

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

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

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	2009 calendar year, or tax year beginning $JUL~1$ , $2009$ and ending	JUN 30, 2010	
<b>B</b> c	heck if pplicable	use HS BOIS AND GIRLS AID SOCIETI	D Employer identific	cation number
	Addres change	is label or OF SAN DIEGO LTD.		
	Name change	boung Business As	95-1	643979
	Initial return Termin ated	See Specific Instruct 2508 HISTORIC DECATUR ROAD, #110		683–2192
$\overline{\Box}$	Amend		G Gross receipts \$	700,111.
	Application		H(a) Is this a group re	turn
	pendin		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
ΙT	ax-exe	empt status: X 501(c) (3 ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
JV	Vebsit	e: ► BOYSANDGIRLSFOUNDATION.ORG	H(c) Group exemption	n number 🕨
K F	orm of	organization X Corporation	ear of formation 1916 N	State of legal domicile CA
	ert I	Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ASSISTAN	CE TO AT-RISK	CHILDREN.
L.	2	Check this box   If the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
ري مع	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
es	5	Total number of employees (Part V, line 2a)	. 5	1
ξ	6	Total number of volunteers (estimate if necessary)	6	0
ĆĖ	7a '	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	ь	Net unrelated business taxable income from Form 990-T, line 34	7ь	0.
			Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)	5,675.	5,825.
ē	9	Program service revenue (Part VIII, line 2g)	283,997.	288,452.
Revenue	1	investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,018.	66,217.
_		Other revenue (Part VIII, column <del>r (A), lines 5, 6d, 8c, 9c, 10c, and</del> 11e)	220 600	260 404
		Total revenue - add lines 8 through it (must equal flar VIII, column (A), line 12)	338,690.	360,494.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	209,378.	188,600.
	14	Benefits paid to or for members (Partg Հ polymin)(A) իլիթը 4)	40.400	47 044
98		Salaries, other compensation, Employee benefits (Part IX, column (A), lines 5-10)	42,403.	47,044.
Expenses		Professional fundraising fees (Part-IX, column-(A), line-11-0)-11		
×		Total fundraising expenses (Part IX Gold De Photo 25 7 ► 11,454.	CF 360	C1 010
	1	Other expenses (Part IX, column <del>(A); lines 11a 11d; 11f 24f)</del>	65,268.	61,818.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	317,049.	297,462.
	19	Revenue less expenses. Subtract line 18 from line 12	21,641.	63,032.
Net Assets or Fund Balances			Beginning of Current Year	2 140 010
SSe Bala	20	Total assets (Part X, line 16)	1,958,786.	2,148,819. 24,436.
팔	21	Total liabilities (Part X, line 26)	1,938,145.	2,124,383.
	22 art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	1,930,143.	2,124,303.
	al F RF		ents, and to the best of my knowled	ge and belief, it is true, correct.
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemed and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	edge	1
e:_	_	Monorité Warting	1918	110
Sig:		Signature of officer	Date	1,0
ner	e	MEREDITH WATWOOD GREATIVE Direct	to	
		Type or print name and title	A()	-
	-	Preparer's Date		er's identifying number
Paid		signature Acov Man	self- employed > (see in	structions)
-	parer's	Firm's name (or I YONS ACCOUNT ANCY GROUP	EIN >	
Use	Only	yours if self-employed), 6336 GREENWICH DRIVE, STE. D	Ent -	<del></del>
		address, and ZIP+4 SAN DIEGO, CA 92122-5922	Phone no ►8	58-362-1099
Max	the II	RS discuss this return with the preparer shown above? (see instructions)	1.300000	X Yes No

Other program services. (Describe in Schedule O.)

including grants of \$

) (Revenue \$

4e Total program service expenses ▶\$ 234,781.

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### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	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.	1		
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	i		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	ĺ		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
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		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	ļ	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	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? If "Yes," complete Schedule G, Part I	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>
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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ļ
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ļ		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1		ļ
	If "Yes," complete Schedule R, Part V, line 2	35		X
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	L	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u>.</u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			1
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	'		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		
	filed for the calendar year ending with or within the year covered by this return	f '		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	ł		
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		U
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	ŀ		
_	Financial Accounts.			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-A
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	E-		
<b>6</b> -	Tax Shelter Transaction?  Peop the associates have considered according that are constally greater than \$100,000, and did the associate policy.	5c		
Va	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?	6a		X
<b>.</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua		<u> </u>
	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	05		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	ļ	Ì	
_	provided to the payor?	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	7c		Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year 7d		· · ·	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		$oxed{oxed}$
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<u> </u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	ļ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		l
11	Section 501(c)(12) organizations. Enter:			1
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them)	1		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes" enter the amount of tax-exempt interest received or accrued during the year.	12a		-
-	ir tes enterme amount of lax-exempt interest received of accrited dumon the year 1 176 1		•	1

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OF SAN DIEGO LTD.

