

SWENSON ADVISORS LLP
25220 HANCOCK AVE., SUITE 240
MURRIETA, CA 92562

SAN DIEGO RESCUE MISSION, INC.
P.O. BOX 80427
SAN DIEGO, CA 92138

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CLIENT'S COPY



February 3, 2021

SWENSON ADVISORS, LLP
25220 Hancock Avenue, Suite 240
Murrieta, CA 92562
p. 951.445.4700
f. 951.445.4701

San Diego Rescue Mission, Inc.
P.O. Box 80427
San Diego, CA 92138
Attention: Donald Dee

Dear Donald:

Enclosed is the organization's 2019 Exempt Organization return. The state Exempt Organization return is also enclosed. These should be signed and dated as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by February 16, 2021.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Scott Maxwell

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

September 30, 2020

Prepared For:

San Diego Rescue Mission, Inc.
P.O. Box 80427
San Diego, CA 92138

Prepared By:

Swenson Advisors LLP
25220 Hancock Ave., Suite 240
Murrieta, CA 92562

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by February 16, 2021

Form **8879-EO**Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning OCT 1, 2019, and ending SEP 30, 2020▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.****2019**

Name of exempt organization

Employer identification number

SAN DIEGO RESCUE MISSION, INC.95-1874073

Name and title of officer

DONALD DEEPRESIDENT & CEO**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>23,515,845.</u>
2a Form 990-EZ check here	▶	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize SWENSON ADVISORS LLP

ERO firm name

to enter my PIN 92562Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

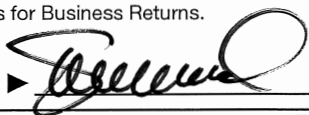
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33160904935

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶



Date ▶

2/3/21

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

13280202 793388 3018.3018

2019.05040 SAN DIEGO RESCUE MISSION, 3018.301

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

OMB No. 1545-0047

2019

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**


B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization SAN DIEGO RESCUE MISSION, INC.		D Employer identification number 95-1874073
	Doing business as		E Telephone number 619-819-1889
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 25,209,278.
	City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92138		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: DONALD DEE SAME AS C ABOVE		H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J Website: ▶ WWW.SDRESCUE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ L Year of formation: 1955 M State of legal domicile: CA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO LOVINGLY ADDRESS THE NEEDS OF MEN, WOMEN, AND CHILDREN EXPERIENCING HOMELESSNESS, BY SHARING THE
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 146
	6 Total number of volunteers (estimate if necessary) 1678
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 0.
7 b Net unrelated business taxable income from Form 990-T, line 39 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 17,219,608.
	9 Program service revenue (Part VIII, line 2g) 1,282,699.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,000.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 351,173.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,877,480.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,457,281.
	16 a Professional fundraising fees (Part IX, column (A), line 11e) 1,401,264.
	16 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,122,484.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,758,278.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18,616,823.
	19 Revenue less expenses. Subtract line 18 from line 12 260,657.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 19,262,135.
	21 Total liabilities (Part X, line 26) 8,949,057.
	22 Net assets or fund balances. Subtract line 21 from line 20 10,313,078.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	DONALD DEE, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SCOTT MAXWELL	Preparer's signature 	Date 2/3/21	Check if self-employed <input type="checkbox"/>	PTIN P00749825
	Firm's name ▶ SWENSON ADVISORS LLP	Firm's EIN ▶ 33-0801710			
	Firm's address ▶ 25220 HANCOCK AVE., SUITE 240 MURRIETA, CA 92562				Phone no. (951) 445-4700

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE SAN DIEGO RESCUE MISSION, INC.'S (THE "ORGANIZATION") MISSION IS TO LOVINGLY ADDRESS THE NEEDS OF MEN, WOMEN, AND CHILDREN EXPERIENCING HOMELESSNESS, BY SHARING THE GOOD NEWS OF SALVATION AND PROVIDING A HOLISTIC APPROACH TO REHABILITATION AND RECOVERY. THE ORGANIZATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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? ☐ Yes ☒ 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,262,643. including grants of \$) (Revenue \$ 589,966.)**THRIFT STORE MINISTRY:**

THE ORGANIZATION OPERATES THRIFT STORES LOCATED IN NORTH PARK, NATIONAL CITY (CLOSED IN MAY 2018), CITY HEIGHTS, AND THE SPORTS ARENA AREAS. THE THRIFT STORES OFFER "GENTLY" USED CLOTHING, SPORTS EQUIPMENT, FURNITURE, AND OTHER HOUSEHOLD ITEMS FOR SALE. ALL ITEMS IN THE THRIFT STORES HAVE BEEN DONATED BY PEOPLE AND BUSINESSES FROM THROUGHOUT THE SAN DIEGO COMMUNITY.

