ARTS & CRAFTS AND HOMEWORK TIME. EACH STAFF MEMBER PASSIONATELY SUPPORTS EACH CHILD'S DEVELOPMENT INTO AN INFLUENTIAL MEMBER OF THEIR SCHOOL AND COMMUNITY WHILE INSTILLING VALUES OF TEAMWORK, RESPONSIBILITY, AND COMPASSION FOR OTHERS.

SAN DIEGO BULLDOGS BASKETBALL IS A PROGRAM DIVISION OF BOYS & GIRLS CLUBS OF SAN DIEGUITO'S ATHLETICS DEPARTMENT. AS A YEAR-ROUND COMPETITIVE YOUTH BASKETBALL CLUB BASED IN CARMEL VALLEY, SD BULLDOGS GIVES SECOND THROUGH EIGHTH GRADE BOYS AND GIRLS AN OPPORTUNITY TO PARTICIPATE IN ONE OF THREE LEVELS: AS A DEVELOPMENTAL PROGRAM PLAYER (PRACTICES ONLY), IN COMPETITIVE LEAGUE TEAMS THAT PLAY LOCALLY IN SAN

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

DIEGO, OR ON A TOURNAMENT TEAM THAT TRAVELS TO COMPETE IN LOCAL AND REGIONAL TOURNAMENTS.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ORGANIZATION MERGED WITH THE BOYS & GIRLS CLUBS OF OCEANISDE AS OF JULY 1, 2024.

ORGANIZATIONAL DOCUMENTS WERE REVISED TO REFLECT THIS MERGER.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED BY THE FINANCE CHAIR PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS AN AGENDA ITEM AT ONE BOARD MEETING PER YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE PERFORMANCE REVIEW IS DONE BY THE BOARD GOVERNANCE COMMITTEE. THE BOARD CHAIR DISCUSSES THE PERFORMANCE REVIEW WITH THE CEO AND ESTABLISHES THE COMPENSATION FOR THE YEAR.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE PERFORMANCE REVIEW IS DONE BY THE BOARD GOVERNANCE COMMITTEE. THE BOARD CHAIR DISCUSSES THE PERFORMANCE REVIEW WITH THE CEO AND ESTABLISHES THE COMPENSATION FOR THE YEAR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE DOCUMENTS ARE KEPT ON FILE FOR PUBLIC INSPECTION UPON REQUEST AT 533 LOMAS SANTA FE DRIVE, SOLANA BEACH, CA 92075.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

2023

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO						95-247043	35		
Part I Identification of Disregarded Entities.	Complete if the organiza	ation answered "Ye	es" on Form 9	90, Part IV, line	33.				
(a) Name, address, and EIN (if applicable) of disregarded e	ntity (b)	ctivity Legal don or foreig	nicile (state n country)	(d) Total income	(e) End-of-year assets		Direct contro entity		olling
<u>(1)</u>									
<u>(2)</u>									
(3)									
Part II Identification of Related Tax-Exempt On had one or more related tax-exempt org	rganizations. Complete anizations during the ta	e if the organization ax year.	n answered "Y	es" on Form 99	0, Par	t IV, line 34,	beca	use it	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity s (if section 501)	status (c)(3))	(f) Direct control entity	lling	Sec 512 controlled	j) (b)(13) d entity
AN DONC AND CIDIC CLUDG OF CAN DIROUT								Yes	No
(1) BOYS AND GIRLS CLUBS OF SAN DIEGUI 533 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075 95-3201906	SUPPORT FOR BOYS & GIRLS CLUBS	CA	501 (C) (3) 12D III	:-O	N/A			Х
(2)						·			
(3)									
<u>(4)</u>									

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990, Part IV, line partnership during the tax year.
I alt III	¹ 34, because it had one or more related organizations treated as a	partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	l tior	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
(1)												
(2)												
(3)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(b) Primary activity	(c) Legal domicile (state or foreign	Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership con) (b)(13) d entity?
	country)	entity	or trust)				Yes	No
								I
								I
								I
								I
								I
								I
								I
								I
								I
†								İ
	(b) Primary activity	(b) Primary activity Legal domicile (state or foreign country)	Primary activity Legal domicile (state or foreign country) Direct controlling entity	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign countrolling entity) Type of entity (C corp., S corp., or trust)	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign countrolling entity) Corp., S corp., or trust) Share of total income	Primary activity Legal domicile (state or foreign country) Country) (b) Legal domicile (state or foreign country) Country) (c) Type of entity (C corp, S corp, or trust) Share of total income syear assets	Primary activity Legal domicile (state or foreign country) Country) (c) Legal domicile (state or foreign country) Percentage on trust) (c) Type of entity (C corp, S corp, or trust) Share of end-of-year assets Percentage ownership	country) entity or trust)

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

			1a	X
b Gift, grant, or capital contribution to related organization(s)			1b	Х
c Gift, grant, or capital contribution from related organization(s).			1c	Х
d Loans or loan guarantees to or for related organization(s).			1 d	X
e Loans or loan guarantees by related organization(s)			1e	Х
f Dividends from related organization(s)			1f	X
g Sale of assets to related organization(s)			1g	Х
h Purchase of assets from related organization(s)			1h	X
i Exchange of assets with related organization(s)			1i	X
j Lease of facilities, equipment, or other assets to related organization(s)			1j	Х
k Lease of facilities, equipment, or other assets from related organization(s)			1k	Х
I Performance of services or membership or fundraising solicitations for related organization(s)			11	Х
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m	Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				X
o Sharing of paid employees with related organization(s)				X
л				
p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses.			1p	Х
a Reimbursement paid by related organization(s) for expenses.			1 q	X
·				
r Other transfer of cash or property to related organization(s).			1r	X
r Other transfer of cash or property to related organization(s). s Other transfer of cash or property from related organization(s).				X
s Other transfer of cash or property from related organization(s)				X
s Other transfer of cash or property from related organization(s)	vered relationships and tra	nsaction thresholds.	1s	X
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction		1s	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra	nsaction thresholds.	1s	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction	nsaction thresholds.	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cov (a) Name of related organization (1) BOYS AND GIRLS CLUBS OF SAN DIEGUITO FND	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cov (a) Name of related organization (1) BOYS AND GIRLS CLUBS OF SAN DIEGUITO FND	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cov (a) Name of related organization (1) BOYS AND GIRLS CLUBS OF SAN DIEGUITO FND	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cov (a) Name of related organization (1) BOYS AND GIRLS CLUBS OF SAN DIEGUITO FND	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cov (a) Name of related organization (1) BOYS AND GIRLS CLUBS OF SAN DIEGUITO FND (2) (3) (4)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	Amount involved 310,000.	1s Method of amount) determining involved

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all sec 501(organiz	partners tion	(f) Share of total income	(g) Share of end-of-year assets	l tior	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti) ral or aging ner?	(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(1 01111 1 0 0 0)	Yes	No	
(1)													
<u>(2)</u>													
	•												
<u>(3)</u>													
<u>(4)</u>				\otimes									
	-				<u> </u>								
(5)													
(6)													
<u>(7)</u>													
	-												
<u>(8)</u>													

Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.



Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

2023

OMB No. 1545-0172

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

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attachment Sequence No. 179 Identifying number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO 95-2470435 Business or activity to which this form relates FORM 990/990-PF **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions).... 1 2 Total cost of section 179 property placed in service (see instructions)..... 3 Threshold cost of section 179 property before reduction in limitation (see instructions)..... 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. _____ 6 (b) Cost (business use only) (a) Description of property 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7...... 8 9 Tentative deduction. Enter the smaller of line 5 or line 8..... 9 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs... 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11..... 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year. See instructions 15 Other depreciation (including ACRS)..... 585,100 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here..... Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (a) Classification of property (b) Month and (g) Depreciation deduction (e) Convention year placed in service (business/investment use Recovery period only - see instructions) 19 a 3-year property..... **b** 5-year property..... c 7-year property... d 10-year property... e 15-year property.... f 20-year property.... 25 yrs S/L g 25-year property... 27.5 yrs S/L MM h Residential rental 27.5 yrs MM S/L property..... i Nonresidential real 39 yrs MM S/L MM S/L property... Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System S/L **20 a** Class life.....

Part IV | Summary (See instructions.)

b 12-year.....

c 30-year.....

d 40-year...<u>...</u>....

- 21 Listed property. Enter amount from line 28
 - Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions
- For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

12 yrs

30 yrs

40 yrs

MM

MM

23

585,100.

S/L

S/L

S/L

21

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	you are going to make an electronic funds withdr it instructions.	awal (direct	debit) with this Form 8868, see Form 84	153-TE	and Form 88	79-TE
All corporatuse Form 7	tions required to file an income tax return other th 7004 to request an extension of time to file income	nan Form 990 e tax returns	0-T (including 1120-C filers), partnership	os, REN	MICs, and trus	sts must
	dentification					
	Name of exempt organization, employer, or other filer, see ins	tructions.		Taxpay	er identification n	umber (TIN)
Type or						
Print	BOYS AND GIRLS CLUBS OF SAN D	TEGIITTO		95-2	2470435	
File by the	Number, street, and room or suite number. If a P.O. box, see it			133 2	170100	
due date for	533 LOMAS SANTA FE DR					
filing your return. See	City, town or post office, state, and ZIP code. For a foreign add	dress, see instru	ctions.			
instructions.	SOLONA BEACH, CA 92075					
	<u> </u>					
Enter the R	Return Code for the return that this application is f	for (file a sep	parate application for each return)			01
Application	on Is For	Return Code	Application Is For			Return Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 472	0 (individual)	03	Form 5227			10
Form 990	I-PF	04	Form 6069			11
Form 990	-T (section 401(a) or 408(a) trust)	05	Form 8870			12
Form 990	I-T (trust other than above)	06	Form 5330 (individual)			13
Form 990	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	1-A	08				
After you	ou enter your Return Code, complete either Part I	l or Part III.	Part (II), including signature, is applicable	e only	for an extens	ion of
time to	file Form 5330.	\sim ((
	application is for an extension of time to file Form lan Name	5330, you n	hust enter the following information.			
	lan Name Ian Number	. – – – – –				
	lan Year Ending (MM/DD/YYYY)					
	Automatic Extension of Time To File fo	r Evamet i	Organizations (see instructions)			
The boo Telepho If the or If this is check to	oks are in the care of <u>DEBI COX 533 LOMAS Some</u> No. <u>858.755.9371</u> rganization does not have an office or place of buston a Group Return, enter the organization's four his box	SANTA FE DI Fax Nousiness in the	R_SOLONA_BEACH_CA_92075 B United States, check this box Exemption Number (GEN) If	this is	for the whole	e group,
the or X t	lest an automatic 6-month extension of time until rganization named above. The extension is for the calendar year 20 or tax year beginning $7/01$, 20 23 _, tax year entered in line 1 is for less than 12 months. Change in accounting period	e organizatio and ending	n's return for:6/30, 2024	nizatio nal retu		
	application is for Forms 990-PF, 990-T, 4720, or fundable credits. See instructions			3a	\$	0.
	application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpayme			3b	\$	0.
c Balan EFTP	nce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	ur payment v	vith this form, if required, by using	3с	\$	0.

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

3/25															11:15
NODESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVA(/BASIS REDUC	S DI	EPR. ASIS	PRIOR DEPR.	METHOD	LIFE <u>RATE</u>	CURRENT DEPR.
FORM 990/990-PF															
AUTO / TRANSPORT EQUIPMENT															
4 VEHICLES	- Various		537,389	ı							537,389	447,896	S/L	9	22
7 HOEHN HONDA	9/08/23		88,843								88,843	447,030	S/L	9	9
23 2000 CHEVY VAN	VARIOUS	7/01/23	13,887								13,887	13,887	S/L	9	v
TOTAL AUTO / TRANSPORT EQUI	P		640,119	-	0	0	() (0	0	640,119	461,783			31
BUILDINGS															
2 BUILDINGS	VARIOUS		13,888,445	i			~ []			13	3,888,445	6,793,558	S/L	30	448
3 GYMNASIUM	VARIOUS		841,827			- (DPY				841,827		S/L	30	28
16 LOCKER ROOM DEMO & IMPROVE	4/01/24		28,700)							28,700		S/L	30	1
17 HARPER GYM INTERIOR & FLOOR	8/10/23		24,825	i							24,825		S/L	30	2
18 HARPER GYM INTERIOR (FROM CI	8/01/23		58,511								58,511		S/L	30	Ę
19 SYNTHETIC LAWN CONCRETE PAG	7/24/23		11,425	i							11,425		S/L	30	
20 ENCINITAS REPLACE WINDOWS &	1/08/24		43,634								43,634		S/L	30	1
21 GRISET CLUBHOUSE ROOF	8/01/23		118,192	!							118,192		S/L	30	10
22 GRISET CLUBHOUSE ROOF (FROM	8/10/23		187,601	<u>-</u> '							187,601		S/L	30	17
TOTAL BUILDINGS			15,203,160)	0	0	() (0	0 1	5,203,160	6,793,558			514
IMPROVEMENTS															
1 LAND IMPROVEMENTS	VARIOUS		26,872	!							26,872	26,872	S/L	20	
TOTAL IMPROVEMENTS			26,872	!	0	0	() (0	0	26,872	26,872			

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

25															11:15
0	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE_RATE_	CURRENT DEPR.
MACHINERY	AND EQUIPMENT														
5 EQUIPME	ENT	VARIOUS		1,019,670							1,019,670	1,171,799	S/L	9	29
8 4 NEW E	XTERNAL DEFRIBRILLATO	7/24/23		9,864							9,864		S/L	9	
9 POOL CO	OVERS	4/30/24		10,834							10,834		S/L	9	
0 PACO PU	JMP REPLACEMENT HASA	6/30/24		14,428							14,428		S/L	9	
1 SCOREBO	OARD REPAIR AND REFUR	7/01/23		20,017							20,017		S/L	9	
2 COLORAI	DO TIMING SYSTEMS	6/17/24		10,804							10,804		S/L	9	
3 AQUATIO	CS TEC PUMP MOTOR REP	7/11/23		9,631							9,631		S/L	9	
4 HARPER	GYM STORAGE CAGE	2/28/24		7,780							7,780		S/L	9	
5 COUNTY	BURNER 3 HEATER R&M	3/15/24		19,265							19,265		S/L	9	
TOTAL N	MACHINERY AND EQUIPME			1,122,293		0			0	0	1,122,293	1,171,799			3
MISCELLANE	EOUS						(C)	<i>)</i>							
6 CONSTRI	UCTION IN PROGRESS	VARIOUS		943,696					. <u> </u>		943,696				
TOTAL N	MISCELLANEOUS			943,696		0	0	0	0	0	943,696	0			
TOTAL D	DEPRECIATION			17,936,140	•	0	0	0	0	0	17,936,140	8,454,012			58
GRAND T	TOTAL DEPRECIATION			17,936,140	l E	0	0	0	0	0	17,936,140	8,454,012			58
DEPRECI	ATION ASSETS SOLD			13,887		0	0	0) 0	0	13,887	13,887			
UEDD DE	MAINING ASSETS			17,922,253		0	0	0) 0		17,922,253	8,440,125			58

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

3/25															11:15
NO. DES	SCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE <u>RATE</u>	CURREN' DEPR.
FORM 990/990-PF															
AUTO / TRANSPOR	RT EQUIPMENT														
4 VEHICLES	 	VARIOUS		537,389							537,389	470,226	S/L	9	59
7 HOEHN HONDA		9/08/23		88,843						<u>.</u>	88,843	9,519	S/L	9	9
TOTAL AUTO /	TRANSPORT EQUIP			626,232		0	0	0) (0	626,232	479,745			69
BUILDINGS															
2 BUILDINGS		VARIOUS		13,888,445							13,888,445	7,241,706	S/L	30	46
3 GYMNASIUM		VARIOUS		841,827				~11			841,827	28,061	S/L	30	2
16 LOCKER ROOM	DEMO & IMPROVE	4/01/24		28,700			- (4D X			28,700	1,435	S/L	30	
17 HARPER GYM IN	NTERIOR & FLOOR	8/10/23		24,825				DPY			24,825	2,276	S/L	30	
18 HARPER GYM IN	NTERIOR (FROM CIP	8/01/23		58,511							58,511	5,363	S/L	30	•
19 SYNTHETIC LAV	WN CONCRETE PAD	7/24/23		11,425							11,425	428	S/L	30	
20 ENCINITAS REP	LACE WINDOWS &	1/08/24		43,634							43,634	1,091	S/L	30	•
21 GRISET CLUBHO	OUSE ROOF	8/01/23		118,192							118,192	10,834	S/L	30	3
22 GRISET CLUBHO	OUSE ROOF (FROM	8/10/23		187,601					<u> </u>	<u> </u>	187,601	17,197	S/L	30	
TOTAL BUILDIN	IGS			15,203,160		0	0	0) (0	15,203,160	7,308,391			506
IMPROVEMENTS															
1 LAND IMPROVE	MENTS	VARIOUS		26,872					- ·		26,872	26,872	S/L	20	
TOTAL IMPROV	EMENTS			26,872		0	0	C) (0	26,872	26,872			