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

sec	tion A. Governing Body and Management	-		
4 -	Enter the number of voting members of the governing body	,	Yes	No
	1.7			
	Enter the number of voting members that are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		Х
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members of the	<b>-</b>		
, ,	governing body?	7a		Х
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
•	by the following:			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
	, , , , , , , , , , , , , , , , , , ,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		.,
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	tor		
	public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website X Upon request	_J.E.		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na tina	ncial	
20	statements available to the public.	<b>&gt;</b>		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza MEREDITH WATWOOD - 619-683-2192	tion: 🕨		
	2508 HISTORIC DECATUR ROAD, #110, SAN DIEGO, CA 92106			
	2000 MIDIONIO DEGITON NORDĮ WITOĮ DAN DIEGOĮ CR 72100	Form	990	ימחמי

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

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

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

(A) Name and Title	(B) Average hours			(O Pos	C) Ition			(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustae	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DORIS ALVAREZ										
DIRECTOR	5.00	Х			<u> </u>			0.	0.	0.
RICHARD BREGANTE							1		_	_
DIRECTOR	5.00	X				ļ		0.	0.	0.
DARLENE DAVIES					İ					
DIRECTOR	5.00	X	<u> </u>	ļ	ļ	ļ	-	0.	0.	0.
EDWARD S. FLETCHER							1			_
SECRETARY	5.00	X		X				0.	0.	0.
DAVID M. GILL DIRECTOR	5.00	v						0.	0.	_
JAMES F. KELLY, JR	3.00	X				<del> </del>		<u> </u>	<u> </u>	0.
DIRECTOR	5.00	X					l	0.	0.	0.
CHARLES G. KING	3.00	^		$\vdash$		-	-	0.	0.	- 0.
VICE-PRESIDENT	5.00	X		X				0.	0.	0.
TERRY LOFTUS	3.00	-		1			1		<u> </u>	•
PRESIDENT	5.00	X		x				0.	0.	0.
ALEX C. MCDONALD	<del>                                     </del>	<del> </del>		<del>                                     </del>	_	$\vdash$	<del>                                     </del>			
DIRECTOR	5.00	X					ŀ	0.	0.	0.
LEROY W. RHEIN										
DIRECTOR	5.00	X			ŀ		ĺ	0.	0.	0.
SUSAN THORNING										
DIRECTOR	5.00	X						0.	0.	0.
BRENT HARDY										
DIRECTOR	5.00	X						0.	0.	0.
HUGH STONE								_	_	
DIRECTOR	5.00	X						0.	0.	0.
JOHN W. WITT		l								_
DIRECTOR	5.00	X		_	_	<u> </u>	<u> </u>	0.	0.	0.
MEREDITY WATWOOD	24.00	,,						42 040	_	_
EXECUTIVE DIRECTOR	24.00	X	_	_	_	<u> </u>		43,948.	0.	0.
ROBERT A GOFF TREASURER	E 00	U		X				_	0.	_
GLADYS JONES-MORRISON	5.00	X	<del> </del>	┝	├	├		0.	· · · · · ·	0.
DIRECTOR	5.00	x						0.	0.	0.
DIVICION	1 3.00	ΙΛ.			Ь	Ь		1 0.	<u> </u>	F 000 (2000)

932007 02-04-10

Form 990 (2009)

OF SAN DIEGO LTD.

Part VII Section A. Officers, Directors, Tru (A) Name and title		(B)			(0	-			(D)	(E)		(F) Estimated		
nam.	e and title	Average hours per			Posi all t		app	ly)	Reportable compensation from	Reportable compensation from related		amou	nt of	
		week	Individual trustee or director	Institutional trustæ	Officer	Key employee	Highest compensated employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)		from from organiz and re organiz	sation the ation lated
PAM WILLMOT DIRECTOR	Н	5.00	х						0.	0	•		0.	
			_											
		<u> </u>									-			
											-			
1b Total		1	1	!	!		<b>&gt;</b>		43,948.	C	•		0.	
	individuals (including but in the organization	not limited to th	ose	liste	ed al	bov	e) wł	no re	eceived more than \$100	0,000 in reportable			0	
3 Did the organiza	stron hat any farmer officer	director or to	ot o	. ka		- olo		~~ h	Nahaat aamaanaatad a	molevee en		Ye	s No	
	ition list an <b>y former</b> officer " co <i>mplete Schedule J for</i> :			, Ke	y <del>e</del> ri	ipio	уее,	Or I	lighest compensated er	ripioyee ori		3	х	
	al listed on line 1a, is the s anizations greater than \$15									the organization			X	
	listed on line 1a receive or									ices rendered to		-		
the organization	? If "Yes," complete Sched	dule J for such	pers	son								5	<u> </u>	
	able for your five highest co	ompensated in	dep	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of compe	nsatı	on fron	1	
,	(A) Name and business	s address							(B) Description of s	services	Con	(C) npensa	tion	
						•								
	Independent contractors	_	not li	mite	d to		_	stec	l above) who received n	nore than	<del></del>			
\$100,000 in con	npensation from the organ	ization 🟲					0				Fo	om 99	0 (2009)	