4b (Code:) (Expenses \$ 2,858,148. including grants of \$) (Revenue \$)**PARTNERS FOR HUNGER RELIEF:**

PARTNERS FOR HUNGER RELIEF IS A PROGRAM OF SDRM WHICH WAS FORMED TO BOLSTER FOOD RECOVERY EFFORTS IN SAN DIEGO AND SERVE A BROAD BASE OF AGENCIES AND PEOPLE. SDRM HAS DEVELOPED A SUCCESSFUL SYSTEM OF LOCATING, RECOVERING, AND DISTRIBUTING DONATED FOOD. THIS FOOD IS NOT ONLY USED BY SDRM PROGRAM MEMBERS, BUT A LARGE PERCENTAGE OF THIS FOOD IS SHARED AT NO COST WITH A NETWORK OF NONPROFIT FEEDING PROGRAMS AND FOOD PANTRIES THROUGHOUT SAN DIEGO COUNTY.

4c (Code:) (Expenses \$ 9,671,927. including grants of \$) (Revenue \$)**MEN, WOMEN AND CHILDREN'S SERVICES:****FOUR PROGRAMS WITHIN THE MEN, WOMEN AND CHILDREN SERVICES:****MENS CENTER:**

THE RESIDENTIAL PROGRAM IS DESIGNED TO INCORPORATE BIBLICAL PRINCIPLES INTO LIVES OF RESIDENTS, EMPOWERING THEM TO LIVE VICTORIOUSLY THROUGH CHRIST. PRACTICAL LIFE SKILLS AND BIBLE CLASSES ARE TAUGHT TO TRANSFORM MEN TO BOTH LIVE INDEPENDENTLY IN OUR SOCIETY AND TO DEPEND FULLY ON JESUS CHRIST. THIS IS ACCOMPLISHED THROUGH A ONE YEAR DISCIPLESHIP PROGRAM THAT HELPS INDIVIDUALS WITH THEIR NEEDS THROUGH SCRIPTURE-BASED LESSONS, SUPPORT GROUP/CLASSES, PASTORAL GUIDANCE, A STRUCTURED WORK ETHIC, AND EDUCATION PROGRAM. THE PROGRAM CULMINATES WITH A FORMAL

4d Other program services (Describe on Schedule O.)(Expenses \$ 582,215. including grants of \$) (Revenue \$ 69,223.)**4e** Total program service expenses **14,374,933.**Form **990** (2019)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
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	X
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	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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 "Yes," complete Schedule F, Parts II and IV</i>	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	X
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>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a 146		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a 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?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
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?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a 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.		
b 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	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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	X
If "Yes," see instructions and file Form 4720, Schedule N.		
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.		

Form 990 (2019)

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	14			
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		14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
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?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			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 on Schedule O				X

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?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	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 taxable entity during the year?		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 organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
REY LONTOK - 619-819-1880
P.O. BOX 80427, SAN DIEGO, CA 92138