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

3/25															11:15
NO	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
MACHINER	RY AND EQUIPMENT														
5 EQUIPI	MENT	VARIOUS		1,019,670)						1,019,670	1,201,713	S/L	9	
8 4 NEW	EXTERNAL DEFRIBRILLATO	7/24/23		9,864	ļ						9,864	1,057	S/L	9	1
9 POOL	COVERS	4/30/24		10,834	ļ						10,834	1,083	S/L	9	1
10 PACO	PUMP REPLACEMENT HASA	6/30/24		14,428	3						14,428	721	S/L	9	1
11 SCORE	EBOARD REPAIR AND REFUR	7/01/23		20,017	•						20,017	4,003	S/L	9	2
12 COLOR	RADO TIMING SYSTEMS	6/17/24		10,804	ļ						10,804		S/L	9	1
13 AQUAT	TICS TEC PUMP MOTOR REP	7/11/23		9,631							9,631	963	S/L	9	
14 HARPE	ER GYM STORAGE CAGE	2/28/24		7,780)						7,780	195	S/L	9	
15 COUNT	TY BURNER 3 HEATER R&M	3/15/24	<u>.</u>	19,265	;) -					_	19,265	482	S/L	9	
TOTAL MISCELLA	L MACHINERY AND EQUIPME			1,122,293	}	0		DP V) () (1,122,293	1,210,217			11
6 CONST	TRUCTION IN PROGRESS	VARIOUS		943,696	5						943,696				
TOTAL	L MISCELLANEOUS			943,696	;	0	0	0) () (943,696	0			
TOTAL	L DEPRECIATION		-	17,922,253	- -	0	0) (<u> </u>	17,922,253	9,025,225			587
GRAND	O TOTAL DEPRECIATION		<u>-</u>	17,922,253	} =	0	0	0) () (17,922,253	9,025,225			587

2023 California Exempt Organization Annual Information Return

1	aa

	ar 2023 or fiscal year beginning (mm/dd/yyyy) 7/01/2023, and ending	g (mm/dd/yyyy) 6/30/20	
BOYS A	ganization name ID GIRLS CLUBS OF SAN DIEGUITO mation. See instructions.		California corporation number 0516240 FEIN
Street address	(suite or room)		95-2470435 PMB no.
	IAS SANTA FE DR		FINID 110.
City SOLONA	RFACH	State CA	ZIP code 92075
Foreign country		Foreign province/state/county	Foreign postal code
B Amended C IRC Secti D Final info	return	ization have any changes to its guide to the FTB? See instructions	Yes
Part I	1 Gross sales or receipts from other sources. From Side 2, Part I, line 8		1 6.535.439.
Receipts and Revenues	 2 Gross dues and assessments from members and affiliates. 3 Gross contributions, gifts, grants, and similar amounts received. 4 Total gross receipts for filing requirement test. Add line 1 through line This line must be completed. If the result is less than \$50,000, see Gotost of goods sold. 5 Cost of goods sold. 6 Cost or other basis, and sales expenses of assets sold. 6 Total costs. Add line 5 and line 6. 	SEE SCH B. 3. eneral Information B.	2 2,040,237. 4 8,575,676.
	8 Total gross income. Subtract line 7 from line 4.	•	8 8,575,676.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 1810 Excess of receipts over expenses and disbursements. Subtract line 9 to 10		9 8,154,597. 0 421,079.
Payments	 11 Total payments 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than line 12, subtract line 12 from I. 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from I. 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedu correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi	les and statements, and to the best of	my knowledge and belief, it is true,
Here	Signature of officer CEO	Date	• Telephone 858.755.9371
Paid Preparer's Use Only	Preparer's signature JENNY KIKUNO Firm's name (or yours, if self-employed) and address May the FTB discuss this return with the preparer shown above? See instru)	PTIN P01347644 Firm's FEIN 95-2076568 Telephone 619.294.7200 X Yes No
CACA1112L 0			<u> </u>

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

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.

		1	Gross sales or receipts from a	II business a	activities. See	instructions			ı	10,972.
		2	Interest						2	125,794.
Rece		3	Dividends						3	
		4	Gross rents						4	384,900.
Othe	r	5	Gross royalties						5	
Sour	ces	6	Gross amount received from s	ale of asset	s (See instruc	tions)			6	
		7	CHE CHARRYTHE 1						7	6,013,773.
		8	Total gross sales or receipts from other						8	6,535,439.
		9 Contributions, gifts, grants, and similar amounts paid. Attach schedule.					9	.,,		
		10	Disbursements to or for memb						10	
		11	Compensation of officers, dire						11	210,000.
		12	Other salaries and wages						12	3,887,747.
	enses	13	Interest						13	0,001,11
and Disb	urse-	14	Taxes						14	305,192.
men	ts	15	Rents						15	815,948.
		16	Depreciation and depletion (Se	ee instructio	ns)				16	585,100.
		17	Other expenses and disbursen						17	2,350,610.
		18	Total expenses and disbursements. Ad						18	8,154,597.
Sch	edule		Balance Sheet	ia iiio o aiioagi		taxable year			l of taxa	able year
Asse			Zalarice Grieck		(a)	(b)		(c)	1 01 14/1	(d)
1					(-)		3,440.	(-)	•	2,007,024.
2			receivable				7,524.		•	333,918.
3			eivable				,		•	
4	Invento	ries							•	
5	Federal	and s	tate government obligations						•	
6	Investm	nents i	n other bonds						•	
7	Investm	nents i	n stock				1		•	
8			ns			\sim \sim \sim	(•	
9	Other in	nvestm	nents. Attach schedule				<u> </u>		•	1,377,146.
10 a	Depreci	able a	issets		512,353			17,922,2	53.	
b	Less ac	cumul	ated depreciation	. 8,	454,012.	9,05	8,341.	9,025,2	25.	8,897,028.
11									•	
12	Other a	ssets.	Attach schedule	.4		32	8,019.		•	421,681.
13	Total a	ssets .				12,19	7,324.			13,036,797.
Liab	ilities a	ınd n	et worth							
14			able			66	6,762.		•	605,321.
15			, gifts, or grants payable						•	
16			otes payable						•	
17			yable						•	
18			es. Attach schedule				<u>4,370.</u>		•	753,506.
19			or principal fund			11,18	6,192.		•	11,677,970.
20 21			pital surplus. Attach reconciliation nings or income fund						•	
22			ies and net worth			12.19	7,324.			13,036,797.
-	edule				th income per		,			,
			Do not complete this sched				3, column	(d), is less than S	\$50,000	
			er books	•	482,397			books this year not inc		
2			ne tax	•				h schedule . SEE . S	T6	61,318.
3			ital losses over capital gains	•		8 Deductions in this return not charged against book income this year.				
4			ecorded on books this year.							
_				_				 nd line 8		61 210
5	-		orded on books this year not deducted . Attach schedule	•			icome per			61,318.
6			e 1 through line 5	<u> </u>	482,397			from line 6		421,079.
		1111	ong o	1	,,	*1				

3652234 **Side 2** Form 199 2023 059 CACA1112L 01/02/24

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

BOYS AND	GIRLS CLUBS OF SAN DIEGUITO	95-2470435				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 9	0-EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundati	on				
	501(c)(3) taxable private foundation					
	panization is covered by the General Rule or a Special Rule . ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See instructions.				
General Rule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts tanditions for determining a contributor's total contributions.						
Special Rules						
regul 16b,	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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.					
cont litera	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
cont cont durir Gen	n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ibutor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, ibutions totaled more than \$1,000. If this box is checked, enter here the total contribution g the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the total religious to this organization because it received <i>nonexclusively</i> religious, charitang \$5,000 or more during the year.	out no such as that were received e parts unless the ole, etc., contributions				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SCOTT WERBELOW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BARBAR A STEEL CHARITABLE FND 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DPR FOUNDATION 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JEANNETTE FONSECA 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$8 <u>,</u> 164.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CECIL B DEMILLE FND		Person X Payroll
	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>50,000.</u>	Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(Complete Part II for

Name of organization

Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	SETH SPRAGUE EDUCTIONAL FND		Person X Payroll		
	533 LOMAS SANTA FE DR	\$40,000.	Noncash		
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	RC BAKER FND		Person X		
	533 LOMAS SANTA FE DR	\$5,000.	Payroll		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	WILLIAM MOSELLE		Person X		
	533 LOMAS SANTA FE DR	\$5,000.	Payroll		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10_	SCHALON FND		Person X Payroll		
	533 LOMAS SANTA FE DR	\$ <u>15,000.</u>	Noncash		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>11</u> _	SAHM FAMILY FND		Person X		
	533 LOMAS SANTA FE DR	\$ 10,000.	Payroll		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12_	SCOTT MCCAFFERTY		Person X		
	533 LOMAS SANTA FE DR	\$ 25,000.	Payroll		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		

Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

	Contributors (see instructions). Ose duplicate copies of Part I if additional s	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ZAR WALKER FND		Person X
	533 LOMAS SANTA FE DR	\$ <u>15,000.</u>	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u> _	DAVID THOMAS		Person X Payroll
	533 LOMAS SANTA FE DR	\$10,000.	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	RICHARD SCHMITZ		Person X
	533 LOMAS SANTA FE DR	\$ 10,000.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1.0	OGLE CHARITY FUND		Person X
<u>16</u> _	L	-	
<u>16</u> _	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Payroll
<u> </u>		\$ <u>5,000.</u>	Payroll
(a) No.	533 LOMAS SANTA FE DR	\$ 5,000.	Payroll Noncash (Complete Part II for
	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
(a) No.	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b) Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
(a) No.	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 PATRICK DOUGHERTY	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
(a) No.	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 PATRICK DOUGHERTY 533 LOMAS SANTA FE DR	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No.	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 PATRICK DOUGHERTY 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b)	(c) Total contributions \$20,555.	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Rayroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) No. 17_ (a) No.	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 PATRICK DOUGHERTY 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4	(c) Total contributions \$20,555.	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)

Schedule B (Form 990) (2023) Name of organization Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

raiti	Contributors (see instructions). Ose duplicate copies of Part Fit additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _	CITY OF SOLANA BEACH	-	Person X Payroll
	533 LOMAS SANTA FE DR	\$6,000.	Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>20</u> _	WITHINGTON FOUNDATION INC	-	Person X Payroll
	533 LOMAS SANTA FE DR	\$5,000.	Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>21</u> _	JAKE'S DEL MAR		Person X
	533 LOMAS SANTA FE DR	\$ 7,500.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>22</u> _	CAROLINE HORNBLOWER		Person X
	533 LOMAS SANTA FE DR	\$8,013.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>23</u> _	GUILFORD WHITNEY FOUNDATION		Person X
	533 LOMAS SANTA FE DR	\$ <u>5,000</u> .	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>24</u> _	COASTAL COMMUNITY FND		Person X
	533 LOMAS SANTA FE DR	\$ 5,000.	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number

raiti	Contributors (see instructions). Ose duplicate copies of Part Fit additional s	pace is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _	CITY OF SAN DIEGO		Person X
	533 LOMAS SANTA FE DR	\$19,980.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _	DOUG REGNIER		Person X Payroll
	533 LOMAS SANTA FE DR	\$18,930.	l ¹ 🖳
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _	CHARLES BROWN		Person X Payroll
	533 LOMAS SANTA FE DR	\$ 718,431.	<u> </u>
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>28</u> _	LARRY SCOTT		Person X Payroll
	533 LOMAS SANTA FE DR	\$ <u>77,050.</u>	<u> </u>
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>29</u> _	JEFF LEVINSON		Person X
	533 LOMAS SANTA FE DR	\$68 <u>,</u> 492.	Payroll X
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30_	FRANK N. DENISON REVOCABLE TRUST		Person X
	533 LOMAS SANTA FE DR	\$ 50,000.	Payroll Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>31</u> _	DON OLIPHANT		Person X		
	533 LOMAS SANTA FE DR	\$ 50,000.	Payroll Noncash		
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>32</u> _	BILL HOEHN		Person X		
	533 LOMAS SANTA FE DR	\$ 47,500.	Payroll		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>33</u> _	BOYS & GIRLS CLUBS OF AMERICA		Person X		
	533 LOMAS SANTA FE DR	\$40,424.	Payroll Noncash		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>34</u> _	SUSIE AND JACK BURGER		Person X		
	533 LOMAS SANTA FE DR	\$32,256.	Payroll Noncash		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>35</u> _	JUDITH CAMPBELL EDU & CHARITABLE FD		Person X		
	533 LOMAS SANTA FE DR	\$30,000.	Payroll Noncash		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
36_	THE ROSE FOUNDATION		Person X		
	533 LOMAS SANTA FE DR	\$25,000.	Payroll Noncash		
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
<u>37</u> _	REID TRACY		Person X						
	533 LOMAS SANTA FE DR	\$ 21,000.	Payroll						
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
38_	CAROL SOMMER		Person X						
	533 LOMAS SANTA FE DR	\$20,000.	Payroll						
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
<u>39</u> _	SCHWAB CHARITABLE FUND		Person X						
	533 LOMAS SANTA FE DR	\$ <u>16,902.</u>	Payroll						
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
<u>40</u>	GALLEGOS UNITED		Person X						
	533 LOMAS SANTA FE DR	\$16,000.	Payroll						
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
<u>41</u> _	KEITH FOX		Person X						
	533 LOMAS SANTA FE DR	\$15,100.	Payroll						
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
42_	USA SWIMMING FOUNDATION		Person X						
	533 LOMAS SANTA FE DR	\$ 15,000.	Payroll						
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)						

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>43</u> _	RYAN SIT	\$ 12.805.	Person X Payroll					
	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>12,805.</u>	Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
44_	TODD TRUSSO		Person X					
	533 LOMAS SANTA FE DR	\$12,531.	Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>45</u> _	LBA REALTY 533 LOMAS SANTA FE DR	\$ <u>10,464.</u>	Person X Payroll Noncash (Complete Part II for					
	SOLANA BEACH, CA 92075		noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>46</u> _	BLAIR CANNON 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>10,392.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>47</u> _	HARRINGTON FAMILY FOUNDATION 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>10,000.</u>	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
48_	DANNY SHEPHERD		Person X Payroll					
	533 LOMAS SANTA FE DR	\$9 <u>,650</u> .	Noncash					
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)					

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>49</u> _	JASON CYR 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>9,265.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>50</u> _	DAVID C. COPLEY FOUNDATION 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>9,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>51</u> _	ARLENE INCH 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$8,025.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>52</u> _	KYLE BARBATO 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>8,004.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>53</u> _	MARSH & MCLENNAN AGENCY 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>8,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>54</u> _	TOOLBOX MEDICAL INNOVATIONS 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>55</u> _	PATRICIA MAYSENT		Person X Payroll					
	533 LOMAS SANTA FE DR	\$7 <u>,</u> 650.	Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>56</u> _	THE SAN DIEGO FOUNDATION		Person X					
	533 LOMAS SANTA FE DR	\$7 <u>,</u> 300.	Payroll Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>57</u> _	ANDREW KIMBALL		Person X					
	533 LOMAS SANTA FE DR	\$7,230.	Payroll Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>58</u> _	ENCINITAS COASTAL ROTARY CLUB		Person X Payroll					
	533 LOMAS SANTA FE DR	\$ <u>7,205.</u>	Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
59_	CORY GRANT		Person X					
	533 LOMAS SANTA FE DR	\$6,500.	Payroll Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
60_	KING BENEFITS		Person X					
	533 LOMAS SANTA FE DR	\$6,150.	Payroll Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>61</u> _	ROSCOE MCCREA	_	Person X					
	533 LOMAS SANTA FE DR	\$5 <u>,556</u> .	Payroll Noncash					
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>62</u>	SHALON NIENOW	-	Person X					
	533 LOMAS SANTA FE DR	\$5 <u>,150</u> .	Payroll Noncash					
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>63</u> _	STEVE_ROSETTA	-	Person X					
	533 LOMAS SANTA FE DR	\$ <u>5,150.</u>	Payroll Noncash					
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>64</u> _	LES CROSS		Person X					
	533 LOMAS SANTA FE DR	\$ 5,100.	Payroll Noncash					
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>65</u> _	TREVOR WALKER	_	Person X					
	533 LOMAS SANTA FE DR	\$ 5,100.	Payroll Noncash					
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>66</u> _	CHRIS_VAFIADIS	-	Person X					
	533 LOMAS SANTA FE DR	\$ <u>5,075.</u>	Payroll Noncash					
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)					

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>67</u> _	JOHN MACDOUGALL		Person X					
	533 LOMAS SANTA FE DR	\$ <u>5,075.</u>	Payroll Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>68</u> _	LATHAM & WATKINS LLP		Person X					
	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Payroll Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>69</u> _	JIM RIEDMAN		Person X					
	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Payroll Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>70</u> _	JOHN MELICAN		Person X Payroll					
	533 LOMAS SANTA FE DR	\$5,000.	Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
71_	ROGER SHAHNAZARIAN		Person X					
	533 LOMAS SANTA FE DR	\$5,000.	Payroll Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>72</u> _	JIM REIDMAN		Person X Payroll					
	533 LOMAS SANTA FE DR	\$5,000.	Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
	TEE 0.7001 00/00/03							

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is necaca.						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribut						
<u>73</u> _	STERLING JONES		Person X					
	533 LOMAS SANTA FE DR	\$5,000.	Payroll Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>74</u> _	TERRY_LINGENFELDER		Person X Payroll					
	533 LOMAS SANTA FE DR	\$ <u>5,000</u> .	Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>75</u> _	BARBARA EVENSON		Person X					
	533 LOMAS SANTA FE DR	\$ 5,000.	Payroll Noncash					
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)					
(2)	(b)	(0)	/- IX					
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
76_	Name, address, and ZIP + 4 SHARON LAW	Total contributions	Person X					
	Name, address, and ZIP + 4	*5,000.						
	Name, address, and ZIP + 4 SHARON LAW	\$ <u>5,000</u> .	Person X Payroll					
	SHARON LAW 533 LOMAS SANTA FE DR	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for					
<u>76</u> _	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b)	\$ <u>5,000</u> .	Person X Payroll					
76 (a) No.	SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b) Name, address, and ZIP + 4	\$ <u>5,000</u> .	Person X Payroll					
76 (a) No.	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST	\$ 5,000. Total contributions	Person X Payroll					
76 (a) No.	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST 533 LOMAS SANTA FE DR	\$ 5,000. Total contributions	Person X Payroll					
76 _ (a) No.	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b)	\$ 5,000. Total contributions (c) Total contributions	Person X Payroll					
76	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4	\$ 5,000. Total contributions (c) Total contributions	Person X Payroll					
76	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 RACHEL RAY FOUNDATION F33 LOMAS SANTA FE DR	\$ 5,000. Total contributions (c) Total contributions \$ 5,000. Total contributions	Person X Payroll					

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

raiti	Contributors (see instructions). Ose duplicate copies of Part Fil additional s	pace is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>79</u> _	SAMUEL & KATHERINE FRENCH FUND		Person X Payroll
	533 LOMAS SANTA FE DR	\$5,000.	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>80</u> _	THRIVE SAN DIEGO SPORTS		Person X Payroll
	533 LOMAS SANTA FE DR	\$ <u>5,000</u> .	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>81</u> _	WATKINS LOMA ALTA LLC TRUST		Person X Payroll
	533 LOMAS SANTA FE DR	\$ <u>5,000</u> .	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll
	 	\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll
		\$	Noncash
	 		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II for noncash contributions.)