				AN DIEGO	LTD.			95-1643	979 Page <b>9</b>
Pa	ırt V	/11	Statement of Reve	nue					
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	а	Federated campaigns	1a					
gra		b	Membership dues	1b		j			
am a		С	Fundraising events	1c					
gif ar		d	Related organizations	1d					
S.E		е	Government grants (contribu	tions) 1e					
a ii		f	All other contributions, gifts, gran	nts, and					
들축			similar amounts not included abo	ove 1f	5,825.				
קַּק		g	Noncash contributions included in lines	s 1a-1f \$					
<u>5</u> ē		h	Total. Add lines 1a-1f		<b>•</b>	5,825.			
					Business Code				
S	2	а	RENTALS TO 501	(C)(3) O	531120	288,452.	288,452.		
<u>≅</u> 9		b							
n Si		C							
Program Service Revenue		d							
5 B-		e							
۵		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		<b>&gt;</b>	288,452.		····	-
	3		Investment income (including	dividends, inter	est, and				
			other similar amounts)		<b>&gt;</b>	36,876.			36,876.
	4		income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5		Royalties		<b>•</b>	7777			
				(i) Real	(ii) Personal				
	6	а	Gross Rents						
		b	Less: rental expenses						
		C	Rental income or (loss)						
		d	Net rental income or (loss)		▶				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	368,958.					
		b	Less: cost or other basis	222 515					
			and sales expenses	339,617.					
		С	Gain or (loss)	29,341.			00,041		
			Net gain or (loss) .		<b>D</b>	29,341.	29,341.		
ne	8	а	Gross income from fundraising						
/en			including \$	of	'				
Æ			contributions reported on line	e 1c). See				:	
Other Revenue			Part IV, line 18	а					
ਰ			Less: direct expenses	b		İ			
			Net income or (loss) from fund		<b>P</b>				
	9	а	Gross income from gaming a						
			Part IV, line 19	a					
			Less: direct expenses	Ь					
			Net income or (loss) from gan		<b>D</b>			······································	
	10	а	Gross sales of inventory, less						
		_	and allowances	. a					
			Less: cost of goods sold	b					
		C	Net income or (loss) from sale		<b>•</b>				
			Miscellaneous Revenu		Business Code		ŀ		
	11	_			<del></del>				
		b							
		ن	All other revenue	<del></del>					
		<u>ب</u>	Total. Add lines 11a-11d					-	
	12	-	Total revenue. See instructions			360,494.	317,793.	0.	36,876.
93200 02-04			The state of the s						Form <b>990</b> (2009)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	——————————————————————————————————————	not required to comple (B)	te columns (B), (C), and (C)	(D).
	not include amounts reported on lines 6b, Bb, 9b; and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		100 500		
	organizations in the U.S. See Part IV, line 21	188,600.	188,600.		<b>,</b>
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			<del></del>	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	12-212	15.550	17.570	0.700
7	Other salaries and wages	43,948.	17,579.	17,579.	8,790.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				·
9	Other employee benefits		1 000	1 000	600
10	Payroll taxes	3,096.	1,238.	1,238.	620.
11	Fees for services (non-employees):				
а	Management				
b	Legal			2 400	
С	Accounting	2,490.		2,490.	
d	Lobbying .			0 0 00 00 00 00 00 00 00 00 00 00 00 00	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion .	1 406		1 406	
13	Office expenses	1,406.		1,406.	. <del>.</del>
14	Information technology				<u> </u>
15	Royalties	0.706	2 000	2 000	1 046
16	Occupancy	9,726.	3,890.	3,890.	1,946.
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del></del>
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates .	22.050	22 276	683.	
22	Depreciation, depletion, and amortization	23,959.	23,276.	003.	
23	Insurance .		·		<del></del>
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PORTFOLIO MANAGEMENT FE	16,229.		16,229.	
b	INSURANCE	3,676.		3,676.	
c	INTERNET SERVICE	2,036.		2,036.	
d	TELEPHONE	862.		862.	
е	WORKERS COMPENSATION IN	494.	198.	198.	98.
f	All other expenses	940.		940.	
25	Total functional expenses. Add lines 1 through 24f	297,462.	234,781.	51,227.	11,454.
26	Joint costs. Check here				
-	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1	
_	educational campaign and fundraising solicitation				
02201	0.02-04-10		-		Form <b>990</b> (2009)