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 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 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.
- See 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	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA RANKIN BOARD PASTOR	2.00	X						0.	0.	0.
(2) CHARLES WALKER DIRECTOR	2.00	X						0.	0.	0.
(3) STACEY PAPPAS DIRECTOR	2.00	X						0.	0.	0.
(4) GUY MCROSKEY DIRECTOR	2.00	X						0.	0.	0.
(5) JOHN FULLMER CHAIRMAN	2.00	X		X				0.	0.	0.
(6) BILLY RENDLER DIRECTOR	2.00	X						0.	0.	0.
(7) CATHY HERRICK DIRECTOR	2.00	X						0.	0.	0.
(8) LORI CLARKE DIRECTOR	2.00	X						0.	0.	0.
(9) BRAD DOTSON DIRECTOR	2.00	X						0.	0.	0.
(10) MARY BENIRSCHKE DIRECTOR	2.00	X						0.	0.	0.
(11) NICOLE BILLOCK VICE CHAIR	2.00	X		X				0.	0.	0.
(12) DAVID SEIDER SECRETARY	2.00	X		X				0.	0.	0.
(13) ROBERT BIXEL TREASURER	2.00	X		X				0.	0.	0.
(14) CRAIG DUHS DIRECTOR	2.00	X						0.	0.	0.
(15) DONALD DEE PRESIDENT & CEO	40.00			X				100,474.	0.	66,388.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								100,474.	0.	66,388.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								100,474.	0.	66,388.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	50,825.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	16,540,608.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 7,454,894.			
	h	Total. Add lines 1a-1f		16,591,433.			
Program Service Revenue	2 a	THRIFT STORE MINISTRY	Business Code	453310	589,966.	589,966.	
	b	RECYCLING		562000	15,313.	15,313.	
	c	VEHICLE SALES		441100	4,075.	4,075.	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		609,354.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	204,156.			
b		Less: rental expenses ...	(ii) Personal	0.			
c		Rental income or (loss)		204,156.			
d		Net rental income or (loss)		204,156.			204,156.
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
b		Less: cost or other basis and sales expenses	(ii) Other	7,754,500.			
c		Gain or (loss)		1,667,678.			
d		Net gain or (loss)		6,086,822.			6,086,822.
8 a		Gross income from fundraising events (not including \$ 50,825. of contributions reported on line 1c). See Part IV, line 18		0.			
b		Less: direct expenses		25,755.			
c		Net income or (loss) from fundraising events		-25,755.			-25,755.
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code	900099	49,835.	49,835.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		49,835.			
	12	Total revenue. See instructions		23,515,845.	659,189.	0.	6,265,223.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	173,135.		173,135.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,388,505.	2,531,605.	411,809.	445,091.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	602,133.	436,229.	111,533.	54,371.
9 Other employee benefits	273,337.	209,130.	27,942.	36,265.
11 Fees for services (nonemployees):				
a Management	55,683.		55,683.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,425,353.			1,425,353.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	247,375.	35,162.	212,213.	
12 Advertising and promotion	53,308.	14,308.		39,000.
13 Office expenses	95,957.	45,857.	45,776.	4,324.
14 Information technology	28,800.	15,721.	12,285.	794.
15 Royalties				
16 Occupancy	259,646.	259,646.		
17 Travel	80,113.	56,694.	16,731.	6,688.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	298,464.	276,582.	10,941.	10,941.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	644,589.	605,629.	19,480.	19,480.
23 Insurance				
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.)				
a <u>DONATED FOOD AND MATERI</u>	7,561,336.	7,532,228.	14,554.	14,554.
b <u>FACILITIES ALLOCATED CO</u>	1,333,322.	1,223,644.	54,839.	54,839.
c <u>DISTRIBUTION CENTER ALL</u>	574,085.	552,517.	10,784.	10,784.
d <u>FOOD SERVICES ALLOCATED</u>	477,727.	477,727.		
e All other expenses	103,503.	102,254.	1,249.	
25 Total functional expenses. Add lines 1 through 24e	17,676,371.	14,374,933.	1,178,954.	2,122,484.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,071,474.	1	5,093,246.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,663.	4	33,210.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	209,901.	8	94,780.
	9 Prepaid expenses and deferred charges	543,232.	9	382,520.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,693,530.		
	b Less: accumulated depreciation	10b 8,803,064.	10c	17,890,466.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	1,547,131.
	13 Investments - program-related. See Part IV, line 11	14,282.	13	15,258.
	14 Intangible assets	476,745.	14	482,329.
	15 Other assets. See Part IV, line 11	30,543.	15	678,642.
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,262,135.	16	26,217,582.	
Liabilities	17 Accounts payable and accrued expenses	492,289.	17	621,772.
	18 Grants payable		18	
	19 Deferred revenue	98,948.	19	134,368.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,613,984.	23	7,308,313.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,743,836.	25	1,909,216.
	26 Total liabilities. Add lines 17 through 25	8,949,057.	26	9,973,669.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,196,325.	27	16,074,772.
	28 Net assets with donor restrictions	116,753.	28	169,141.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,313,078.	32	16,243,913.
	33 Total liabilities and net assets/fund balances	19,262,135.	33	26,217,582.