1 1 Pa

Part II	Noncash Property	(see instructions).	Use duplicate	copies of Part II	if additional sp	ace is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>29</u>	STOCK	\$ 6,115.	3/31/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
BAA	TEEA0703L 08/09/23	Schedule I	 B (Form 990) (2023)

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)\$							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	N/A			_				
		(e) Transfer of gift		_				
	Transferee's name, addres		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
				_ ·				
		(e) Transfer of gift						
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
				·				
		(e) Transfer of gift						
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee					
				_				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
				_				
		(e) Transfer of gift		_				
	Transferee's name, addres		Relationship of transferor to transferee					
				_				
		TEF 407041 00/00/02	0.1.1.1.0.00.4000	_				

TAXABLE YEAR

2023 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FOR	м 199										
Corpo	ration name								Californ	nia corp	oration	n number	
	S AND GIRLS (CLUBS OF SAN	DIEGUITO						051	5240)		
Part			perty Under IRC S										
1	Maximum deduction									1		\$25,00	0
2	Total cost of IRC Se									2			_
3	Threshold cost of IR		-							3		\$200,00	0
4	Reduction in limitation									4 5			_
<u>5</u>	Dollar limitation for		act line 4 from line							э			_
0	(a)	Description of property		(b) (ost (business i	use only)	(c)	Elected	COST				
			70 1)			7							
7	Listed property (elec		•				7			8			
8 9	Total elected cost of Tentative deduction.									9			
10	Carryover of disallow									10			_
11	Business income lim								ŀ	11			_
12	IRC Section 179 exp				•					12			_
13	Carryover of disallow					_							
Par			ional First Year Dep					n 2435	56				_
14	(a)	(b)	(c)	1	(d)	(e)	(f)		(g	1)		(h)	_
	Description	Date acquired	Cost or	Depr	eciation	Depreciation	Life	or	Deprecia	ation f	or	Additional first	
	of property	property (mm/dd/yyyy) other ba			wed or vable in	method	rate	9	this y	year		year depreciation	
					er years							acpicciation	
LAND IMPROVEMEN VARIOUS		26,872.		26,872.	S/L		20						
BUI	BUILDINGS VARIOUS		13888445.	6,793,558.		, \$/L		30 4		3,14	8.		
GYN	INASIUM	VARIOUS	841,827.		- 10	S/L		30	28	3,06	1.		
VEH	IICLES	VARIOUS	537,389.	4	17,896.	S/L		9		2,33			
EQU	JIPMENT	VARIOUS	1,019,670.	(1,1	71,799.	S/L		9	29	9,91	4.		
15	Add the amounts in	column (a) and co		of colur	nn (h) mav		1			_			
	\$2,000. See instruct							15	585	5,10	0.		
Part	t III Summary						•			_			
16	Total: If the corporate	tion is electing:											
	IRC Section 179 exp Additional first year	pense, add the amo	ount on line 12 and	l line 15,	column (g)) or Its on line 1	5 colur	nne (c	n) and (h)	۰ ۵۲			
	Depreciation (if no e									Ö 1	6		
17	Total depreciation cl	laimed for federal	ourposes from fede	ral Form	4562, line	22				1	7		
18	Depreciation adjustr	nent. If line 17 is g	reater than line 16	, enter tl	ne differend	e here and	on_Form	n 100	or				
	Form 100W, Side 1, Form 100W, Side 2,												
	state adjustments or									1	8		
Parl	t IV Amortization												
19	(a)	(b)	(c)			d)	(e)		(f)			(g)	
	Description of property	Date acquire (mm/dd/yyy				ization allowable	R&T Section		Period percenta			Amortization	
	or property	(ITIITII dai yyyy	y) Other bu	515		er years	(see in		percent	age		for this year	
_													_
20	Total. Add the amou	ints in column (a).								20			_
21	Total amortization c	107								21			_
	Amortization adjustr	nent. If line 21 is c	reater than line 20	. enter t	ne differend	ce here and	on Fori	n 100	or				_
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and o	on Form	100 d	or				
	Form 100W, Side 2,	line 12							🔘	22			

2023 Corporation Depreciation and Amortization

3885

		1	1								
	th to Form 100 or For	m 100W. FORI	M 199						0.17		
	ration name										ation number
	S AND GIRLS (051	6240	
Parl		kpense Certain Pro							ı		
1	Maximum deduction									2	\$25,000
_	Total cost of IRC Se		•							3	<u> </u>
3 4	Threshold cost of IR Reduction in limitation									4	\$200,000
	Dollar limitation for t									5	
6		Description of property		(b) Cost (l				ected c		<u> </u>	
	(a)	Description of property		(1) 0031 (1	business t	ase only)	(6) L	ecteu c	031		
						+					
7	Listed property (elec	stad IDC Section 17	79 cost)			7					
8	Total elected cost of						ne 7			8	
9	Tentative deduction.									9	
10	Carryover of disallov									10	
11	Business income lim									11	
12	IRC Section 179 exp									12	
13	Carryover of disallov	wed deduction to 20	024. Add line 9 and	d line 10, les	ss line 1	2	13				
Parl	Depreciation a	nd Election of Addit	ional First Year Dep	reciation De	duction	Under R&T0	C Section	24356	5		
14	(a)	(b)	(c)	(d)		(e)	(f)		(g	J)	(h)
	Description	Date acquired	Cost or other basis	Deprecia		Depreciation method	Life of		Deprecia this v	ation for	
	of property	(mm/dd/yyyy)	Other basis	allowabl		IIIeulou	Tale		uns	year	year depreciation
				earlier y	ears						,
CON	STRUCTION IN		943,696.					0			
	HN HONDA	9/08/2023	88,843.			\$/L		9		7,519	
4 N	IEW EXTERNAL	7/24/2023	9,864.		$\sqrt{0}$	S/L		9	1	L,057	
POC	L COVERS	4/30/2024	10,834.		1)//~	S/L		9	1	L,083	
PAC	O PUMP REPLA	6/30/2024	14,428.			S/L		9		721	
15	Add the amounts in \$2,000. See instruct	column (g) and co ions for line 14, co	lumn (h). The total	of column ((h) may	not exceed	l 1	5			
Parl	t III Summary										
16	Total: If the corporat	tion is electing:									
	IRC Section 179 exp Additional first year	ense, add the amo depreciation under	ount on line 12 and R&TC Section 243	l line 15, col 356, add the	umn (g)) or ts on line 1	5 colum	ns (a)	and (h)	or	
	Depreciation (if no e									() 16	
	Total depreciation cl		•							17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter the c	differenc	e here and	on Form	100	or		
	Form 100W, Side 1,									_	
	state adjustments or									18	
Parl	t IV Amortization										
19	(a)	(b)	(c)			d)	(e)		(f)		(g)
	Description of property	Date acquire (mm/dd/yyy)	ed Cost o	sis allo	Amorti owed or	allowable	R&TC Section		Period percenta	-	Amortization for this year
		, ,,,,,,			in earlie		(see ins		'	J	
20	Total. Add the amou	ınts in column (g).]	20	
21	Total amortization cl	laimed for federal p	ourposes from fede	eral Form 45	62, line	44			[21	
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the c	differenc	e here and	on_Forn	100	or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the dif	fference	here and o	on Form	100 o	r	22	
	Form 100W, Side 2,	IIIIe 12							🕥	22	

2023 Corporation Depreciation and Amortization

3885

		-	•						
	ch to Form 100 or For	m 100W. FOR I	м 199				I a m		
	ration name							a corporation	on number
	S AND GIRLS C						0516	240	
Par		•	perty Under IRC S						
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Sec							3	4200 000
3 4	Threshold cost of IRG Reduction in limitation		-					4	\$200,000
5	Dollar limitation for t						_	5	
6		Description of property	act iiiic + ii oiii iiiic	(b) Cost (business		(c) Elected			
	(α)	becomplied of property		(b) Cost (business	uso only)	(C) Licotot	1 0050		
							_		
							_		
							_		
7	Listed property (elec	ted IRC Section 17	79 cost)		7		_		
8	Total elected cost of		•			ne 7		8	
9	Tentative deduction.							9	
10	Carryover of disallow						_	10	
11	Business income lim	nitation. Enter the	smaller of business	s income (not less t	han zero) o	r line 5		11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but do not enter	more than	line 11		12	
13	· · · · · · · · · · · · · · · · · · ·								
Par	t II Depreciation ar		ional First Year Dep	reciation Deduction	Under R&TO	C Section 243			
14	(a) Description	(b)	(c) Cost or	(d) Depreciation	(e)	(f) Life or	(g) Depreciat	ion for	(h) Additional first
	of property	Date acquired (mm/dd/yyyy)	other basis	allowed or	Depreciation method	rate	this ye		year
	, , ,	, , , , , , , , , , , , , , , , , , , ,		allowable in			,		depreciation
000	DEDOADD DEDA	7/01/2022	20 017	earlier years	G /T		1	002	
	DREBOARD REPA	7/01/2023	20,017.		S/L	9	4	<u>,003.</u>	
	ORADO TIMING	6/17/2024	10,804. 9,631.		S/L S/L	9		963.	
	JATICS TEC PU	7/11/2023	-	- 19	S/L	9		195.	
	RPER GYM STOR UNTY BURNER 3	2/28/2024 3/15/2024	7,780. 19,265.	(())	S/L	9		482.	
		· · · · · · · · · · · · · · · · · · ·						102.	
15	Add the amounts in \$2,000. See instructi								
Par		10110 101 11110 1 1, 00							
	Total: If the corporat	ion is electing:							
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15, column (g) or	E salumona ((a) a a a (b)		
	Additional first year of Depreciation (if no e							oi 16	
17	Total depreciation cl	•						17	
18	Depreciation adjustm	nent. If line 17 is g	reater than line 16	, enter the difference	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16, nia depreciation am	enter the difference	e here and d determine n	on Form 100 bet income b	or efore		
	state adjustments or	Form 100 or Forn	n 100W, no adjustr	ment is necessary).			(18	
Par	t IV Amortization							•	
19	(a)	(b)	(c)		d)	(e)	_ (f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			ization r allowable	R&TC Section	Period of percentage		Amortization for this year
	o. p. op o. ty	(04.10. 54.		er years	(see instr)	porcorria	90	ioi tilis year
20	Total. Add the amou	nts in column (g).						20	
21	Total amortization cl	aimed for federal p	ourposes from fede	eral Form 4562, line	44			21	
22	Amortization adjustments form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the difference	ce here and	on_Form_10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. It line 21 is	less than line 20,	enter the difference	e nere and o	on Form 100	or •	22	
	TOTTI TOUVY, SILLE Z,	III							

2023 Corporation Depreciation and Amortization

3885

		-	•								
	ch to Form 100 or For	m 100W. FORI	м 199								
Corpo	ration name								·	oration nu	mber
	S AND GIRLS C	CLUBS OF SAN	DIEGUITO					051	6240		
Par		•	perty Under IRC S								
1	Maximum deduction								1		\$25,000
2	Total cost of IRC Sec								3		#200 000
3 4	Threshold cost of IRO Reduction in limitation		-						4		\$200,000
5	Dollar limitation for t								5		
6		Description of property	act line 4 from line		ost (business i		(c) Elect				
	(a)	Description of property		(8)	ost (business t	asc only)	(C) LICC	100 0031	-		
									-		
									-		
									-		
7	Listed property (elec	ted IRC Section 17	79 cost)			7			-		
8	Total elected cost of		•				ine 7		8		
9	Tentative deduction.								9		
10	Carryover of disallow								10		
11	Business income lim	nitation. Enter the s	smaller of business	s income	(not less the	han zero) o	r line 5		11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line	10, but d	o not enter	more than	line 11		12		
13	,										
Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&T	C Section 2	4356			
14	(a) Description	(b)	(c)		(d) reciation	(e)	(f) Life or	Deprec	g)	οr Λ.	(h)
	of property	Date acquired (mm/dd/yyyy)	Cost or other basis		wed or	Depreciation method	rate		year	or A	dditional first year
	, , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			vable in				,	C	depreciation
T 00	TYPE BOOK BEN	4 /01 /0004	20 700	earii	er years	G /T	1	2	1 42	_	
	CKER ROOM DEM	4/01/2024	28,700.			S/L	3(1,43! 2,27		
	RPER GYM INTE	8/10/2023 8/01/2023	24,825. 58,511.			S/L S/L	3		5,36		
	THETIC LAWN	7/24/2023	11,425.	/		S/L	3(428		
	CINITAS REPLA	1/08/2024	43,634.	(A)		S/L	3	-	1,09		
		· · · · ·			4)			,	1,00		
15	Add the amounts in \$2,000. See instruct										
Par		10110 101 11110 1 1, 00								L.	
	Total: If the corporat	ion is electing:									
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15,	column (g)	or	E salumana	(a) and (b	->		
	Additional first year Depreciation (if no e									6	
17	Total depreciation cl	• • • • • • • • • • • • • • • • • • • •				,			. ⊚ 1		
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter tl	he differend	e here and	l on Form 1	00 or			
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the	e difference	here and o	on Form 10 net income	0 or before			
	state adjustments or	Form 100 or Form	n 100W, no adjustr	ment is r	necessary).				. ① 1	8	
Par	t IV Amortization								•		
19	(a)	(b)	(c)			d)	(e)	_ (f)			(g)
	Description of property	Date acquire (mm/dd/yyy)			Amorti allowed or		R&TC Section	Period percent			nortization
	or property	(IIIII/aa/yyy)	() Other ba	515	in earlie		(see instr)		lage	101	this year
20	Total. Add the amou	nts in column (g).							20		
21	Total amortization cl	aimed for federal p	ourposes from fede	eral Form	n 4562, line	44			21		
22	Amortization adjustn Form 100W, Side 1,										
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form 10	0 or			
	Form 100W, Side 2,	iirie 12						<u>©</u>) 22		

TAXABLE YEAR CALIFORNIA FORM

2023 Corporation Depreciation and Amortization

	ch to Form 100 or For	m 100W. FORI	M 199						
Corpo	ration name						Califor	nia corporat	ion number
BO	S AND GIRLS O	CLUBS OF SAN	DIEGUITO				051	6240	
Par		•	perty Under IRC S						
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se		•					2	
3	Threshold cost of IR							3	\$200,000
4 5	Reduction in limitation for the control of the cont							5	
6		Description of property	act line 4 from line	(b) Cost (business		(c) Elected		J	
	(a)	Description of property		(n) cost (nasiliess	use only)	(C) Elected	1 0081		
7	Listed property (elec	stad IDC Spation 1	70 cost)		7				
8	Total elected cost of		•			ine 7		8	
9	Tentative deduction.							9	
10	Carryover of disallov		10						
11	Business income lim							11	
12	IRC Section 179 exp			•	-			12	
13	Carryover of disallov								
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	_ (<u>c</u>	a).	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this		Additional first year
	o. p. spo. ty	(31.3. 243.3	allowable in				<i>,</i> • • • • • • • • • • • • • • • • • • •	depreciation
		2 /24 /222		earlier years					
	ISET CLUBHOUS	8/01/2023	118,192.		S/L	30		0,834.	
	ISET CLUBHOUS	8/10/2023	187,601.		\$/L	30	17	7,197.	
200	00 CHEVY VAN	VARIOUS	13,887.	13,887	\$/L	9			
				$\bigcirc ((\)) \setminus \subseteq$					
15	Add the amounts in								
Par	\$2,000. See instruct t III Summary	ions for line 14, co	iumin (n)			IS			
16	Total: If the corporat	tion is electing:							
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (g) or				
	Additional first year Depreciation (if no e							or 16	
17	Total depreciation cl							17	
								<u>"</u>	
	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	e here and	on Form 100	or		
	Form 100W, Side 2, state adjustments or	ilne 12. (If Califord	iia depreciation arr n 100W no adjustn	nounts are used to	aetermine r	net income b		18	
Par		11 01111 100 01 1 0111	Troott, no aajasti	Horie is ricossary)				<u> </u>	<u> </u>
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o	r Amort	ization	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	v) other bas		r allowable er years	Section (see instr)	percenta	age	for this year
						, ,			
20	Total. Add the amou	ints in column (a)						20	
21	Total amortization cl							21	
	Amortization adjustr		•	,					
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and o	on Form 100	or		
	Form 100W, Side 2,	line 12					🕥	22	

PROGRAM SERVICE REVENUE STATEMENT 2 FORM 199, PART II, LINE 17 OTHER EXPENSES ADVERTISING AND PROMOTI	NTS. STOTAL S	5,485,266. 6,013,773. \$ 63,104.
STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME INCOME FROM SPECIAL EVE PROGRAM SERVICE REVENUE STATEMENT 2 FORM 199, PART II, LINE 17 OTHER EXPENSES ADVERTISING AND PROMOTI	TOTAL E	528,507. 5,485,266. 6,013,773.
FORM 199, PART II, LINE 7 OTHER INCOME INCOME FROM SPECIAL EVE PROGRAM SERVICE REVENUE STATEMENT 2 FORM 199, PART II, LINE 17 OTHER EXPENSES ADVERTISING AND PROMOTI	TOTAL E	5,485,266. 6,013,773. \$ 63,104.
FORM 199, PART II, LINE 17 OTHER EXPENSES ADVERTISING AND PROMOTI	ON	\$ 63,104.
OTHER EXPENSES ADVERTISING AND PROMOTI		
INSURANCE OFFICE EXPENSES OTHER EMPLOYEE BENEFIT OTHER EXPENSES OTHER FEES PROGRAM EXPENSE SPECIAL EVENT EXPENSES		135,405. 131,836. 424,474. 546,030. 105,270. 94,807. 594,840. 197,666. 57,178. \$ 2,350,610.
STATEMENT 3 FORM 199, SCHEDULE L, LIN OTHER INVESTMENTS	IE 9	
CHARLES SCHWAB INVESTME LIFE INSURANCE BENEFICI	AL INTEREST	
STATEMENT 4 FORM 199, SCHEDULE L, LIN OTHER ASSETS	IE 12	
RIGHT OF USE ASSET	FERRED CHARGES	45,884. 56,154. 319,643. 421,681.
STATEMENT 5 FORM 199, SCHEDULE L, LIN OTHER LIABILITIES	IE 18	
DEFERRED REVENUE	TY	371,314. 326,038. 56,154.