932010 02-04-10

9	5-	1	6	4	3	9	7	9	F	age	1	1	

Part X	Balance Sheet			
	,	(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	20,002.	1	24,073.
2	Savings and temporary cash investments	69,528.	2	327,790.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key	•		
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		. ,	, , , , , , , , , , , , , , , , , , , ,
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
- }	Part II of Schedule L		6	
3 7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	<del></del> -
ί   <sub>9</sub>	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 1,258,678.			
ь	Less: accumulated depreciation 10b 1,051,866.	230,771.	10c	206,812
11	Investments · publicly traded securities	1,408,443.	11	206,812 1,394,072 196,072
12	Investments - other securities. See Part IV, line 11	230,042.	12	196,072
13	Investments - program-related. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,958,786.	16	2,148,819
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	·
20	Tax-exempt bond liabilities		20	***
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,		/. 1	
21 22	highest compensated employees, and disqualified persons. Complete Part II			
·	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	20,641.	25	24,436
26	Total liabilities. Add lines 17 through 25	20,641.	26	24,436
	Organizations that follow SFAS 117, check here   X and complete			
g	lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32 33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Unrestricted net assets	1,674,804.	27	1,928,311
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	263,341.	29	196,072
5	Organizations that do not follow SFAS 117, check here			
5	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,938,145.	33	2,124,383.
34	Total liabilities and net assets/fund balances	1,958,786.	34	2,148,819.
		· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2009

### BOYS AND GIRLS AID SOCIETY

Form 990 (2009)

OF SAN DIEGO LTD.

95-1643979 Page **12** 

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	N-14		-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "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		
	if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treastry Internal Revenue Service

## **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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of t	the organizati	on BOYS AN	D GIRLS AID	SOCIE	TY			E	mployer ic	dentification i	number
		OF SAN	DIEGO LTD.						95	-164397	9
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions			
The organ			because it is. (For lines s, or association of chur	_		-		<b>1</b> .			
2 🗔			' <b>0(b)(1)(A)(ii).</b> (Attach Sc				(=)(-)(-)	,.			
3 🗔			tal service organization	•		170/b)/1)	/Δ\/iii\				
<b>A</b> [7]	•	•	operated in conjunction					/h)/1)/Δ)/i	ii) Enter th	e hospital's n	ame
	city, and stat				pital dood			(-)(-)(-	,	o noophal o n	u,
5 🗀	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental un	ıt describe	d in	
		<b>(b)(1)(A)(iv).</b> (Comple	· ·								
6 🖳			ent or governmental uni								
7 X			eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general p	ublic describe	d in
8 🗀		(b)(1)(A)(vi). (Comple	ection 170(b)(1)(A)(vi).	(Complete	Dort II \						
9 🗔			eives: (1) more than 33			rom contri	butions o	nambamb	in fees, and	d aross rocoin	to from
•	_	=	nctions - subject to certa						•	•	
		· ·	axable income (less sec	•	•	•				•	
		509(a)(2). (Complete	•		.,			, u.g.		10, 00, 00, ,	0.0.
10			perated exclusively to te	st for publ	ıc safetv. S	See sectio	n 509(a)(4	4).			
11 🔲	-	-	perated exclusively for ti		•			-	y out the p	urposes of or	ne or
	more publicly	supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b>	ction 509	(a)(3). Chec	k the box tha	ıt
	describes the	e type of supporting	organization and compl	let <u>e lin</u> es 1	1e through	11h.					
	a Type	ı ь∟	J Type II	с 📖 Тур	e III - Func	tionally int	tegrated		d	Type III - Othe	∍r
e	By checking	this box, I certify tha	it the organization is not	controlled	I directly o	r indirectly	by one o	r more dis	qualified p	ersons other t	han
			han one or more publich						9(a)(1) or se	ection 509(a)(/	2).
f			ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
_		rganization, check th			4 1 4	4					<u> </u>
g			organization accepted a			-				Ye	n No
			irectly controls, either a upported organization?	ione or tog	etilei willi	persons c	Jeschbed	in (ii) and	(III) below,	11g(i)	s No
	_		n described in (i) above?							11g(ii)	
			person described in (i)		2	•				11g(iii)	+
h	1 1		about the supported or	• •						[**9(***/)	
				<u>.</u>	(-)-						
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did yo	notify the	(vi) l:	s the	(vii) Amoun	nt of
	inization	(.,,	organization	lo act (i) betad in your Corporation in act   Organ			(i) organi	anization in col support			
			above or IRC section		documenty	(I) of you	r support?	U.S	5?		
	····		(see instructions))	Yes	No	Yes	No	Yes	No		
								}			
			· · · · ·					<del> </del>	<del>  -</del>		
								j			
									<u> </u>		
<del></del>								1			
								1			
								<del> </del>			
Total				1		L	<b>.</b>				
	Privacy Act an	d Dananuark Badu	otion Act Nation sont	ha Instruc	tions for	1	·	Cabadu	lo A (Earm	000 or 000 E	71 2000

932021 02-08-10

Form 990 or 990-EZ.