Form 990 (2019)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,515,845.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,676,371.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,839,474.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,313,078.
5	Net unrealized gains (losses) on investments	5	91,361.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,243,913.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a 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? _____		X
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 _____		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15535669.	17045641.	17095149.	17219608.	16591433.	83487500.
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	15535669.	17045641.	17095149.	17219608.	16591433.	83487500.
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.						83487500.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	15535669.	17045641.	17095149.	17219608.	16591433.	83487500.
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.)	493,889.	250,997.	322,826.	518,652.	253,992.	1840356.
11 Total support. Add lines 7 through 10						85327856.
12 Gross receipts from related activities, etc. (see instructions)					12	7,109,154.
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	97.84 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	97.62 %
16a 33 1/3% support test - 2019. 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		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
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		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in 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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," 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		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), 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		

Section 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
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			
b Did the activities described in (a) 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 (a) and (b) 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? Provide details in Part VI .			
3a			
b 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			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 A, 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.)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2019

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 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 I and II. See instructions for determining a contributor's total contributions.

Special 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization	Employer identification number
SAN DIEGO RESCUE MISSION, INC.	95-1874073

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
1	<u>BESSIE JEAN BOWIE TRUST ADMINISTRATION</u> <u>ANNE M. RUDOLPH, ESQ.</u> <u>SAN DIEGO, CA 92101</u>	\$ <u>546,192.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SAN DIEGO RESCUE MISSION, INC.

95-1874073

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

SAN DIEGO RESCUE MISSION, INC.**95-1874073****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 info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(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, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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 impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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

2 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
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 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

▶ \$

2 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

▶ \$

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance		458,274.	439,405.	397,115.	397,115.
b Contributions					
c Net investment earnings, gains, and losses		12,193.	18,869.	42,290.	
d Grants or scholarships					
e Other expenditures for facilities and programs		470,467.			
f Administrative expenses					
g End of year balance			458,274.	439,405.	397,115.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,557,642.		5,557,642.
b Buildings		19,346,179.	7,756,467.	11,589,712.
c Leasehold improvements				
d Equipment		498,459.		498,459.
e Other		1,291,250.	1,046,597.	244,653.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,890,466.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS IN MARKETABLE		
(B) SECURITIES	1,547,131.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	1,547,131.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED BOND INTEREST	1,254,123.
(3) ACCRUED VACATION PAYABLE	181,159.
(4) SECURITY DEPOSITS/PREPAID RENT	5,000.
(5) ACCRUED TH DEPOSIT	150.
(6) CAPITAL LEASE OBLIGATION	468,784.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,909,216.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	23,580,573.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	91,361.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	128,183.
e	Add lines 2a through 2d	2e	219,544.
3	Subtract line 2e from line 1	3	23,361,029.
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	4a	
b	Other (Describe in Part XIII.)	4b	154,816.
c	Add lines 4a and 4b	4c	154,816.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,515,845.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	17,702,126.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	25,755.
e	Add lines 2a through 2d	2e	25,755.
3	Subtract line 2e from line 1	3	17,676,371.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,676,371.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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 V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS WERE ESTABLISHED TO PROVIDE GENERAL SUPPORT TO THE ORGANIZATION'S MISSION. IN JANUARY 2019, THE ORGANIZATION'S BOARD OF DIRECTORS VOTED TO RELEASE THE ENTIRE BALANCE OF THE PREVIOUSLY RESTRICTED ENDOWMENT FUND TO NET ASSETS WITHOUT DONOR RESTRICTION TO BE USED FOR CAPITAL PROJECTS SUCH AS BUILDING RENOVATIONS.

PART X, LINE 2:

THE ORGANIZATION USES A LOSS CONTINGENCIES APPROACH FOR EVALUATING UNCERTAIN TAX POSITIONS AND CONTINUALLY EVALUATES CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS. NO LOSS CONTINGENCIES WERE RECOGNIZED FOR THE YEARS ENDED SEPTEMBER 30, 2020 OR 2019. THE ORGANIZATION DID NOT HAVE

Part XIII Supplemental Information (continued)