2023	CALIFORNIA STATEMENTS		PAGE 2
	BOYS AND GIRLS CLUBS OF SAN DIEGUITO		95-2470435
5/13/25 STATEMENT 6 FORM 199, SCHEDULE M-1, INCOME RECORDED ON BO	LINE 7 OOKS NOT ON RETURN		11:15AM
UNREALIZED GAINS		\$ \$ \$ \$	61,318. 61,318.
	COPY		

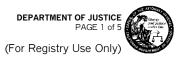
STATE OF CALIFORNIA

RRF-1 (Rev. 01/20/2024)

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

STREET ADDRESS: 1300 | 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.

			01 1 1	<u> </u>						
BOYS AND GIRLS CLUBS OF SA	N DI	IEGUITO	Check if: X Change of	address						
Name of Organization			Amended							
List all DBAs and names the organization uses or has use	sed		Organizatio	on requests email notifications						
533 LOMAS SANTA FE DR										
Address (Number and Street)			State Charity	Registration Number 008304						
SOLONA BEACH, CA 92075 City or Town, State, and ZIP Code			Corporation of	r Organization No. 0516240						
858.755.9371			00. po. a.i.o	<u> </u>						
·	nail Addı			oyer ID No. <u>95-2470435</u>						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310) Make Check Payable to Department of Justice										
Total Revenue F	ee	<u>Total Revenue</u>	Fee	Total Revenue	E	<u>ee</u>				
Between \$50,000 and \$100,000	\$25 \$50 \$75	Between \$250,001 and \$1 millio Between \$1,000,001 and \$5 mill Between \$5,000,001 and \$20 mi	ion \$200	Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million	ion \$1					
PART A – ACTIVITIES										
For your most recent full accounting	g perio	od (beginning 7/01/23	ending	6/30/24) list:						
Total Revenue \$										
(including noncash contributions) 8,378,010. Noncash Contributions \$ 6,115. Total Assets \$ 13,036,797.										
Program Expenses \$ 6,512,431. Total Expenses \$ 7,956,931.										
PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT										
Note: All questions must be answered. In providing an explanation and deta					Yes	No				
During this reporting period, were there any contra trustee thereof, either directly or with an entity in	acts, loa which a	ns, leases or other financial transactions by such officer, director or trustee had any	between the organi y financial interest:	zation and any officer, director or		Χ				
2 During this reporting period, was there any theft, e	embezzl	ement, diversion or misuse of the organiza	ation's charitable p	roperty or funds?		Χ				
3 During this reporting period, were any o	organiz	zation funds used to pay any per	nalty, fine or ju	dgment?		Χ				
During this reporting period, were the s coventurer used?	ervice	s of a commercial fundraiser, fundrais	sing counsel fo	r charitable purposes, or commercial		Χ				
5 During this reporting period, did the org	janiza	tion receive any governmental fu	nding?	SEE STATEMENT 1	Χ					
6 During this reporting period, did the org	janiza	tion hold a raffle for charitable pu	urposes?			Χ				
7 Does the organization conduct a vehicle	e dona	ation program?				Χ				
Did the organization conduct an indepe generally accepted accounting principle	ndent es for t	audit and prepare audited financ this reporting period?	cial statements	in accordance with	Χ					
9 At the end of this reporting period, did	the or	ganization hold restricted net assets,	while reporting	g negative unrestricted net assets?		Χ				
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.										
	MAR]	INEKE VANDERVORT	CEO							
	Printed		Title	Date						

2023

CALIFORNIA STATEMENTS

PAGE 1

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

95-2470435

5/13/25

11:15AM

STATEMENT 1 FORM RRF-1, PART B, LINE 5 GOVERNMENT AGENCY THAT PROVIDED FUNDING

CITY OF SOLANA BEACH 635 S, HWY 101 SOLANA BEACH, CA 92075 DAN KING 858-720-2477

CITY OF SAN DIEGO 1200 THIRD AVE STE 924 SAN DIEGO, CA 92101 JAMES EISCHEN



2023

CALIFORNIA SUPPLEMENTAL INFORMATION

PAGE 1

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

95-2470435

5/13/25

11:15AM

FORM 199, PART II, LINE 11 - FISCAL YEAR OFFICER'S COMPENSATION

MARINEKE VANDERVORT (CEO) - \$210,000



Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2023 calen	idar year, or ta	x year begiı	nning 7	/01	, 202	23, an	ıd endin	ig 6	5/30		,	20 2024		
В	Check	if applicable:	С								D E	mploy	er identif	ication number		
	X A	ddress change	BOYS AND	GIRLS (CLUBS O	F SAN DI	EGUITO					95-2	24704	35		
		ame change	533 LOMAS										ne numbe			
	-	itial return	SOLONA BE									252	755	9371		
	\blacksquare			•							-	000.	. 755.	9311		—
	_	nal return/terminated											~	0 55		
	-	mended return	<u> </u>										ceipts \$			
	A	pplication pending		dress of princip	al officer: M	ARINEKE	VANDERVO	ORT			his a group			— —		Nο
			SAME AS (C ABOVE						H(D) Are	all subord No," attach	dinates n a list.	included See inst	ructions.	es	No
I	Tax-	exempt status:	X 501(c)(3)	501(c) ()	(insert no.)	4947(a)(1)	or	527		.,					
J	We	bsite: W	W.BGCGREA	TERTOGE	THER.OF	RG				H(c) Gro	up exemp	tion nu	mber			
K	Forn	n of organization:	X Corporation	Trust	Association	Other		L Year	r of formati	ion: 19	966	M s	tate of le	gal domicile: (CA	
Pa	rt I	Summai	ry	<u> </u>												
	1		ibe the organiz	ation's miss	sion or mos	st significant	activities:T	II O	MPACT	THE	LIVE	S OI	THE	YOUTH	WHO	
a			MOST THRO											. — — — — .		
ũ																
Governance																
Š	2	Check this be	ox if the	e organizatio	on disconti	nued its ope	rations or di	spose	ed of mo	ore than	1 25% d	of its i	net ass	ets.		
ŏ	3	Number of vo	oting members	of the gove	rning body	∕ (Part VI, İir	ne 1a)						3			21
•ජ ග	4		ndependent vot										4			21
Ë	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)												5		3	322
Activities &	6												6			50
ĕ			ed business re									L	7a			0.
	b	Net unrelated	d business taxa	able income	from Form	n 990-T, Par	t I, line 11						7b			0.
								_			Prior \			Current		
Φ	8	Contributions	and grants (P	Part VIII, line	e 1h)			×://:			2,43			2,04		
Revenue	9	Program ser	vice revenue (F ncome (Part VI	Part VIII, lin	e 2g)		:::::([[]):	. 7. (.			4,84			5,48		
eve	10											6,8			5,79	
—	11		ie (Part VIII, co									6,3			6,71	
	12		e — add lines 8								8,04	5,1	04.	8,37	8,01	<u> 10.</u>
	13		similar amounts				•									
	14	•	I to or for members (Part IX, column (A), line 4)er compensation, employee benefits (Part IX, column (A), lines 5-10)													
S	15	Salaries, oth	er compensation	on, employe	e benefits	(Part IX, col	lumn (A), lin	es 5-	10)		4,72	1,7	48.	4,94	8,96	<u> 59.</u>
Expenses	16a	Professional	fundraising fee	es (Part IX,	column (A)), line 11e).										
be	b	Total fundrai	sing expenses	(Part IX. co	lumn (D).	line 25)		401	,295.							
Ж	17		ses (Part IX, co			_					2,71	1 7	40	3,007,962.		
	18		ses. Add lines 1								7,43			7,95	_	
	19	•	s expenses. Su	-												
		Revenue les	s expenses. 30	ibliact iiile	16 110111 1111	E 12						1,6			1,07	<u> 19.</u>
s or nces	20	Total accets	(Part X, line 16	s)							ning of C			End of		07
sse Bala	20 21		es (Part X, line	•						•	12,19 1,01			13,03		
Net Assets Fund Balanc	21		,	,										1,35		
고급	22		r fund balances	s. Subtract	line 21 fron	n line 20				-	11,18	6,1	92.	11,67	7,9	<u>/0.</u>
	rt II	Signatu														
Unde	er penal	Ities of perjury, I d	eclare that I have ex arer (other than office	xamined this ref	turn, including	accompanying s	chedules and sta	atemen wledge	its, and to	the best o	of my knov	vledge	and belie	f, it is true, corr	ect, and	t
		1									T					
٥.		Signature of	f officer							Date	2					_
Siç He	jn			7110 D.M.							-					
пе	re		EKE VANDER It name and title	RVORT					Ĺ	EO						_
		21 1			Dronavari-	cianatura		In	ato				1 I-	OTINI		
	_		preparer's name		Preparer's	-		ا ا	ate	.	Check		1 "	TIN		
Pa			KIKUNO			KIKUNO			5/12/	²⁵	self-e	mploye	d I	20134764	4	
Pre	epar	er Firm's nam		& COLE,	LLP											
Us	e Or	Ily Firm's addr		CAMINO			SUITE 2	200			Firm's	EIN		2076568		
					A 92108						Phone	e no.	619.	294.720	0	
May	/ the	IRS discuss th	nis return with	the prepare	r shown ab	ove? See in	structions				 .			X Yes	1	No

Check if Schedule O contains a response or note to any line in this Part III. Bindly describe the organization's mission: SEE SCHEDULE 0	Par	t III		X
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 Extraction cases conducting, or make significant changes in how it conducts, any program services?	1	Briafl		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ2 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?	•		F SCHEDIII F O	
Form 990 or 990-E22.		200		
Form 990 or 990-E22.				
Form 990 or 990-E22.				
all "Yes," describe these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services?	2	Did th	the organization undertake any significant program services during the year which were not listed on the prior	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No if Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 2,335,552; including grants of \$) (Revenue \$ 1,664,496.) BCC AQUATICS PROGRAM 456 CHILDREN SERVED - THE AQUATICS PROGRAM OFFERS YEAR-ROUND COMPETITIVE SUMMING THROUGH THE AWARD-VINNING RANCHO SAN DIEGUITO (RSD) SWIM TEAM, SMIM LESSONS, RECREATIONAL AND LAP SWIM TIME, WE CHAMPION WATER SAFETY IN SAN DIEGO COUNTY, PROVIDING THOUSANDS OF SWIMMING LESSONS EACH YEAR, RSD IS RANKED AS ONE OF THE TOP 200 SWIM CLUBS IN THE NATION BY USA SWIMMING, ALDMAI HAVE RECEIVED \$3,140,000+1,659,443. 733,449. OUR SEVEN BRANCHES PROVIDE DIVERSE ACTIVITIES IN OUR AFTER SCHOOL, IN SCHOLARSHIPS TO OVER 50 UNIVERSITIES. 4b (Code:) (Expenses \$ 996,866; including grants of \$) (Revenue \$ 1,223,937.) SEF_SCHEOULE O. 4c (Code:) (Expenses \$ 1,071,022; including grants of \$) (Revenue \$ 1,223,937.) SEF_SCHEOULE O. 4b (Code:) (Expenses \$ 996,866; including grants of \$) (Revenue \$ 850,677.) BCC ATHLETIC PROGRAM 2,264 CHILDREN SERVED THE ATTLETICS DEPARTMENT OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL STUDENTS THROUGH THE BIG EIGHT MIDDLE SCHOOL SPORTS PROGRAM, YOUTH AT FIVE MIDDLE SCHOOLS CAN PRAITCIPATE IN TEN DIFFERS PROFITS FOR ELEMENTARY HOOPS, SNUFFY AND FASTBREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBALL PROGRAMS. THIS PROGRAM PROMOTES POSITIVE SOCIAL-EMOTIONAL HEALTH, AND EDUCATIONAL OUTCOMES IN CHILDREN AND TEENS.		Form	m 990 or 990-EZ?	X No
Ab Code: (Expenses \$ 996,866. including grants of \$) (Revenue \$ 1,223,937.) 4c (Code:) (Expenses \$ 1,071,022. including grants of \$) (Revenue \$ 1,223,937.) 5c ATHLETIC PROGRAM 2,264 CHILDREN SERVED THE ATHLETICS DEPARTMENT OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL. STUDENTS THROUGH THE DIE CEITHER SERVED THE ATHLETICS DEPARTMENT OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL. STUDENTS THROUGH THE ACTIVITIES FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL. STUDENTS THROUGH THE DIE CEITHER SERVED THE ATHLETICS DEPARTMENT OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FROUGH GRAND AND THE SERVED THE ATHLETICS DEPARTMENT OFFERS SPORTS LEAGUES, CAMPS, AND ATHLETIC ACTIVITIES FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL. STUDENTS THROUGH THE BIG EIGHT MIDDLE SCHOOL. SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE IN FOR THE ELEMENTARY, MIDDLE, AND HIGH SCHOOL. STUDENTS THROUGH THE BIG EIGHT MIDDLE SCHOOL. SPORTS PROGRAM. YOUTH AT FIVE MIDDLE SCHOOLS CAN PARTICIPATE IN FOR THE ASKETBALL, AND AUTUMN LEAGUE BASKETBALL PROGRAMS. THIS PROGRAM PROMOTE AND FERSE SCHOOLS. SHEED SCHOOLS CAN PARTICIPATE IN THE DIFFERENT SPORTS ACROSS THREE SEASONS. WE ALSO OFFER ELEMENTARY MOOPS, SNUFFY AND FASTEREAK BASKETBALL, AND AUTUMN LEAGUE BASKETBALL PROGRAMS. THIS PROGRAM PROMOTES FOITIVE SOCIAL-EMOTIONAL HEALTH, AND EDUCATIONAL OUTCOMES IN CHILDREN AND TEENS.		If "Yes	Yes," describe these new services on Schedule O.	_
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
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		Х
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 Revenue Procedure 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, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
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.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 253 If "Yes," complete Schedule D, Part X	11e	Χ	
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	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Χ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, 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 for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023) BOYS AND GIRLS CLUBS OF SAN DIEGUITO Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
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? <i>If "Yes," complete Schedule J.</i>	23	Х	
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 25a.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		V	. [
1 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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Form 990 (2023) BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 322			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
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		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Х
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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
·	If the organization received a contribution of qualified intellectual property, did 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. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
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 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 21 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH O Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... 6 Χ 7a 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?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official.. SEE. SCHEDULE..Q...... 15a **b** Other officers or key employees of the organization... SEE . SCHEDULE. Q...... 15b X If "Yes" to line 15a or 15b, describe 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 X **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. DEBI COX 533 LOMAS SANTA FE DR SOLONA BEACH CA 92075 858.755.9371

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an Institutio	s pe	ition more rson i irecto	n oh s both s r/truste the both this both this both this both s both s both s both s r/truste lemployee	an ee)	(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)	MARINEKE VANDERVORT	40									
	CEO	0			Χ				222,648.	0.	12,877.
	JOE BENJAMIN AQUATICS DIR	$-\frac{40}{0}$					X	$\int \int$	131,767.	0.	23,660.
(3)	DEBI_COX	_ 40 _		, (1	\bigcirc	1/5		77			
	CFO	0	(`		X)	1 1			101,819.	0.	19,440.
(4)	LARRY MCDONALD	1									_
	CHAIR	0	Χ		Χ				0.	0.	0.
(5)	BEN HAMSON	1	3.7		3.7				_	0	0
·(C)	VICE CHAIR	0	Х		Χ				0.	0.	0.
(6)	TODD TRUSSO	1			3.7					0	0
	SECRETARY	0	Χ		Χ				0.	0.	0.
<u>(7)</u>	DOUG REGNIER	1	37		37				0	0	0
(0)	TREASURER	0	X		Χ				0.	0.	0.
(0)	SUMEER CHANDRA	1	37						0	0	0
(0)	DIRECTOR JASON CYR	0	X						0.	0.	0.
(3)	DIRECTOR	1 -	Х						0.	0.	0.
(10)	CRAIG GARNER	1	Λ						0.	0.	0.
<u>()</u>	DIRECTOR	1	Х						0.	0.	0.
(11)	ED JOHNSON	1	71						0.	0.	<u> </u>
<u>\'.'/</u> _	DIRECTOR		Х						0.	0.	0.
(12)	BARBARA HARPER	1	21						0.	0.	
<u> - '-</u>	DIRECTOR		Х						0.	0.	0.
(13)	MATT HOLDER	1							3.	· ·	<u> </u>
	DIRECTOR	0	Χ						0.	0.	0.
(14)	CAROLINE HORNBLOWER	1									<u> </u>
	DIRECTOR	0	Χ						0.	0.	0.