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2009 (a) 2005 (c) 2007 (d) 2008 (f) Total **(b)** 2006 1 Gifts, grants, contributions, and membership fees received. (Do not 101,311. 31,594. 36,010. 22,207. 5,675 5,825. 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 31,594. 36,010. 22,207. 5,675. 5,825. 101,311. 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 101,311. Section B. Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) **(b)** 2006 (f) Total 5,825. 31,594. 36,010. 22,207 5,675 101,311. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 145,714 48,807 36,876. 21,739. 25,193. 278,329. 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 IV.) 379,640. 11 Total support. Add lines 7 through 10 1,345,742. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 26.69 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 37.66 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  $\triangleright X$ 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Or Section A. Public Support	ganizations	Described in	Section 509(a	)(2) (Complete onl	y if you checked the bo	ox on line 9 of Part
	(a) 2005	(h) 2006	(=) 2007	(-0.000	(2) 2000	(A Takal
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						
Include any "unusual grants")						
2 Gross receipts from admissions,	·-					
merchandise sold or services per-						
formed, or facilities furnished in			1			
any activity that is related to the			•			
organization's tax-exempt purpose  3 Gross receipts from activities that					<del></del>	
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities		<del></del>				
furnished by a governmental unit to						
the organization without charge				1		
6 Total. Add lines 1 through 5					<del>                                     </del>	
7a Amounts included on lines 1, 2, and					<del> </del>	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		" "			1	
Section B. Total Support		•	•	•		•
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on		]				
securities loans, rents, royalties and income from similar sources		j				
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	he organization's	s first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						▶ _
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2009 (lin	e 8, column (f) d	livided by line 13, o	column (f))		15	
16 Public support percentage from 2008 S	Schedule A, Part	III, line 15			16	
Section D. Computation of Invest	ment Incom	e Percentage			<b>,</b>	
17 Investment income percentage for 2009	9 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	
18 Investment income percentage from 20	<b>108</b> Schedule A,	Part III, line 17			18	
<b>19a 33 1/3% support tests - 2009.</b> If the o	rganızatıon dıd r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box and	d <b>stop here</b> . The	organization quali	fies as a publicly s	supported organiz	ration	▶□
<b>b 33 1/3% support tests - 2008.</b> If the o	rganızatıon dıd r	not check a box or	line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, check	k this box and <b>st</b>	t <b>op here</b> . The orga	ınızation qualifies a	as a publicly supp	orted organization	▶
						_

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

Part IV, line 6, 7, 8, 9, 10, 11, or 12. BOYS AND GIRLS AID SOCIETY Employer identification number

OMB No 1545-0047 Open to Public Inspection

	OF SAN DIEGO LTD.			95-1643979
Pat	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Acco	ounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Im	e 6.		
		(a) Donor advised funds	<b>(b)</b> Fo	ands and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	<u>₹</u>		Yes No
6	Did the organization inform all grantees, donors, and donor a	<del>-</del>	e used only	
•	for charitable purposes and not for the benefit of the donor		•	
	impermissible private benefit?			Yes No
Par		ganization answered "Yes" to Form 990.	Part IV. line	
1	Purpose(s) of conservation easements held by the organizat			· · · · · · · · · · · · · · · · · · ·
•	Preservation of land for public use (e.g., recreation or		ietorically im	portant land area
	Protection of natural habitat	Preservation of a cel	-	•
	Preservation of open space	Flesel Valion of a cel	i tillea filston	c structure
2	Complete lines 2a through 2d if the organization held a quali	find appearation contribution in the form	a of a conce	nection agreement on the last
2		med conservation contribution in the form	i oi a conse	vation easement on the last
	day of the tax year.			Held at the End of the Tax Year
_	Total sumbor of accompany and accompany			•••
a	Total number of conservation easements		2a	
D	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic sti	' '	20	
đ	Number of conservation easements included in (c) acquired		20	· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organizati	on during the tax
	year -			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		İ	
_	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		_	<del></del>
7	Amount of expenses incurred in monitoring, inspecting, and			* \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	O(h)(4)(B)(i)	
_	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservat	•		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organiz	ation's accounting for
<b>D</b> -	conservation easements.	AAA Misas is al Tassassas and	NI O'	:
Pal	Organizations Maintaining Collections of		πner Sim	illar Assets.
	Complete if the organization answered "Yes" to Form	1990, Part IV, line 8.		···
_				
1a	If the organization elected, as permitted under SFAS 116, no			
	treasures, or other similar assets held for public exhibition, e		ublic service	, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these			
b	If the organization elected, as permitted under SFAS 116, to			
	or other similar assets held for public exhibition, education, e	or research in furtherance of public servic	e, provide ti	ne following amounts relating to
	these items:			
	(i) Revenues included in Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	ıal gaın, prov	ride
	the following amounts required to be reported under SFAS 1	116 relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		▶	\$
b	Assets included in Form 990, Part X		•	\$
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	e the Instructions for Form 990.		Schedule D (Form 990) 2009

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### BOYS AND GIRLS AID SOCIETY

Sche	dule D (Form 990) 2009 OF SAN	DIEGO LTD.						95 <b>–</b> 16	43979	Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ır Asse	ts (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a s	ignificant ι	se of its	collection r	tems
	(check all that apply)									
а	Public exhibition	d	, <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	e	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how tl	hey further ti	he organizat	on's exe	mpt purpo	se in Parl	XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	er sımılaı	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	No_
Par	t 🚺 Escrow and Custodial Arran		ete if org	ganization ar	nswered "Ye	s" to For	m 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
									Amount	
C	Beginning balance						1c			_
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	No
***************************************	b If "Yes," explain the arrangement in Part XIV.									
Par	TV Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance				ļ				· · · · · · · · · · · · · · · · · · ·	
Ь	Contributions		ļ							
C	Net investment earnings, gains, and losses						·, ·, ·			·· ·· · · ·
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs .	· · · · · · · · · · · · · · · · · · ·	<u> </u>							
f	Administrative expenses		ļ					1*-11*		
9	End of year balance		ļ		<u> </u>					
2	Provide the estimated percentage of the year	r end balance held a	as:							
а	Board designated or quasi-endowment		%							
ь	Permanent endowment	%								
		%								
За	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	nd administe	ered for t	he organız	ation		<del></del>
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations							-	3a(ii)	
	If "Yes" to 3a(ii), are the related organizations						-		3b	
4	Describe in Part XIV the intended uses of the				Dod V. Iv.	10		_		
Par	t VI Investments - Land, Building			i e						<del></del>
	Description of investment	(a) Cost or of basis (investigation)			or other (other)		ccumulate	a	(d) Book v	/alue
		basis (ilivesti	nent)		0,000.	, del	preciation		EΛ	000
1a	Land				8,184.		547,5	70		,000.
b	Buildings			/ 6	0,104.		141,3	0.	120	,000.
С	Leasehold improvements							_		
d	Equipment			11	0,494.		404,28	38	26	206
	Other  . Add lines 1a through 1e. (Column (d) must e	oud Form 000, C-4	V 55%			<u> </u>	107,20		206	,206. ,812.
JUG	<u>. Add mies ta milougii Te. (Odidinii (u) Must</u> e	quair oini 330, rail	A, COIUI	iii (U), IIIIC T	U(U) /					

Schedule D (Form 990) 2009

	RLS AID SOCIE	ГY	0.5	1640000	
Schedule D (Form 990) 2009 OF SAN DIEGO			95-	-1643979	Page (
Part VII Investments - Other Securities. See	Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	(b) Book value	Со	(c) Method of valuat st or end-of-year mark		
Financial derivatives					
Closely-held equity interests					
Other					
ENDOWMENT FUND-SAN DIEGO	·	· ·		-	
FOUNDATION	149,342.	END-OF-Y	EAR MARKET	VALUE	
ENDOWMENT FUND-FLETCHER	•				
DESIGNATED FUND	20,414.	END-OF-Y	EAR MARKET	VALUE	
ENDOWMENT FUND-ROBERTSON FUND	26,316.		EAR MARKET	VALUE	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶	196,072.				
Part VIII Investments - Program Related. Se			·····		
(a) Description of investment type	(b) Book value		(c) Method of valuatest or end-of-year mark		
					-
				· · · · · · · · · · · · · · · · · · ·	
		<del></del>	<del></del>		
				<del></del>	
			· · · · · · · · · · · · · · · · · · ·		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶					
Part IX Other Assets. See Form 990, Part X, line				<del></del>	
(a) [	Description			(b) Book val	lue
				•	
		<u></u>			
Tatal (Caluma (b) must smith from 000 Part V and (D) to	15.)	<del></del>		<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X, I		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
(a) Description of liability	IIIE 43	(b) Amount	<u> </u>	<del> </del>	
<u>''</u>		(b) Alloulit	1		
Federal income taxes		714	1		
PAYROLL TAXES PAYABLE		714.	-		
PREPAID RENT DEPOSIT		20,000.	]		

3,722. VACATION PAYABLE 24,436. Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932063 02-01-10

Schedule D (Form 990) 2009

B021 1

**2** Schedule I (Form 990) 2009 Employer identification number 95-1643979 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö ö o. Ö 0 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. (d) Amount of 5,000. 5,000. 4,000. 1,000 7,500 3,000 cash grant LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable SOCIETY Enter total number of section 501(c)(3) and government organizations BOYS AND GIRLS AID OF SAN DIEGO LTD. General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization DIEGO - 4635 CLAIREMONT MESA BLVD 11555 SORRENTO VALLEY ROAD, #203 BOYS & GIRLS CLUB OF GREATER SAN CHILDREN'S DENTAL HEALTH ASSN. or government 823 GATEWAY CENTER WAY UNITED THROUGH READING PAMILY HEALTH CENTERS - SAN DIEGO, CA 92117 SAN DIEGO, CA 92102 SAN DIEGO, CA 92102 SAN DIEGO, CA 92103 Name of the organization SAN DIEGO, CA 92121 SAN DIEGO, CA 92101 1875 SECOND AVENUE LEARNING FOR LIFE 1270 24TH STREET 1207 UPAS STREET Department of the Treasury Internal Revenue Service MAMA'S RITCHEN SCHEDULE (Form 990) Parti N

# BOYS AND GIRLS AID SOCIETY

OF SAN DIEGO LTD.