				(C)								
(A)	(B)		Position (do not check more than one				(D)	(E)		(F)			
Name and title	Average hours	box, offic	unles er an	ss pe d a d	rson irecto	is both or/trust	an ee)	Reportable compensation from	Reportable compensation from		ated amou of other	ınt	
	per week (list any	함	sų	Off	Ke	em	For	the organization (W-2/1099-	related organizations (W-2/1099-	the d	ensation fro organization		
	hours for related	Individual or directo	tituti	Officer	y em	ploy	Former	MISC/1099-NEC)	MISC/1099-NEC)		id related anizations		
	organiza- tions	ual t	۵		Key employee	ee tor							
	below dotted	l trustee or	l truste		/ee	l per							
	line)	96	stee			Highest compensated employee							
(15) EDIC TANIBODNO	1					8.							
(15) ERIC IANTORNO	1	,						0	0			^	
DIRECTOR (16) HUGH LESLIE	0	Х						0.	0.			0.	
DIRECTOR	1	Х						0.	0	0.			
(17) JEFF LEVINSON	1	Λ				1		0.	0.			0.	
DIRECTOR	0	Х						0.	0.			0.	
(18) JENNIFFER MACDOUGALL	1	71						0.	0.			••	
DIRECTOR	0	Х						0.	0.			0.	
(19) PATTY MAYSENT	1	71						0.	0.			<u> </u>	
DIRECTOR	0	Χ						0.	0.			0.	
(20) SHALON NIENOW	1	23						Ŭ.	· ·			<u> </u>	
DIRECTOR	0	X						0.	0.			0.	
(21) MARTIN PETERS	1							- 0.1					
DIRECTOR	0	Χ						0.	0.			0.	
(22) IAN PYKA	1												
DIRECTOR	0	Х						0.	0.			0.	
(23) BRIAN SOLOMON	11												
DIRECTOR	0	Х					П	0.	0.			0.	
(24) DAVID THOMAS	1			_	<u></u>	7/	2(
DIRECTOR	0	X			1//	2	7	0.	0.			0.	
(25)		$(\cap$				7							
			V										
1b Subtotal								456,234.	0.		55,97		
c Total from continuation sheets to Part VII, Section 1.								0.	0.		FF 05	<u>0.</u>	
d Total (add lines 1b and 1c)								456,234.	0.	oncatio	55,97	//.	
	to those i	isieu	abu	ve) v	WIIO	recei	veu	more man \$100,00	o of reportable comp	Jensand	11		
from the organization 3											Yes	No	
											165	NO	
3 Did the organization list any former officer, direct on line 1a? If "Yes, "complete Schedule J for suc	tor, truste <i>h individu</i>	e, ke <i>al</i>	ey e	mple	oyee	e, or	high	nest compensated	employee	. 3		X	
· ·													
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab er than \$1	ie co 50,0	mpe 30?	If "	illori Yes,	" cor	nple	ete Schedule J for	ITOTTI				
such individual							· · · ·			. 4	X		
5 Did any person listed on line 1a receive or accru	e compen	satio	n fr	om	any	unre	late	ed organization or	individual	5		37	
for services rendered to the organization? <i>If "Yes</i> Section B. Independent Contractors	s, comple	ete S	cne	auie	JT	or su	сп р	person		. ј		X	
1 Complete this table for your five highest compen	sated inde	epen	den	t cor	ntra	ctors	tha	t received more th	nan \$100.000 of				
compensation from the organization. Report compen	sation for	the c	alen	dar	year	endi	ng v	vith or within the or	ganization's tax year	ʻ			
(A) Name and business add								(B)	of annuisas	(C)		
	Name and business address Description of services										eńsation		
	HADOWCREST ROOFING INC 285 PAWNEE ST STE C SAN MARCOS, CA 92078 CONSTRUCTION										394,59		
RAM AIR ENGINEERING INC PO BOX 7088 CAPISTRANO BEACH, CA 92624 HVAC SYSTEM REPLACEMENT									EPLACEMENT	4	106,46	<u> </u>	
-													
2 Total number of independent contractors (including t	ut not lim	ited t	n the	neo 1	lictor	d aba	VO)	who recoived more	than				
\$100,000 of compensation from the organization	out HOL HITH	iieu l	ט נוונ	JSC 1	115160	u a00	ve)	wito received more	uiali				

		Check if Schedule O contains a r	esponse or note to any	y line in this Part V	TIL		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d	Membership dues	1a 1b 171,495.				
ions, G r Simil	e f	All other contributions, gifts, grants, and	1e 25,980.				
ntribut d Othe	g	Noncash contributions included in	1f 1,842,762. 1g 6,115.				
Co	h	Total. Add lines 1a-1f		2,040,237.			
			Business Code	2701072077			
en	2a	AQUATICS	900099	1,664,496.	1,664,496.		
Rev	b	MONTESSORI	900099	1,223,937.	1,223,937.		
ce	С	OTHER PROGRAM REVENUE	900099	906,389.	906,389.		
ervi	d	ATHLETIC PROGRAMS	900099	850,677.	850,677.		
шS	е	CAMPS		839,767.	839,767.		
Program Service Revenue	f	All other program service revenue.		000,.0.0	3337.311		
Pro	g	Total. Add lines 2a-2f		5,485,266.			
	3	Investment income (including dividend	ls, interest, and	, ,			
	other similar amounts)			125,794.			125,794.
	4	Income from investment of tax-exer	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties					
	C-	(i) Real	(ii) Personal				
		Gross rents	00.		7		
		Less: rental expenses 6b					
		Rental income or (loss) 6c 384, 9			۷		224 222
		Net rental income or (loss)		384,900.			384,900.
	7a	es of assets					
		other than inventory 7a					
	b	Less: cost or other basis and sales expenses 7b					
	С	Gain or (loss) 7c					
		Net gain or (loss)					
<u>o</u>	8a	Gross income from fundraising events					
	-	(not including \$ 171,495.					
Other Revenu		of contributions reported on line 1c).					
гŖ		See Part IV, line 18	8a 528,507.				
he		Less: direct expenses	8b 197,666.				
δ	С	Net income or (loss) from fundraising	ng events	330,841.			330,841.
	9a	Gross income from gaming activities.					
	h	See Part IV, line 19	9a 9b				
		Net income or (loss) from gaming a					
			Tett vittes				
	Iua	Gross sales of inventory, less returns and allowances	10a 10,972.				
		Less: cost of goods sold	10b				
		Net income or (loss) from sales of i		10,972.			10,972.
S)		• • • • • • • • • • • • • • • • • • • •	Business Code	10,572.			10,512.
Miscellaneous Revenue	11a						
ᇎ	b						
ig ei	11a b c d						
<u> </u>	d	All other revenue					
Σ	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		8,378,010.	5,485,266.	0.	852,507.

Section 501(c)(3) and 501(c)(4	organizations must com	plete all columns. All other or	rganizations must comple	ete column (A).
--------------------------------	------------------------	---------------------------------	--------------------------	--------------	-----

	Check if Schedule O contains a r				
Do r 6b, 7	not include amounts reported on lines 7b, 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 domestic organizations and domestic governments. See Part IV, line 21.		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	210,000.	52,500.	63,000.	94,500.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	3,887,747.	3,345,159.	374,821.	167,767.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,007,717.	3/3/13/133.	3717021.	101,101.
9	Other employee benefits	546,030.	376,658.	135,307.	34,065.
10	Payroll taxes	305,192.	230,782.	59,828.	14,582.
11	Fees for services (nonemployees):	,			
а	Management				
b	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		~ < /		
g	Other. (If line 11g amount exceeds 10% of line 25, column	04 007	(0) \27 076	EC 021	
12	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	94,807. 63,104.	37,876.	56,931. 125.	61 064
13	Office expenses	424,474.		97,707.	61,064. 23,381.
14	Information technology	135,405.	303,386. 22,186.		23,301.
15	Royalties	135,405.	22,100.	113,214.	<u> </u>
16	Occupancy	015 040	766,466.	10 621	858.
17	Travel	815,948. 57,178.	41,680.	48,624. 15,265.	233.
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	37,176.	41,000.	13,203.	233.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	585,100.	585,100.		
23	Insurance	131,836.	87,791.	40,111.	3,934.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSE	594,840.	594,840.		
b		105,270.	66,092.	38,272.	906.
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,956,931.	6,512,431.	1,043,205.	401,295.
26	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 if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any lir	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			72,927.	1	68,580.
	2	Savings and temporary cash investments		L	2,720,513.	2	1,938,444.
	3	Pledges and grants receivable, net				3	306,561.
	4	Accounts receivable, net			17,524.	4	27,357.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office I contrib rsons	er, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		· · · · ·		7	
တ	8	Inventories for sale or use		8			
šet	9	Prepaid expenses and deferred charges		-	42 220	9	4 F 0 O 4
Assets	-		1 1		43,238.	9	45,884.
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		17,922,253.			
	b	Less: accumulated depreciation		9,025,225.	9,058,341.	10c	8,897,028.
	11	Investments — publicly traded securities		-		11	
	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			284,781.	15	1,752,943.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		12,197,324.	16	13,036,797.
	17	Accounts payable and accrued expenses			666,762.	17	605,321.
	18	Grants payable		18			
	19	Deferred revenue	344,370.	19	326,038.		
	20	Tax-exempt bond liabilities		20			
ē	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utok. or:	35% L		22	
-	23	Secured mortgages and notes payable to unrelated th	nird part	ies		23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rela plete Pa	ated third parties, art X of Schedule D.		25	427,468.
	26	Total liabilities. Add lines 17 through 25			1,011,132.	26	1,358,827.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	•	X			
<u>a</u>	27	•			11,186,192.	27	11,285,476.
Ва	28	Net assets with donor restrictions			11/100/131.	28	392,494.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				332, 1311
ᡖ	29	Capital stock or trust principal, or current funds				29	
र्घ	30	Paid-in or capital surplus, or land, building, or equipm				30	
88	31	Retained earnings, endowment, accumulated income,		_		31	
Ţ,	32	Total net assets or fund balances		<u> </u>	11,186,192.	32	11,677,970.
Ş	33	Total liabilities and net assets/fund balances			12,197,324.	33	13,036,797.
					10,10,1001.		10,000,101.

Par	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	8,3	78,	010.
2	Total expenses (must equal Part IX, column (A), line 25)			931.
3	Revenue less expenses. Subtract line 2 from line 1			079.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	11,1		
5	Net unrealized gains (losses) on investments		61,	318.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments		9,	381.
9	Other changes in net assets or fund balances (explain on Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			0.00
Day	column (B)) 10 rt XII Financial Statements and Reporting	11,6	11,	970.
rar				
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	à		
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both.			
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	lf "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
	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?	n 3a		Х
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 on Schedule O and describe any steps taken to undergo such audits			
BAA	TEEA0112L 08/23/23	Forn	1 990	(2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service 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	ation number			
BOY	S AND GIRLS CLUBS OF	SAN DIEGUITO				95-247043	5			
Par							ctions.			
The c	organization is not a private found	dation because it is: ((For lines 1 through 12,	check o	nly one	box.)				
1	A church, convention of church	,		,	b)(1)(A)((i).				
2	A school described in sectio	n 170(b)(1)(A)(ii). (At	tach Schedule E (Form	990).)						
3	A hospital or a cooperative h	nospital service organ	nization described in sec	tion 170)(b)(1)(<i>A</i>	۸)(iii).				
4	A medical research organiza	tion operated in conj	unction with a hospital of	describe	d in sec	ction 170(b)(1)(A)(iii). E	nter the hospital's			
	name, city, and state:									
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	escribed in			
6	A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).				
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic described			
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part I	l.)						
9	An agricultural research organ	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege			
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:									
10	10 X An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts									
	from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross									
	investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11										
12	An organization organized a	nd operated exclusive	ely for the benefit of, to	perform	the fun	ections of, or to carry o	it 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elec	ed, or controlled by its sur t a majority of the directo	ported or rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organizati	the supported on. You must			
b	Type II. A supporting organiz	ration supervised or o	controlled in connection	with its	support	ted organization(s), by	having control or			
	management of the supporting	organization vested in	the same persons that c	ontrol or	manage	the supported organizat	ion(s). You			
_	must complete Part IV, Sect		r r r	201	1.6		1.1			
С	Type III functionally integrated organization(s) (see instruction)	. A supporting organizations). You must com	plete Part IV, Sections	n with, ar A, D, an	na tunctio d E.	onally integrated with, its	supported			
d	Type III non-functionally integ	rated. A supporting orderally	ganization operated in cor v must satisfy a distribu	nection	with its	supported organization(s it and an attentiveness) that is not requirement (see			
	instructions). You must com	•	•							
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writt	ten determination from t	the IRS	that it is	s a Type I, Type II, Typ	e III functionally			
f	Enter the number of supported									
g	Provide the following information	-								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other			
			(described on lines 1-10 above (see instructions))	in your g	ion listed overning	support (see instructions)	support (see instructions)			
				docur	nent?					
				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.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			.			
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20	23 (line 6, column	n (f), divided by I	ine 11, column (f))	14	%
15	Public support percentage from 2	2022 Schedule A,	Part II, line 14			15	%
16a	33-1/3% support test—2023. If the and stop here. The organization						
b	33-1/3% support test—2022. If the and stop here. The organization	e organization did qualifies as a pul	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	. Explain in Part \	/I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	. Explain in Part \	/I how the
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions

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

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

Sec	tion A. Public Support		•				
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1 247 908	2 278 806	3 538 209	2 431 007	2 040 237	11,536,167.
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.						22,562,754.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	4,032,000.	3,014,373.	4,370,002.	11,330.	10,972.	22,302.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.				11,330.	10,972.	0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	5,299,908. 440,300.	6,093,385. 446,250.	7,908,291.	7,283,165. 1,512,500.		34,121,223.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	
_	Add lines 7a and 7b		- ,				0.
	Public support. (Subtract line	440,300.	446,250.	421,442.	1,512,500.	1,085,537.	3,906,029.
	7c from line 6.)tion B. Total Support						30,215,194.
	• • • • • • • • • • • • • • • • • • • •	(a) 2019	(b) 2020>	(c) 2021	(d) 2022	(e) 2023	(f) Total
	dar year (or fiscal year beginning in) Amounts from line 6	5,299,908.		_//:-	7,283,165.	7,536,474.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	,	6,093,385.	7,908,291.			34,121,223.
	similar sources	320,485.	209,798.	427,784.		510,694.	1,897,825.
	Add lines 10a and 10b	320,485.	209,798.	427,784.	429,064.	510,694.	1,897,825.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	270 012	75 021	452 055	222 075	220 041	1 461 004
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	270,012.	75,021.	453,055. 3,506.	332,875.	330,841.	1,461,804. 3,528.
13	Total support. (Add lines 9, 10c, 11, and 12.)	5,890,405.		·	8,045,104.	8,378,009.	37,484,380.
14	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul						
	Public support percentage for 20			ne 13, column (f))		80.61 %
16	Public support percentage from 2	2022 Schedule A,	Part III, line 15.	<u></u>	<u></u>	16	82.56 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	е			
17	Investment income percentage f	or 2023 (line 10c,	column (f), divide	ed by line 13, col	umn (f))		5.06 %
18	Investment income percentage f						4.96 %
	33-1/3% support tests – 2023. If it is not more than 33-1/3%, check 23.1/3% support tests 20.23 . If it	this box and sto	p here. The organ	nization qualifies a	as a publicly supp	orted organization	1X
	33-1/3% support tests—2022. If the line 18 is not more than 33-1/3% Private foundation. If the organization of the organiz	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported orga	nization

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

			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
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.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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 organization decument outhorizing questions and (iv) how the action was			
	authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
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? <i>If "Yes," provide detail in Part VI.</i>	9b		
c	EDID DID DID DID DID DID DID DID DID DID	9с		
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.	10a		
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.)	1 0 b		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
		he organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
·	the g	overning body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion I	3. Type I Supporting Organizations			
_				Yes	No
1	or mo office organ than were	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's rs, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers go the tax year.	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	orgar year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	_				
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how reganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nest during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
ä	, T	he organization satisfied the Activities Test. Complete line 2 below.			
ı	, ∏ ⊤	he organization is the parent of each of its supported organizations. Complete line 3 below.			
	ᆷ	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	s).
2	Activi	ties Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
ć	suppo orgai respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was unsive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities.	2a		
ı	more reaso	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the ins for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
i	Did the	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
<u> </u>		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See through E.
Sec	ction A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 BOYS AND GIRLS CLUBS OF SAN DIEGUITO	95-2470	0435	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (co	ntinued)		
Sect	tion D — Distributions		Current	Year
1	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	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details			
	in Part VI). See instructions.	8		
9	Distributable amount for 2023 from Section C, line 6	9	•	•
10	Line 8 amount divided by line 9 amount	10		

Line 8 amount divided by line 9 amount		10	
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount	~ 1		
i Carryover from 2018 not applied (see instructions)	L(O) \(\)(
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			_
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			
_		· · · · · · · · · · · · · · · · · · ·	

BAA Schedule A (Form 990) 2023

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section E, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE		2023		2022			2021		2020	2019
OTHER INCOME	TAL	\$	0.	\$	0.	\$ \$	3,506. 3,506.	<u>\$</u> \$	22. 22.	\$ 0.



Schedule B (Form 990)

Schedule of Contributors

leaule of Contributors

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

Employer identification number

OMB No. 1545-0047

BOYS AND GIRLS CLUBS OF SAN DIEGUITO 95-2470435									
Organization type (check one):									
Filers of	Filers of: Section:								
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on						
		527 political organization							
Form 990)-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
		ed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	pecial Rule. See instructions.						
General	Rule								
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts and It See instructions for determining a contributor's total contributions.								
Special I	Rules								
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.								
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).									