Page 2

95-1643979

Schedule | (Form 990) 2009 OF SAN DIEGO LTD.

| Part iii | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

se is needed.	
iedule i-1 (Form 990) if additional spac	
Use Part IV and Sche	J

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					•
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: FUNDING GU	G GUIDEL	IDELINES:			
- MAKE DIRECT CONTRIBUTIONS TO NON-PRO	-PROFIT	ORGANIZATI	FIT ORGANIZATIONS WHO PROVIDE	OVIDE	
PROGRAMS, PROJECTS OR SERVICES TO	AT-R	ISK YOUTH* IN	IN SAN DIEGO COUNTY.	COUNTY.	
*AT-RISK YOUTH ARE THOSE WHO ARE E	EXPOSED TO	FACTORS	THAT MAY I	INCREASE THEIR	
TENDENCY TO ENGAGE IN PROBLEM OR D	DELINQUENT	T BEHAVIORS.	S.		
- MAKE SINGLE YEAR GRANTS RATHER THAN		MULTI-YEAR COMMITMENTS.	MITMENTS.		

- PROVIDE FUNDING FOR START UP ORGANIZATIONS RATHER THAN NATIONALLY FUNDED

932102 02-02-10

ORGANIZATIONS.

Schedule I (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

95-1643979

Employer identification number ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. BOYS AND GIRLS AID SOCIETY Name of the organization

Part i Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

OF SAN DIEGO LTD.

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) (f) Method of ö 。 ö ö ö ö Ö o. (e) Amount of non-cash assistance (d) Amount of cash grant 5,000. 5,000. 3,000. 6.400 5,000 500 10,000. 18,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section If applicable (P) EIN COLLEGE OPPORTUNITY FOUNDATION COMMUNITY CAMPERSHIP COUNCIL (a) Name and address of organization or government 7510 CLAIREMONT MESA BLVD 900 WILSHIRE BLVD, #924 LOS ANGELES, CA 90017 2801 ROSECRANS STREET 10272 SAUNDERS DRIVE LONG BEACH, CA 90808 SAN DIEGO, CA 92106 6730 EAST CARSON ST KIDS TURN SAN DIEGO SAN DIEGO, CA 92131 SAN DIEGO, CA 92111 SAN DIEGO, CA 92131 SAN DIEGO, CA 92101 SAN DIEGO, CA 92114 5275 MARKET STREET 2366 FRONT STREET SPECIAL OLYMPICS OUTDOOR OUTREACH NTC FOUNDATION MIND TREASURY SUMMERBRIDGE 11405 LEGACY

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public Inspection

**Employer identification number** 95-1643979 BOYS AND GIRLS AID SOCIETY OF SAN DIEGO LTD.

(h) Purpose of grant or assistance (g) Description of non-cash assistance Part | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 ö (e) Amount of non-cash assistance Ö Ö o. (d) Amount of cash grant 3,000. 2,500 5,000 5,000 5 000 (c) IRC section if applicable (**b**) EIN ANGELS FOSTER FAMILY NETWORK ELEMENTARY INSTITUTE SCIENCE SOUTH BAY COMMUNITY SERVICES (a) Name and address of organization or government 6160 FAIRMOUNT AVE, #H 3355 MISSION AVE, #238 2851 MEADOW LAKE DRIVE SAN DIEGO, CA 92120 OCEANSIDE, CA 92058 SAN DIEGO, CA 92105 SAN DIEGO, CA 92114 VOICES FOR CHILDREN SAN DIEGO, CA 92123 1913 N EUCLID AVE 1124 BAY BLVD #D CASA DEL AMPANO 608 51ST ST PAZZAZ INC

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COMPUTERS 2 SAN DIEGO KIDS

CHULA VISTA, CA 91911

3510 PRONT STREET #3D

CA 92103

SAN DIEGO,

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2,500

Schedule I-1 (Form 990) 2009

SAN DIEGO, CA 92115

932241 02-01-10

5253 EL CAJON BLVD

THE AJA PROJECT

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

OF SAN DIEGO LTD.