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	SCOTT WERBELOW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$18,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	BARBAR A STEEL CHARITABLE FND 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	DPR FOUNDATION 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	JEANNETTE FONSECA 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$8,164.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>5</u>	CECIL B DEMILLE FND 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

Name of organization

Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	SETH SPRAGUE EDUCTIONAL FND		Person X Payroll			
	533 LOMAS SANTA FE DR	\$40,000.	Noncash			
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	RC BAKER FND		Person X Payroll			
	533 LOMAS SANTA FE DR	\$5,000.	Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>9</u>	WILLIAM MOSELLE		Person X			
	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>10</u> _	SCHALON FND		Person X			
	533 LOMAS SANTA FE DR	\$15,000.	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>11</u> _	SAHM FAMILY FND		Person X			
	533 LOMAS SANTA FE DR	\$10,000.	Payroll			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12_	SCOTT MCCAFFERTY		Person X			
	533 LOMAS SANTA FE DR	\$25,000.	Payroll			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13_	ZAR WALKER FND		Person		
	533 LOMAS SANTA FE DR	\$15,000.	Payroll Noncash		
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14_	DAVID THOMAS		Person X		
	533 LOMAS SANTA FE DR	\$ 10,000.	Payroll Noncash		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>15</u> _	RICHARD SCHMITZ		Person X		
	533 LOMAS SANTA FE DR	\$ 10,000.	Payroll Noncash		
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)		
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16_	OGLE CHARITY FUND		Person X		
	533 LOMAS SANTA FE DR	\$5,000.	Payroll Noncash		
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>17</u> _	PATRICK DOUGHERTY		Person X		
	533 LOMAS SANTA FE DR	\$20 <u>,</u> 555.	Payroll Noncash		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18_	BOYS & GIRSL CLUB OF SD FND		Person X		
	533 LOMAS SANTA FE DR	\$ 310,000.	Payroll Noncash		
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2023) Name of organization Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

raiti	Contributors (see instructions). Ose duplicate copies of Part Fit additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _	CITY OF SOLANA BEACH	-	Person X Payroll
	533 LOMAS SANTA FE DR	\$6,000.	Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>20</u> _	WITHINGTON FOUNDATION INC	-	Person X Payroll
	533 LOMAS SANTA FE DR	\$ <u>5,000</u> .	Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>21</u> _	JAKE'S DEL MAR		Person X
	533 LOMAS SANTA FE DR	\$7 <u>,</u> 500.	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>22</u> _	CAROLINE HORNBLOWER		Person X Payroll
	533 LOMAS SANTA FE DR	\$8,013.	Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>23</u> _	GUILFORD WHITNEY FOUNDATION		Person X
	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>24</u> _	COASTAL COMMUNITY FND		Person X
	533 LOMAS SANTA FE DR	\$ 5,000.	Payroll Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>25</u> _	CITY OF SAN DIEGO 533 LOMAS SANTA FE DR	\$ 19,980.	Person X Payroll Noncash		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>26</u> _	DOUG REGNIER 533 LOMAS SANTA FE DR	\$ 18,930.	Person X Payroll Noncash		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>27</u> _	CHARLES BROWN 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$7 <u>18,431.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>28</u> _	LARRY SCOTT 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>77,050.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>29</u> _	JEFF LEVINSON 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$68, <u>4</u> 92.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>30</u> _	FRANK N. DENISON REVOCABLE TRUST 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>31</u> _	DON OLIPHANT		Person X			
	533 LOMAS SANTA FE DR	\$ 50,000.	Payroll Noncash			
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>32</u> _	BILL HOEHN		Person X			
	533 LOMAS SANTA FE DR	\$47,500.	Payroll			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>33</u> _	BOYS & GIRLS CLUBS OF AMERICA		Person X			
	533 LOMAS SANTA FE DR	\$40,424.	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>34</u> _	SUSIE AND JACK BURGER		Person X			
	533 LOMAS SANTA FE DR	\$32,256.	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>35</u> _	JUDITH CAMPBELL EDU & CHARITABLE FD		Person X			
	533 LOMAS SANTA FE DR	\$30,000.	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
36_	THE ROSE FOUNDATION		Person X			
	533 LOMAS SANTA FE DR	\$25,000.	Payroll Noncash			
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>37</u> _	REID TRACY		Person X			
	533 LOMAS SANTA FE DR	\$ 21,000.	Payroll			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
38_	CAROL SOMMER		Person X			
	533 LOMAS SANTA FE DR	\$20,000.	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>39</u> _	SCHWAB CHARITABLE FUND		Person X			
	533 LOMAS SANTA FE DR	\$ <u>16,902.</u>	Payroll			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>40</u>	GALLEGOS UNITED		Person X			
	533 LOMAS SANTA FE DR	\$16,000.	Payroll			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>41</u> _	KEITH FOX		Person X			
	533 LOMAS SANTA FE DR	\$15,100.	Payroll			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
42_	USA SWIMMING FOUNDATION		Person X			
	533 LOMAS SANTA FE DR	\$ 15,000.	Payroll			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>43</u> _	RYAN SIT	\$ 12.805.	Person X Payroll		
	533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>12,805.</u>	Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
44_	TODD TRUSSO		Person X		
	533 LOMAS SANTA FE DR	\$12,531.	Noncash		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>45</u> _	LBA REALTY 533 LOMAS SANTA FE DR	\$ <u>10,464</u> .	Person X Payroll Noncash (Complete Part II for		
	SOLANA BEACH, CA 92075		noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>46</u> _	BLAIR CANNON 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>10,392.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>47</u> _	HARRINGTON FAMILY FOUNDATION 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>10,000.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
48_	DANNY SHEPHERD		Person X Payroll		
	533 LOMAS SANTA FE DR	\$9 <u>,650</u> .	Noncash		
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>49</u> _	JASON CYR 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>9,265.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>50</u> _	DAVID C. COPLEY FOUNDATION 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>9,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>51</u> _	ARLENE INCH 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$8,025.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>52</u> _	KYLE BARBATO 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>8,004.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>53</u> _	MARSH & MCLENNAN AGENCY 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$ <u>8,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>54</u> _	TOOLBOX MEDICAL INNOVATIONS 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>55</u> _	PATRICIA MAYSENT		Person X Payroll			
	533 LOMAS SANTA FE DR	\$7 <u>,</u> 650.	Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>56</u> _	THE SAN DIEGO FOUNDATION		Person X			
	533 LOMAS SANTA FE DR	\$7 <u>,</u> 300.	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>57</u> _	ANDREW KIMBALL		Person X			
	533 LOMAS SANTA FE DR	\$7,230.	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>58</u> _	ENCINITAS COASTAL ROTARY CLUB		Person X Payroll			
	533 LOMAS SANTA FE DR	\$ <u>7,205.</u>	Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
59_	CORY GRANT		Person X			
	533 LOMAS SANTA FE DR	\$6,500.	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
60_	KING BENEFITS		Person X			
	533 LOMAS SANTA FE DR	\$6,150.	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>61</u> _	ROSCOE MCCREA	_	Person X			
	533 LOMAS SANTA FE DR	\$5 <u>,556</u> .	Payroll Noncash			
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>62</u>	SHALON NIENOW	-	Person X			
	533 LOMAS SANTA FE DR	\$5 <u>,150</u> .	Payroll Noncash			
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>63</u> _	STEVE_ROSETTA	-	Person X			
	533 LOMAS SANTA FE DR	\$ <u>5,150.</u>	Payroll Noncash			
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>64</u> _	LES CROSS		Person X			
	533 LOMAS SANTA FE DR	\$ 5,100.	Payroll Noncash			
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>65</u> _	TREVOR WALKER	_	Person X			
	533 LOMAS SANTA FE DR	\$ 5,100.	Payroll Noncash			
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>66</u> _	CHRIS_VAFIADIS	-	Person X			
	533 LOMAS SANTA FE DR	\$ <u>5,075.</u>	Payroll Noncash			
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)			

Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>67</u> _	JOHN MACDOUGALL		Person X			
	533 LOMAS SANTA FE DR	\$ <u>5,075.</u>	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>68</u> _	LATHAM & WATKINS LLP		Person X			
	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>69</u> _	JIM RIEDMAN		Person X			
	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>70</u> _	JOHN MELICAN		Person X Payroll			
	533 LOMAS SANTA FE DR	\$5,000.	Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
71_	ROGER SHAHNAZARIAN		Person X			
	533 LOMAS SANTA FE DR	\$5,000.	Payroll Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>72</u> _	JIM REIDMAN		Person X Payroll			
	533 LOMAS SANTA FE DR	\$5,000.	Noncash			
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)			
	TEE 0.7001 00/00/03					

Employer identification number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>73</u> _	STERLING JONES		Person X		
	533 LOMAS SANTA FE DR	\$5,000.	Payroll Noncash		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>74</u> _	TERRY_LINGENFELDER		Person X Payroll		
	533 LOMAS SANTA FE DR	\$ <u>5,000</u> .	Noncash		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>75</u> _	BARBARA EVENSON		Person X		
	533 LOMAS SANTA FE DR	\$ 5,000.	Payroll Noncash		
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)		
(2)	(b)	(0)	/- IX		
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
76_	Name, address, and ZIP + 4 SHARON LAW	Total contributions	Person X		
	Name, address, and ZIP + 4	*5,000.			
	Name, address, and ZIP + 4 SHARON LAW	\$ <u>5,000</u> .	Person X Payroll		
	SHARON LAW 533 LOMAS SANTA FE DR	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for		
<u>76</u> _	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b)	\$ <u>5,000</u> .	Person X Payroll		
76 (a) No.	SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b) Name, address, and ZIP + 4	\$ <u>5,000</u> .	Person X Payroll		
76 (a) No.	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST	\$ 5,000. Total contributions	Person X Payroll		
76 (a) No.	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST 533 LOMAS SANTA FE DR	\$ 5,000. Total contributions	Person X Payroll		
76 _ (a) No.	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 (b)	\$ 5,000. Total contributions (c) Total contributions	Person X Payroll		
76	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4	\$ 5,000. Total contributions (c) Total contributions	Person X Payroll		
76	Name, address, and ZIP + 4 SHARON LAW 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 NATIONAL PHILANTHROPIC TRUST 533 LOMAS SANTA FE DR SOLANA BEACH, CA 92075 Name, address, and ZIP + 4 RACHEL RAY FOUNDATION F33 LOMAS SANTA FE DR	\$ 5,000. Total contributions (c) Total contributions \$ 5,000. Total contributions	Person X Payroll		

Employer identification number

raiti	Contributors (see instructions). Ose duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>79</u> _	SAMUEL & KATHERINE FRENCH FUND		Person X Payroll
	533 LOMAS SANTA FE DR	\$5,000.	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>80</u> _	THRIVE SAN DIEGO SPORTS		Person X Payroll
	533 LOMAS SANTA FE DR	\$ <u>5,000</u> .	Noncash
	SOLANA BEACH, CA 92075	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>81</u> _	WATKINS LOMA ALTA LLC TRUST		Person X Payroll
	533 LOMAS SANTA FE DR	\$ <u>5,000.</u>	Noncash
	SOLANA BEACH, CA 92075		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

1 1 Pa

Part II	Noncash Property	(see instructions).	Use duplicate	copies of Part II	if additional sp	ace is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>29</u>	STOCK	\$ 6,115.	3/31/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
BAA	TEEA0703L 08/09/23	Schedule I	 B (Form 990) (2023)

Name of orga	nnization ND GIRLS CLUBS OF SAN DIEGUIT	ГО	Employer identification number 95-2470435
	Exclusively religious, charitable, et	tc., contributions to organization the year from any one completing Part III, enter the total of (Enter this information once. See in	ations described in section 501(c)(7), (8), entributor. Complete columns (a) through (e) and exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
			+
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			+
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

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

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

BOYS AND GIRLS CLUBS OF SAN DIEGUITO 95-2470435 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a 2b **b** Total acreage restricted by conservation easements....... c Number of conservation easements on a certified historic structure included on line 2a...... d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 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 violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Part III Organizations Main	taining Conection	IIS UI AI I, IIIS	sioricai rreasures,	Of Other Silling As	53C13 (COIII	ii iueu)		
3 Using the organization's acquisition items (check all that apply).	, accession, and other	records, check a	ny of the following that m	nake significant use of its	collection			
a Public exhibition	a Public exhibition d Loan or exchange program							
b Scholarly research e Other								
c Preservation for future gener	ations							
4 Provide a description of the organiz Part XIII.								
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintained	l as part of the o	t, historical treasures, organization's collection	or other similar assets	Yes	No		
Part IV Escrow and Custod Complete if the organic	ial Arrangement	s od "Voc" on F	Form 990 Part IV I	ino Q or reported a	n amount	nn -		
Form 990, Part X, li		eu res onr	TOITH 990, Part IV, I	ine 9, or reported a	iii aiiiouiii (JII		
1a Is the organization an agent, trus	tee, custodian, or ot	her intermediary	for contributions or oth	ner assets not included				
on Form 990, Part X? b If "Yes," explain the arrangement in					Yes	No		
b in res, explain the arrangement in	i Part Alli allu comple	te the following ta	ible.		Amount			
c Beginning balance					Amount			
d Additions during the year								
e Distributions during the year								
f Ending balance								
2a Did the organization include an a					Yes	No		
b If "Yes," explain the arrangemen				· .		-		
bili res, explain the arrangement	tiiri ait XIII. Check	nere ii the expla	ination has been provid	eu III i ait XIII				
Part V Endowment Funds								
Complete if the orga	nization answer	ed "Yes" on F	form 990 Part IV I	ine 10				
	IIIIZation answer	- 1C3 OII I	onn 550, raitiv, i	IIIC 10.				
	(a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four yea	ars back		
1a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities			<u> </u>					
and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage	e of the current year	end balance (lin	ne 1g, column (a)) held	as:				
a Board designated or quasi-endov	vment	 %						
b Permanent endowment	ું							
c Term endowment	%							
The percentages on lines 2a, 2b, an	nd 2c should equal 10	0%.						
3a Are there endowment funds not in t	he possession of the o	organization that a	are held and administered	d for the				
organization by:				- 101 111	Yes	No		
(i) Unrelated organizations?					3a(i)			
(ii) Related organizations?					3a(ii)			
b If "Yes" on line 3a(ii), are the rela	ated organizations lis	sted as required	on Schedule R?		. 3b			
4 Describe in Part XIII the intended	duses of the organiz	ation's endowme	ent funds.					
Part VI Land, Buildings, an	d Equipment							
Complete if the organizati		n Form 990, Part	IV, line 11a. See Form 9	990, Part X, line 10.				
Description of property	(a) Cos	t or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue		
1a Land	· · · · · ·	- 7		,				
b Buildings			15,203,160.	7,308,391.	7,894	1,769.		
c Leasehold improvements			26,872.	26,872.	., 05	0.		
d Equipment			1,748,525.	1,689,962.	5,9	3,563.		
e Other			943,696.	1,000,002.		3,696.		
Total. Add lines 1a through 1e. (Colum		rm 990. Part X				7,028.		
BAA	(a) mast equal 1 of	550, 1 411 /1, 1	100, 001a11111 (D))		ule D (Form 99			

Part VII	Investments — Other Securities Complete if the organization answered "Yes"	on Form 990 Part IV line	N/A a 11h See Form 990 Part V line 12	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	al derivatives		(c) motion of variation, cost of one	or your market value
	held equity interests.			
(3) Other				
-		-		
(B)				
(A) (B) (C) (D) (E)		_		
(D)				
(E)				
(F)				
(G)				
(H)				
(l)		_		
	nn (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments — Program Related Complete if the organization answered "Yes"	on Form OOO Dort IV line	N/A	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of end	a or year market value
(1) (2)		+		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			п	
Total. (Colum	nn (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) CHAE	RLES SCHWAB INVESTMENTS	rescription		1,021,449.
	E INSURANCE BENEFICIAL INTERE	ST		355,697.
(3) RIGH	T OF USE ASSET	-		56,154.
(4) UNIT	TRUST HOLDINGS FOUNDATION			319,643.
(5)				
(6)				
(7) (8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, line 15,	. column (B))		1,752,943.
Part X	Other Liabilities	(=)//		1,752,515.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.
1.		scription of liability		(b) Book value
	al income taxes			
	ERRED COMPENSATION			371,314.
	RATING LEASE LIABILITY			56,154.
(4) (5)				
(6)				
(7)				
(8)		-		
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, line 25,			427,468.
	uncertain tax positions. In Part XIII, provide the text of the			s liability for uncertain EE PART XIII X

BAA

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.
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:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	cac nor Daturn N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
	a
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	a
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	a
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements	a
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2a 2b	a
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2a 2b 2c	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2e 3
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2e 4c
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2e 4c

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

PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATIONS ARE PUBLIC CHARITIES AND ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE ORGANIZATIONS BELIEVE THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE COMBINED FINANCIAL STATEMENTS. THE ORGANIZATIONS ARE NOT A PRIVATE FOUNDATIONS.

BAA Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEAR ENDED JUNE 30, 2024, 2023, 2022 AND 2021 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THREE-TO-FOUR YEARS AFTER THE RETURNS WERE FILED.



SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-004

2023

Open to Public Inspection

Name of the organization						Employer identific			
BOYS AND GIRLS CLUBS OF S						95-247043	5		
Part I Fundraising Activities. Comple Form 990-EZ filers are not re									
1 Indicate whether the organization	raised funds th	rough any							
a Mail solicitations			е		-	-			
b Internet and email solicitations f Solicitation of government grants									
c Phone solicitations			g	X Special fundraising	, events				
d In-person solicitations									
2a Did the organization have a written o	r oral agreemen	t with any	individual (including officers, directo	rs, truste	ees, or key			
employees listed in Form 990, Par				-					
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	riduals or entities	s (fundraise	ers) pursua	nt to agreements under v	which the	e fundraiser is to	be		
Compensated at least \$5,000 by the	T organization	T			63.0		<u> </u>		
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(V) Ar	mount paid to retained by)	(vi) Amount paid to		
or entity (fundraiser)	(II) Activity	have custor of contr	dy or control ibutions?	from activity	fundraiser listed in		(or retained by) organization		
		Yes	No		C	olumn (i)	. 3		
1									
2									
_									
3									
		1							
4									
4				VB 1					
		1	$\bigcirc ($))\\					
5		\							
3									
6									
7									
8									
		1							
-									
9									
		1							
10									
10									
		1							
Total							0.		
3 List all states in which the organization				ontributions or has been	notified	it is exempt from			
or licensing.	-					•	-		
			. – – – –						

Page 2

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)				
re			CHIP IN FOR KI (event type)	YOUTH OF THE Y (event type)	2 (total number)	through column (c))				
Revenue	1	Gross receipts	231,572.	220,613.	247,817.	700,002.				
Н	2	Less: Contributions	65,770.	102,422.	3,303.	171,495.				
	3	Gross income (line 1 minus line 2)	165,802.	118,191.	244,514.	528,507.				
	4	Cash prizes								
	5	Noncash prizes								
nses	6	Rent/facility costs	11,760.	10,014.	9,526.	31,300.				
Direct Expenses	7	Food and beverages	23,737.	34,890.	6,423.	65,050.				
irect	8	Entertainment		4,300.		4,300.				
D	9	Other direct expenses	44,685.	17,424.	34,907.	97,016.				
	10	Direct expense summary. Add lines 4 thr				197,666.				
Par	11 Net income summary. Subtract line 10 from line 3, column (d)									
		than \$15,000 on Form 990-EZ, lin	e 6a. I	 	1					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))				
Re	1	Gross revenue		PY						
ses	2	Cash prizes	5							
Direct Expenses	3	Noncash prizes								
irect l	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes%	Yes%	Yes 8					
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)							
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)						
а										
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?									

Schedule G (Form 990) 2023	BOYS AND GIRLS CLUBS OF SAN DIEGUITO	95-2470435	Page 3
11 Does the organization condu	ct gaming activities with nonmembers?	Yes	No
	peneficiary or trustee of a trust, or a member of a partnership or other ent		No
13 Indicate the percentage of gam	ning activity conducted in:	13a	%
-	f the person who prepares the organization's gaming/special events book		
Name			
Address			
b If "Yes," enter the amount of of gaming revenue retained c If "Yes," enter name and addre	· · · · · ·	and the amount	∏No
Address			
16 Gaming manager information	n:		
Name			
Gaming manager compensat	tion \$		
Description of services provide	ded		
Director/officer	Employee Independent contractor		
17 Mandatory distributions:			
state gaming license?	der state law to make charitable distributions from the gaming proceeds t	Yes	No
	ns required under state law to be distributed to other exempt organization activities during the tax year \$	s or spent in the	
Part IV Supplemental Info and Part III, lines	ormation. Provide the explanations required by Part I, I 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also pastructions	ine 2b, columns (iii) and (vorovide any additional	v);

information. See instructions.

SCHEDULE J (Form 990)

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.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number 95-2470435

Par	rt Questions Regarding Compensation					
			Yes	No		
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, F VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	'art				
	First-class or charter travel Housing allowance or residence for personal	use				
	Travel for companions Payments for business use of personal resid	lence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur,	chef)				
	If any of the haves on line 1e are sheeked, did the examination follow a written notice recording normant or					
D	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?					
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 methods used by a related organization testablish compensation of the CEO/Executive Director, but explain in Part III.	.0				
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations Approval by the board or compensation com	ımittee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а	a Receive a severance payment or change-of-control payment?	4a		Х		
	b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х		
С	c 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 Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:					
а	a The organization?	5a		Х		
b	b Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:					
а	a The organization?	6a		Х		
b	b Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes." describe in Part III.	8		v		
	ii res, uescribe iii rait iii			X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus &	(iii) Other reportable	(C) Retirement and other deferred	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior
		componication.	incentive compensation	compensation	compensation			Form 990
MARINEKE VANDERVORT	(i)	222,648.	0.	0.	6,288.	6,589.	235,525.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	131,767.	0.	0.	7,027.	16,633.	155,427.	0.
2 AQUATICS DIR	(ii)	0.	0.	0.	$\frac{1}{0}$.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)			2				
	(ii)							
-	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
12	(i) (ii)				<u> </u>		 	
12	(i)							
13	(ii)				 		 	
10	(i)							
14	(ii)				 		 	
	(i)							
15	(ii)				†		†	
	(i)							
	(ii)				T		T = = = = = = =	
DAA			TEE A / 1 0 2 0 7 / 0 3	2/22			Cala adada	(Form 000) 2022

BAA

TEEA4102L 07/03/23

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.



SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

Employer identification number 95-2470435

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE BOYS AND GIRLS CLUBS OF SAN DIEGUITO PROVIDES POSITIVE ACTIVITIES TO DEVELOP THE EDUCATION, HEALTH, SELF-ESTEEM, AND CHARACTER OF YOUTH. SINCE OUR DOORS OPENED IN 1966, OUR PROGRAMS HAVE BEEN ACCESSIBLE TO YOUTH FROM DISADVANTAGED ECONOMIC, SOCIAL, AND FAMILY CIRCUMSTANCES.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

OUR CARMEL VALLEY MONTESSORI SCHOOL (CVMS) PROVIDES A NURTURING, CHILD-CENTERED ENVIRONMENT WHERE INDIVIDUAL NEEDS ARE MET AT EACH STAGE OF DEVELOPMENT. THE MONTESSORI MANIPULABLE MATERIALS ARE SPECIFICALLY DESIGNED TO ENHANCE THE CHILD'S NATURAL LOVE OF LEARNING ALONG WITH A PROGRAM LED BY WELL TRAINED, DEVOTED TEACHERS FACILITATING GROWTH ON EVERY LEVEL. A BALANCED CURRICULUM OF ACADEMICS AS WELL AS MUSIC, ART, GYMNASTICS, CULTURAL STUDIES AND CHARACTER DEVELOPMENT HELP PROMOTE A WELL-ROUNDED INDIVIDUAL WHO HAS THE HIGHEST POTENTIAL TO EXCEL IN EVERY AREA OF LIFE. CVMS HAS PROVIDED UNPARALLELED EDUCATIONAL OPPORTUNITIES FOR THE NORTH COASTAL SAN DIEGO COUNTY'S YOUNGEST CITIZENS SINCE 2000. CVMS EXTENDS ITS TRADITION OF "LEARNING BY DOING" TO THE YOUNG CHILDREN WITH A MODEL PRESCHOOL DESIGNED IN EVERY DETAIL FOR THEIR NEEDS. THE PROGRAM IS OFFERED FOR AGES 2 TO 6 YEARS OLD AND IS COMMITTED TO PREPARING CHILDREN FOR LIFELONG LEARNING BY TEACHING COOPERATION, CHALLENGING INTELLECTS, NURTURING THE DESIRE TO LEARN AND ENGENDERING SELF-CONFIDENCE. THIS HAPPENS IN AN ENVIRONMENT THAT IS FUN, REWARDS CURIOSITY AND WHERE THE TEACHERS CARE DEEPLY ABOUT THE DEVELOPMENT OF THE WHOLE CHILD.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THE HARPER TEEN AND COMMUNITY RESOURCE CENTER PROVIDES A SAFE, TEEN-SPECIFIC SPACE FOR OUR YOUNG ADULTS TO INTERACT WITH EACH OTHER IN AN AGE APPROPRIATE ENVIRONMENT. IT OFFERS MEMBERS AGES 13-18 A SAFE, FUN ENVIRONMENT WHERE TEENS CAN BE THEMSELVES

Employer identification number

95-2470435

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

MINGLE IN THE GAMES ROOM, RECEIVE HOMEWORK HELP DURING POWER HOUR, PARTICIPATE

IN TEEN CENTERED WORKSHOPS FOR COLLEGE PREP, RECEIVE ONGOING MENTORING, WORKFORCE

PREPARATION, AND MUCH MORE! NOT ONLY DO THE TEENS BUILD FRIENDSHIPS, MEMORIES, AND

HAVE FUN, THE GREAT STAFF ALSO BUILDS STRONG, SUPPORTIVE CONNECTIONS WITH THE TEENS.

BGC CAMP PROGRAM 625 CHILDREN SERVED SUMMER ADVENTURE CAMPS PROVIDE A VARIETY OF FUN-FILLED, ACTIVE SUMMER ACTIVITIES TO CAMPERS IN OUR 4 CORE AREAS: ARTS & CRAFTS, SPORTS, GAMES, AND COMPUTERS. WE OFFER 100+ CAMP OPTIONS WITH THEMES LIKE SCI-FI & COMICS, THEATER & DANCE, AND MORE. 14 AND 15-YEAR-OLDS GAIN CAREER SKILLS AND COMPLETE COMMUNITY SERVICE HOURS THROUGH OUR LEADERS IN TRAINING (L.I.T.) PROGRAM.

OUR SEVEN BRANCHES PROVIDE DIVERSE ACTIVITIES IN OUR AFTER SCHOOL PROGRAMS THAT MEET THE INTERESTS OF ALL YOUNG PEOPLE. CORE PROGRAMS ENCOURAGE ACTIVITIES WITH ADULTS, PEERS, AND FAMILY MEMBERS THAT ENABLE KIDS TO ENHANCE SELF-ESTEEM AND FULFILL THEIR POTENTIAL. THE AFTER SCHOOL PROGRAM PROVIDES MEMBERS WITH A SAFE AND FUN ENVIRONMENT TO EXPLORE THEIR OWN CREATIVITY AND CONFIDENCE THROUGH STRUCTURED, SUPERVISED ACTIVITIES RANGING FROM COMPUTER LAB GAMES AND PHYSICAL RECREATION TO ARTS & CRAFTS AND HOMEWORK TIME. EACH STAFF MEMBER PASSIONATELY SUPPORTS EACH CHILD'S DEVELOPMENT INTO AN INFLUENTIAL MEMBER OF THEIR SCHOOL AND COMMUNITY WHILE INSTILLING VALUES OF TEAMWORK, RESPONSIBILITY, AND COMPASSION FOR OTHERS.

SAN DIEGO BULLDOGS BASKETBALL IS A PROGRAM DIVISION OF BOYS & GIRLS CLUBS OF SAN DIEGUITO'S ATHLETICS DEPARTMENT. AS A YEAR-ROUND COMPETITIVE YOUTH BASKETBALL CLUB BASED IN CARMEL VALLEY, SD BULLDOGS GIVES SECOND THROUGH EIGHTH GRADE BOYS AND GIRLS AN OPPORTUNITY TO PARTICIPATE IN ONE OF THREE LEVELS: AS A DEVELOPMENTAL PROGRAM PLAYER (PRACTICES ONLY), IN COMPETITIVE LEAGUE TEAMS THAT PLAY LOCALLY IN SAN

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

DIEGO, OR ON A TOURNAMENT TEAM THAT TRAVELS TO COMPETE IN LOCAL AND REGIONAL TOURNAMENTS.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ORGANIZATION MERGED WITH THE BOYS & GIRLS CLUBS OF OCEANISDE AS OF JULY 1, 2024.

ORGANIZATIONAL DOCUMENTS WERE REVISED TO REFLECT THIS MERGER.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED BY THE FINANCE CHAIR PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS AN AGENDA ITEM AT ONE BOARD MEETING PER YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE PERFORMANCE REVIEW IS DONE BY THE BOARD GOVERNANCE COMMITTEE. THE BOARD CHAIR DISCUSSES THE PERFORMANCE REVIEW WITH THE CEO AND ESTABLISHES THE COMPENSATION FOR THE YEAR.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE PERFORMANCE REVIEW IS DONE BY THE BOARD GOVERNANCE COMMITTEE. THE BOARD CHAIR DISCUSSES THE PERFORMANCE REVIEW WITH THE CEO AND ESTABLISHES THE COMPENSATION FOR THE YEAR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE DOCUMENTS ARE KEPT ON FILE FOR PUBLIC INSPECTION UPON REQUEST AT 533 LOMAS SANTA FE DRIVE, SOLANA BEACH, CA 92075.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

do to www.cigovi ormood for monactions and the latest mismation

Employer identification number 95-2470435

Name, address, and EIN (if applicable) of disregarded e	ntity Primary a	ctivity Legal do or fore	(c) omicile (state ign country)	То	(d) tal income	(e) End-of-year assets		(f) Direct controlling entity		lling
<u>(1)</u>	 									
<u>(2)</u>										
(3)										
			7							
Part II Identification of Related Tax-Exempt On had one or more related tax-exempt org	r ganizations. Complete anizations during the ta	if the organization	on answered	d "Yes	" on Form 99	0, Par			use it	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (stat or foreign country)	e Exempt (d) section	Code	(e) Public charity (if section 501)	status (c)(3))	(f) Direct contro entity	olling	Sec 5120 controlled	
(1) BOYS AND GIRLS CLUBS OF SAN DIEGUI 533 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075 95-3201906	SUPPORT FOR BOYS & GIRLS CLUBS	CA	501 (C)	(3)	12D III	:-0	N/A		Yes	No X
(2)				(-,		-				
<u>(3)</u>										
<u>(4)</u>										

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990, Part IV, line partnership during the tax year.
I alt III	¹ 34, because it had one or more related organizations treated as a	partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	l tior	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
(1)												
(2)												
(3)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(b) Primary activity	(c) Legal domicile (state or foreign	Direct controlling	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 5120 controlled) (b)(13) d entity?
	country)	entity	or trust)				Yes	No
								I
								I
								I
								I
								I
								I
								I
								I
								I
†								İ
	(b) Primary activity	(b) Primary activity Legal domicile (state or foreign country)	Primary activity Legal domicile (state or foreign country) Direct controlling entity	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign countrolling entity) Type of entity (C corp., S corp., or trust)	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign countrolling entity) Legal domicile (state or fore	Primary activity Legal domicile (state or foreign country) Country) (b) Legal domicile (state or foreign country) Country) (c) Type of entity (C corp, S corp, or trust) Share of total income syear assets	Primary activity Legal domicile (state or foreign country) Country) (c) Legal domicile (state or foreign country) Percentage on trust) (c) Type of entity (C corp, S corp, or trust) Share of end-of-year assets Percentage ownership	country) entity or trust)

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

			1a	X
b Gift, grant, or capital contribution to related organization(s)			1b	Х
c Gift, grant, or capital contribution from related organization(s).			1c	Х
d Loans or loan guarantees to or for related organization(s).			1 d	X
e Loans or loan guarantees by related organization(s)			1e	Х
f Dividends from related organization(s)			1f	X
g Sale of assets to related organization(s)			1g	Х
h Purchase of assets from related organization(s)			1h	X
i Exchange of assets with related organization(s)			1i	X
j Lease of facilities, equipment, or other assets to related organization(s)			1j	Х
k Lease of facilities, equipment, or other assets from related organization(s)			1k	Х
I Performance of services or membership or fundraising solicitations for related organization(s)			11	Х
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m	Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				X
o Sharing of paid employees with related organization(s)				X
л				
p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses.			1p	Х
a Reimbursement paid by related organization(s) for expenses.			1 q	X
			-	
·				
r Other transfer of cash or property to related organization(s).			1r	X
r Other transfer of cash or property to related organization(s). s Other transfer of cash or property from related organization(s).				X
s Other transfer of cash or property from related organization(s)				X
s Other transfer of cash or property from related organization(s)	vered relationships and tra	nsaction thresholds.	1s	X
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction		1s	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra	nsaction thresholds.	1s	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction	nsaction thresholds.	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cov (a) Name of related organization (1) BOYS AND GIRLS CLUBS OF SAN DIEGUITO FND	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cov (a) Name of related organization (1) BOYS AND GIRLS CLUBS OF SAN DIEGUITO FND	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cov (a) Name of related organization (1) BOYS AND GIRLS CLUBS OF SAN DIEGUITO FND	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cov (a) Name of related organization (1) BOYS AND GIRLS CLUBS OF SAN DIEGUITO FND	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s). 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cov (a) Name of related organization (1) BOYS AND GIRLS CLUBS OF SAN DIEGUITO FND (2) (3) (4)	vered relationships and tra (b) Transaction type (a-s)	nsaction thresholds. (c) Amount involved	1s Method of amount	X Determining
s Other transfer of cash or property from related organization(s)	vered relationships and tra (b) Transaction type (a-s)	Amount involved 310,000.	1s Method of amount) determining involved

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all sec 501(organiz	partners tion	(f) Share of total income	(g) Share of end-of-year assets	l tior	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti) ral or aging ner?	(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(1 01111 1 0 0 0)	Yes	No	
(1)													
<u>(2)</u>													
	•												
<u>(3)</u>													
<u>(4)</u>													
	-				<u> </u>								
(5)													
(6)													
<u>(7)</u>													
	-												
<u>(8)</u>													

Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.



Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

2023

OMB No. 1545-0172

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

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attachment Sequence No. 179 Identifying number

BOYS AND GIRLS CLUBS OF SAN DIEGUITO 95-2470435 Business or activity to which this form relates FORM 990/990-PF **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions).... 1 2 Total cost of section 179 property placed in service (see instructions)..... 3 Threshold cost of section 179 property before reduction in limitation (see instructions)..... 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. _____ 6 (b) Cost (business use only) (a) Description of property 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7..... 8 9 Tentative deduction. Enter the smaller of line 5 or line 8..... 9 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs... 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11..... 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year. See instructions 15 Other depreciation (including ACRS)..... 585,100 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here..... Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (a) Classification of property (b) Month and (g) Depreciation deduction (e) Convention year placed in service (business/investment use Recovery period only - see instructions) 19 a 3-year property..... **b** 5-year property...... c 7-year property... d 10-year property... e 15-year property.... f 20-year property.... 25 yrs S/L g 25-year property... 27.5 yrs S/L MM h Residential rental 27.5 yrs MM S/L property..... i Nonresidential real 39 yrs MM S/L MM S/L property... Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System S/L **20 a** Class life.....