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

Employer identification number 95-1643979 SOCIETY BOYS AND GIRLS AID

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance (g) Description of non-cash assistance Part 1 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) valuation (book, FMV, appraisal, other) (f) Method of Ö ö ö ö (e) Amount of non-cash assistance Ö o o o (d) Amount of cash grant ,000 2,500. 500 5 000 2,500 5,000 5 000 5,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ď (c) IRC section if applicable (P) EIN (a) Name and address of organization or government OCEAN DISCOVERY INSTITUTION 29377 RANCHO CALIFORNIA RD 2575 CAMINO DEL RIO SOUTH 2211 PACIFIC BEACH DRIVE X # SOMALI FAMILY SERVICES 2210 ENCINITAS BLVD. SAN DIEGO, CA 92109 INTER TRIBAL SPORTS 6035 UNIVERSITY AVE SAN DIEGO, CA 92115 SAN DIEGO, CA 92108 4305 UNIVERSITY AVE SAN DIEGO, CA 92105 SAN DIEGO, CA 92103 SAN DIEGO, CA 92103 ENCINITAS, CA 92024 TEMECULA, CA 92591 MANA DE SAN DIEGO ST LUKES REFUGEE ASELTINE SCHOOL 4027 NORMAL ST 1231 UPAS ST GIRL SCOUTS KIDS KORPS

Department of the Treasury Internal Revenue Service **SCHEDULE 1-1** Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

(h) Purpose of grant or assistance Employer identification number 95-1643979 (g) Description of non-cash assistance Part i Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) ö ö ö ö ö ö (e) Amount of non-cash assistance ö (d) Amount of cash grant 1,500. 5,000 7,500 5,000 2,500 7,500 5,000 (c) IRC section if applicable BOYS AND GIRLS AID SOCIETY OF SAN DIEGO LTD. (P) EIN (a) Name and address of organization or government 3517 CAMINO DEL RIO SOUTH SAN DIEGO YOUNG ARTISTS WALDEN FAMILY SERVICE KIDS OF THE BLOCK SD SAN DIEGO, CA 92105 SAN DIEGO, CA 92124 Name of the organization ARMED SERVICES YMCA SAN DIEGO, CA 92168 SAN DIEGO, CA 92193 SAN DIEGO, CA 92103 SAN DIEGO, CA 92108 SAN DIEGO, CA 92101 CASA CORNELIA LAW 3293 SANTO ROAD REUBEN H. FLEET 1875 EL PRADO PO BOX 881706 PRO KIDS GOLF 4085 52ND ST 2760 STH AVE PO BOX 23696

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

Schedule I-1 (Form 990) 2009

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### BOYS AND GIRLS AID SOCIETY

Schedule I (Form 990) 2009	OF SAN DIEGO LTD.	95-1643979 Page 2
Part IV Supplemental Ir	OF SAN DIEGO LTD.	
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		Schedule I (Form 990) 2009

932291 04-24-09

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

BOYS AND GIRLS AID SOCIETY OF SAN DIEGO LTD.

Employer identification number 95-1643979

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED AND DISCUSSED
AT A BOARD MEETING BEFORE BEING SIGNED BY A BOARD MEMBER AND FILED.
FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS REQUIRED TO
SUBMIT A WRITTEN CONFLICT OF INTEREST STATEMENT ANNUALLY TO THE CHAIRMAN OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15A: INDUSTRY STANDARDS ARE REVIEWED AND USED BY THE BOARD TO SET COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
DORIS ALVAREZ - 13658 ROSTRATA ROAD, POWAY, CA 92064
RICHARD BREGANTE - 942 TINGLEY LANE, SAN DIEGO, CA 92106
DARLENE DAVIES - 2265 PINE STREET, SAN DIEGO, CA 92103
EDWARD S. FLETCHER - 2460 FIFTY SIXTH STREET, SAN DIEGO, CA 92105
DAVID M. GILL - 3941 ALAMEDA PLACE, SAN DIEGO, CA 92103
JAMES F. KELLY, JR - 1630 MIGUEL AVENUE, CORONADO, CA 92118
CHARLES G. KING - 11230 SORRENTO VALLEY RD, #200, SAN DIEGO, CA 92121  HA For Privacy Act and Paperwork Reduction Act Notice see the Instructions for Form 990  Schedule O (Form 990) 2009

### **SCHEDULE O** (Form 990)

Department of the Treasury

### Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

Internal Revenue Service		Attach to Form 550.	• mapaction
Name of the organization	BOYS AND GIRLS OF SAN DIEGO L	S AID SOCIETY	Employer identification number 95–1643979
TERRY LOFTUS	- 181 REA AVENUE,	#203E, EL CAJON, CA 92020	)
ALEX C. MCDON	ALD - 5289 CANTER	RBURY DRIVE, SAN DIEGO, CA	92116
LEROY W. RHEI	N - 7409 VIA DE F	FORTUNA, CARLSBAD, CA 92009	)
HUGH STONE -	PO BOX 1988, RANC	CHO SANTA FE, CA 92067	
	110 17707 3 0775	TET CAN DIFFE CA 02101	
JOHN W. WITT	- 110 WEST A STRE	EET, SAN DIEGO, CA 92101	
MEREDITY WATW	OOD - 2508 HISTOR	RIC DECATUR ROAD, #110, SAN	N DIEGO, CA 92106
ROBERT A GOFF	- 11326 DEL DIAB	BLO STREET, SAN DIEGO, CA	92129
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