Part IV | Summary (See instructions.)

b 12-year.....

c 30-year.....

d 40-year...<u>...</u>....

- 21 Listed property. Enter amount from line 28
 - Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions
- For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

12 yrs

30 yrs

40 yrs

MM

MM

23

585,100.

S/L

S/L

S/L

21

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	you are going to make an electronic funds withdr it instructions.	awal (direct	debit) with this Form 8868, see Form 84	153-TE	and Form 88	79-TE
All corporatuse Form 7	tions required to file an income tax return other th 7004 to request an extension of time to file income	nan Form 990 e tax returns	0-T (including 1120-C filers), partnership	os, REN	MICs, and trus	sts must
	dentification					
	Name of exempt organization, employer, or other filer, see ins	tructions.		Taxpay	er identification n	umber (TIN)
Type or						
Print	BOYS AND GIRLS CLUBS OF SAN D	TEGIITTO		95-2	2470435	
File by the	Number, street, and room or suite number. If a P.O. box, see it			133 2	2170100	
due date for	533 LOMAS SANTA FE DR					
filing your return. See	City, town or post office, state, and ZIP code. For a foreign add	dress, see instru	ctions.			
instructions.	SOLONA BEACH, CA 92075					
	<u> </u>					
Enter the R	Return Code for the return that this application is f	for (file a sep	parate application for each return)			01
Application	on Is For	Return Code	Application Is For			Return Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 472	0 (individual)	03	Form 5227			10
Form 990	I-PF	04	Form 6069			11
Form 990	-T (section 401(a) or 408(a) trust)	05	Form 8870			12
Form 990	I-T (trust other than above)	06	Form 5330 (individual)			13
Form 990	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	1-A	08				
After you	ou enter your Return Code, complete either Part I	l or Part III.	Part (II), including signature, is applicable	e only	for an extens	ion of
time to	file Form 5330.	\sim ((
	application is for an extension of time to file Form lan Name	5330, you n	hust enter the following information.			
	lan Name Ian Number	. – – – – –				
	lan Year Ending (MM/DD/YYYY)					
	Automatic Extension of Time To File fo	r Evennt	Organizations (see instructions)			
The boo Telepho If the or If this is check to	oks are in the care of <u>DEBI COX 533 LOMAS Some</u> No. <u>858.755.9371</u> rganization does not have an office or place of buston a Group Return, enter the organization's four his box	SANTA FE DI Fax Nousiness in the	R_SOLONA_BEACH_CA_92075 B United States, check this box Exemption Number (GEN) If	this is	for the whole	e group,
the or X t	lest an automatic 6-month extension of time until rganization named above. The extension is for the calendar year 20 or tax year beginning $7/01$, 20 23 _, tax year entered in line 1 is for less than 12 months. Change in accounting period	e organizatio and ending	n's return for:6/30, 2024	nizatio nal retu		
	application is for Forms 990-PF, 990-T, 4720, or fundable credits. See instructions			3a	\$	0.
	application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpayme			3b	\$	0.
c Balan EFTP	nce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	ur payment v	vith this form, if required, by using	3с	\$	0.

2023 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD L	LIFE _	CURRENT DEPR.
	1 990/990-PF									
AU	TO / TRANSPORT EQUIPMENT									
4	VEHICLES	VARIOUS		537,389			447,896	S/L	9	22,3
7	HOEHN HONDA	9/08/23		88,843				S/L	9	9,5
23	2000 CHEVY VAN	VARIOUS	7/01/23	13,887	_		13,887	S/L	9	
	TOTAL AUTO / TRANSPORT EQUI			640,119		0	461,783			31,8
BU	ILDINGS									
2	BUILDINGS	VARIOUS		13,888,445			6,793,558	S/L	30	448,
3	GYMNASIUM	VARIOUS		841,827				S/L	30	28,
16	LOCKER ROOM DEMO & IMPROVE	4/01/24		28,700				S/L	30	1,
17	HARPER GYM INTERIOR & FLOOR	8/10/23		24,825				S/L	30	2,
18	HARPER GYM INTERIOR (FROM CI	8/01/23		58,511				S/L	30	5,
19	SYNTHETIC LAWN CONCRETE PAD	7/24/23		11,425				S/L	30	
20	ENCINITAS REPLACE WINDOWS &	1/08/24		43,634				S/L	30	1,
21	GRISET CLUBHOUSE ROOF	8/01/23		1,18,192				S/L	30	10,
22	GRISET CLUBHOUSE ROOF (FROM	8/10/23		187,601	_ U			S/L	30 _	17,
	TOTAL BUILDINGS			15,203,160		0	6,793,558			514,
IM	PROVEMENTS									
1	LAND IMPROVEMENTS	VARIOUS		26,872	_		26,872	S/L	20 _	
	TOTAL IMPROVEMENTS			26,872		0	26,872			
MA	ACHINERY AND EQUIPMENT									
5	EQUIPMENT	VARIOUS		1,019,670			1,171,799	S/L	9	29,
8	4 NEW EXTERNAL DEFRIBRILLAT	7/24/23		9,864				S/L	9	1,
9	POOL COVERS	4/30/24		10,834				S/L	9	1,
10	PACO PUMP REPLACEMENT HASA	6/30/24		14,428				S/L	9	
11	SCOREBOARD REPAIR AND REFU	7/01/23		20,017				S/L	9	4,
12	COLORADO TIMING SYSTEMS	6/17/24		10,804				S/L	9	
13	AQUATICS TEC PUMP MOTOR REP	7/11/23		9,631				S/L	9	!
14	HARPER GYM STORAGE CAGE	2/28/24		7,780				S/L	9	
15	COUNTY BURNER 3 HEATER R&M	3/15/24		19,265	_			S/L	9 _	
	TOTAL MACHINERY AND EQUIPME			1,122,293		0	1,171,799			38,4

2023 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

95-2470435

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5/13/25									11:15AM
<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD LIF	CURRENT E DEPR.
MIS	SCELLANEOUS								
6	CONSTRUCTION IN PROGRESS	VARIOUS		943,696					0
	TOTAL MISCELLANEOUS			943,696		0	0		0
	TOTAL DEPRECIATION			17,936,140		0	8,454,012		585,100
	GRAND TOTAL DEPRECIATION			17,936,140		0	8,454,012		585,100
	DEPRECIATION ASSETS SOLD			13,887		0	13,887		0
	DEPR REMAINING ASSETS			17,922,253		0	8,440,125		585,100



2023 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

95-2470435

PAGE 1

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHOD .	1 ICC	CURRENT DEPR.
	1 199	ACQUIRED	SOLU	BASIS		SUA .	DEFR.	WETHOD	LIFE _	DEFR.
AU	TO / TRANSPORT EQUIPMENT									
4	VEHICLES	VARIOUS		537,389			447,896	S/L	9	22,3
7	HOEHN HONDA	9/08/23		88,843				S/L	9	9,5
23	2000 CHEVY VAN	VARIOUS	7/01/23	13,887	_		13,887	S/L	9_	
	TOTAL AUTO / TRANSPORT EQUI			640,119		0	461,783			31,8
BU	ILDINGS									
2	BUILDINGS	VARIOUS		13,888,445			6,793,558	S/L	30	448,
3	GYMNASIUM	VARIOUS		841,827				S/L	30	28,
16	LOCKER ROOM DEMO & IMPROVE	4/01/24		28,700				S/L	30	1,
17	HARPER GYM INTERIOR & FLOOR	8/10/23		24,825				S/L	30	2,
18	HARPER GYM INTERIOR (FROM CI	8/01/23		58,511				S/L	30	5,
19	SYNTHETIC LAWN CONCRETE PAD	7/24/23		11,425	П			S/L	30	
20	ENCINITAS REPLACE WINDOWS &	1/08/24		43,634				S/L	30	1,
21	GRISET CLUBHOUSE ROOF	8/01/23		118,192				S/L	30	10,
22	GRISET CLUBHOUSE ROOF (FROM	8/10/23		187,601	_			S/L	30 _	17,
	TOTAL BUILDINGS			15,203,160		0	6,793,558			514,
IM	PROVEMENTS									
1	LAND IMPROVEMENTS	VARIOUS		26,872	-		26,872	S/L	20	
	TOTAL IMPROVEMENTS			26,872		0	26,872			
MA	CHINERY AND EQUIPMENT									
5	EQUIPMENT	VARIOUS		1,019,670			1,171,799	S/L	9	29,
8	4 NEW EXTERNAL DEFRIBRILLAT	7/24/23		9,864				S/L	9	1,
9	POOL COVERS	4/30/24		10,834				S/L	9	1,
10	PACO PUMP REPLACEMENT HASA	6/30/24		14,428				S/L	9	
11	SCOREBOARD REPAIR AND REFU	7/01/23		20,017				S/L	9	4,
12	COLORADO TIMING SYSTEMS	6/17/24		10,804				S/L	9	
13	AQUATICS TEC PUMP MOTOR REP	7/11/23		9,631				S/L	9	
14	HARPER GYM STORAGE CAGE	2/28/24		7,780				S/L	9	
15	COUNTY BURNER 3 HEATER R&M	3/15/24		19,265	-			S/L	9 _	
	TOTAL MACHINERY AND EQUIPME			1,122,293		0	1,171,799			38,

2023 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 2

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

5/13/25									11:15AM
<u>NO.</u> MIS	<u>DESCRIPTION</u> CCELLANEOUS	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	_METHODLIFE	CURRENT DEPR.
6	CONSTRUCTION IN PROGRESS	VARIOUS		943,696				_	0
	TOTAL MISCELLANEOUS			943,696		0	0		0
	TOTAL DEPRECIATION			17,936,140		0	8,454,012	-	585,100
	GRAND TOTAL DEPRECIATION			17,936,140		0	8,454,012		585,100
	DEPRECIATION ASSETS SOLD			13,887		0	13,887		0
	DEPR REMAINING ASSETS			17,922,253		0	8,440,125		585,100



2023 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

3/25															11:15
NO	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	<u>METHOD</u>	LIFE RATE	CURREN DEPR.
FORM 199															
AUTO / TRA	ANSPORT EQUIPMENT														
4 VEHICLE	<u> </u>	VARIOUS		537,389							537,389	447,896	S/L	9	22
7 HOEHN	HONDA	9/08/23		88,843							88,843		S/L	9	(
23 2000 CH	IEVY VAN	VARIOUS	7/01/23	13,887	_					_	13,887	13,887	S/L	9	
TOTAL	AUTO / TRANSPORT EQUIP			640,119		0	0	() () (640,119	461,783			31
BUILDINGS															
2 BUILDIN	— NGS	VARIOUS		13,888,445				~ II			13,888,445	6,793,558	S/L	30	44
3 GYMNAS	SIUM	VARIOUS		841,827			~ (6	DPY			841,827		S/L	30	2
16 LOCKER	ROOM DEMO & IMPROVE	4/01/24		28,700							28,700		S/L	30	
17 HARPER	GYM INTERIOR & FLOOR	8/10/23		24,825							24,825		S/L	30	;
18 HARPER	GYM INTERIOR (FROM CIP	8/01/23		58,511							58,511		S/L	30	
19 SYNTHE	TIC LAWN CONCRETE PAD	7/24/23		11,425							11,425		S/L	30	
20 ENCINIT	AS REPLACE WINDOWS &	1/08/24		43,634							43,634		S/L	30	
21 GRISET	CLUBHOUSE ROOF	8/01/23		118,192							118,192		S/L	30	1
22 GRISET	CLUBHOUSE ROOF (FROM	8/10/23		187,601	-				<u> </u>		187,601		S/L	30	1
TOTAL	BUILDINGS			15,203,160		0	0	() () (15,203,160	6,793,558			51
IMPROVEME	ENTS														
1 LAND IN	MPROVEMENTS	VARIOUS		26,872							26,872	26,872	S/L	20	
TOTAL	IMPROVEMENTS			26,872		0	0	() () (26,872	26,872			

2023 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 2

BOYS AND GIRLS CLUBS OF SAN DIEGUITO

/25																11:15
NO	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _	RATE .	CURRENT DEPR.
MACHINE	RY AND EQUIPMENT															
5 EQUIP	PMENT	VARIOUS		1,019,670							1,019,670	1,171,799	S/L	9		29,9
8 4 NEW	V EXTERNAL DEFRIBRILLATO	7/24/23		9,864							9,864		S/L	9		1,
9 POOL	COVERS	4/30/24		10,834							10,834		S/L	9		1
0 PACO	PUMP REPLACEMENT HASA	6/30/24		14,428							14,428		S/L	9		
1 SCORE	EBOARD REPAIR AND REFUR	7/01/23		20,017							20,017		S/L	9		4
2 COLOF	RADO TIMING SYSTEMS	6/17/24		10,804							10,804		S/L	9		
3 AQUA	TICS TEC PUMP MOTOR REP	7/11/23		9,631							9,631		S/L	9		
4 HARPE	ER GYM STORAGE CAGE	2/28/24		7,780							7,780		S/L	9		
5 COUN	TY BURNER 3 HEATER R&M	3/15/24		19,265							19,265		S/L	9		
TOTAL	L MACHINERY AND EQUIPME			1,122,293		0) 0	0	1,122,293	1,171,799				38
MISCELLA	ANEOUS						(Ç)	<i>)</i>								
6 CONS	TRUCTION IN PROGRESS	VARIOUS		943,696						- <u></u> -	943,696					
TOTAI	L MISCELLANEOUS			943,696		0	0	C	0	0	943,696	0				
TOTAI	L DEPRECIATION			17,936,140		0	0) 0	0	17,936,140	8,454,012			;	585
GRANI	D TOTAL DEPRECIATION			17,936,140		0	0	()0) 0	17,936,140	8,454,012				585
DEPRE	ECIATION ASSETS SOLD			13,887		0	0	C) 0	0	13,887	13,887				
	REMAINING ASSETS			17,922,253		0	0	() 0) 0	17,922,253	8,440,125				58

2024 CALIFORNIA BOOK DEPRECIATION SCHEDULE

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BOYS AND GIRLS CLUBS OF SAN DIEGUITO

3/25															11:15
NO	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE <u>RATE</u>	CURRENT DEPR.
FORM 199															
AUTO / TR	 ANSPORT EQUIPMENT														
4 VEHICLE	ES	VARIOUS		537,389							537,389	470,226	S/L	9	59
7 HOEHN	HONDA	9/08/23	<u>.</u>	88,843							88,843	9,519	S/L	9	9
TOTAL	AUTO / TRANSPORT EQUIP			626,232		0	0	C) (0	626,232	479,745			69
BUILDINGS	_														
2 BUILDIN	NGS	VARIOUS		13,888,445							13,888,445	7,241,706	S/L	30	46
3 GYMNA	SIUM	VARIOUS		841,827				~ []			841,827	28,061	S/L	30	2
16 LOCKER	R ROOM DEMO & IMPROVE	4/01/24		28,700			. (7D X			28,700	1,435	S/L	30	
17 HARPER	R GYM INTERIOR & FLOOR	8/10/23		24,825				DP Y			24,825	2,276	S/L	30	
18 HARPER	R GYM INTERIOR (FROM CIP	8/01/23		58,511							58,511	5,363	S/L	30	
19 SYNTHE	ETIC LAWN CONCRETE PAD	7/24/23		11,425							11,425	428	S/L	30	
20 ENCINIT	TAS REPLACE WINDOWS &	1/08/24		43,634							43,634	1,091	S/L	30	
21 GRISET	CLUBHOUSE ROOF	8/01/23		118,192							118,192	10,834	S/L	30	3
22 GRISET	CLUBHOUSE ROOF (FROM	8/10/23	-	187,601					<u>. </u>		187,601	17,197	S/L	30	
TOTAL	BUILDINGS			15,203,160		0	0	C) (0	15,203,160	7,308,391			506
IMPROVEMI	ENTS														
1 LAND II	MPROVEMENTS	VARIOUS	_	26,872							26,872	26,872	S/L	20	
TOTAL	IMPROVEMENTS			26,872		0	0	C) (0	26,872	26,872			

2024 CALIFORNIA BOOK DEPRECIATION SCHEDULE

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BOYS AND GIRLS CLUBS OF SAN DIEGUITO

3/25															11:15A
<u>NO.</u>	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEPR.
MACHINER	RY AND EQUIPMENT														
5 EQUIPN	MENT	VARIOUS		1,019,670							1,019,670	1,201,713	S/L	9	
8 4 NEW	EXTERNAL DEFRIBRILLATO	7/24/23		9,864							9,864	1,057	S/L	9	1,0
9 POOL 0	COVERS	4/30/24		10,834							10,834	1,083	S/L	9	1,2
10 PACO F	PUMP REPLACEMENT HASA	6/30/24		14,428							14,428	721	S/L	9	1,6
11 SCORE	BOARD REPAIR AND REFUR	7/01/23		20,017							20,017	4,003	S/L	9	2,2
12 COLOR	RADO TIMING SYSTEMS	6/17/24		10,804							10,804		S/L	9	1,2
13 AQUAT	TICS TEC PUMP MOTOR REP	7/11/23		9,631							9,631	963	S/L	9	1,
14 HARPE	ER GYM STORAGE CAGE	2/28/24		7,780							7,780	195	S/L	9	:
15 COUNT	TY BURNER 3 HEATER R&M	3/15/24		19,265							19,265	482	S/L	9	2,
TOTAL	_ MACHINERY AND EQUIPME			1,122,293		0			0	0	1,122,293	1,210,217			11,
6 CONST	TRUCTION IN PROGRESS	VARIOUS		943,696							943,696				
TOTAL	_ MISCELLANEOUS			943,696		0	0	O	0	0	943,696	0			
TOTAL	_ DEPRECIATION		=	17,922,253		0	0	0	0	0	17,922,253	9,025,225			587,
GRAND	O TOTAL DEPRECIATION		_	17,922,253		0	0	0	0	0	17,922,253	9,025,225			587,