UNRECOGNIZED TAX BENEFITS AS OF SEPTEMBER 30, 2020 OR 2019 AND DOES NOT EXPECT THIS TO CHANGE SIGNIFICANTLY OVER THE NEXT 12 MONTHS. IN CONNECTION WITH THE ADOPTION OF THE GUIDANCE PERTAINING TO UNCERTAIN TAX POSITIONS, THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES ACCRUED ON ANY UNRECOGNIZED TAX BENEFITS AS A COMPONENT OF INCOME TAX EXPENSE. AS OF SEPTEMBER 30, 2020, THE ORGANIZATION HAS NOT ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET ASSETS RELEASED FROM RESTRICTIONS	102,428.
CONTRA REVENUE - SPECIAL EVENT EXPENSES	25,755.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	128,183.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EARNINGS ON ENDOWMENT (REALIZED AND UNREALIZED)	154,816.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	25,755.
------------------------	---------

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 2ND ANNUAL GOLF TOURNAM (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	50,825.			50,825.
	2 Less: Contributions	50,825.			50,825.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,755.			25,755.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				25,755.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-25,755.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BREWER DIRECT, INC.

(I) ADDRESS OF FUNDRAISER: 507 S. MYRTLE AVE, MONROVIA, CA 91016

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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 to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

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:

a The organization?

b Any related organization?

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:

a The organization?

b Any related organization?

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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.

[illegible]

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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		702,115.	COMPARABLE COST ESTI
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	6,752,779.	COMPARABLE COST ESTI
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2019

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GOOD NEWS OF SALVATION AND PROVIDING A HOLISTIC APPROACH TO
REHABILITATION AND RECOVERY

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPERATES A DONATION PROCESSING CENTER AND THRIFT STORE MINISTRIES
DEDICATED TO THE REHABILITATION OF MEN AND WOMEN IN THE WORK PLACE.
THEY ARE TRAINED AT PRICING, SORTING, RECEIVING AND DISTRIBUTING
DONATED MATERIALS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

GRADUATION AT THE END OF THE TWELVE MONTH PROGRAM. THE SDRM GRADUATES
PARTICIPANTS TWO TIMES A YEAR. A SIX-MONTH TRANSITION PERIOD IS THEN
AVAILABLE TO ASSIST GRADUATES IN OBTAINING WORK AND HOUSING AND TO HELP
THEM SUCCESSFULLY MOVE BACK INTO THE EVERYDAY WORLD.

NUEVA VIDA HAVEN:

NUEVA VIDA HAVEN WAS OPENED IN RESPONSE TO THE INCREASING NEED FOR
EMERGENCY SHELTER SERVICES FOR HOMELESS FAMILIES. EACH NIGHT, UP TO 60
WOMEN AND CHILDREN TURN TO NUEVA VIDA HAVEN FOR A WARM, SAFE PLACE TO
SLEEP, A PLACE TO SHOWER AND GET CLEAN CLOTHES, AND A NUTRITIOUS
BREAKFAST. RESIDENTS ALSO HAVE ACCESS TO THERAPISTS AND SOCIAL WORKERS
TO HELP THEM TO DETERMINE THE BEST COURSE OF ACTION FOR LIFE
IMPROVEMENT. THIS OFTEN INCLUDES ENTRY INTO THE SDRM'S LONGTERM
RECOVERY WOMEN AND CHILDREN'S CENTER.

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

WOMEN AND CHILDREN'S CENTER:

THE WOMEN AND CHILDREN'S CENTER IS A LONG-TERM TREATMENT COMMUNITY PROGRAM DESIGNED TO INCORPORATE BIBLICAL PRINCIPLES INTO THE LIVES OF RESIDENTS, EMPOWERING THEM TO LIVE SOBER AND VICTORIOUS LIVES THROUGH JESUS CHRIST. THIS IS ACCOMPLISHED IN PART THROUGH SUPPORT GROUPS, CLASSES, PASTORAL GUIDANCE, THE WORK THERAPY PROGRAM, AND INDIVIDUAL THERAPY. PRACTICAL SKILLS AND BIBLE STUDY CLASSES ARE ALSO OFFERED TO HELP TRANSFORM RESIDENTS AND ENABLE THEM TO OVERCOME ADDICTIONS AND UNHEALTHY RELATIONSHIPS. SPECIALIZED PROGRAMS ARE ALSO PROVIDED FOR CHILDREN LIVING IN THE WOMEN AND CHILDREN'S CENTER. INFANTS AND TODDLERS FIND A WARM, STIMULATING ENVIRONMENT IN THE CHILDREN'S NURSERY. OLDER CHILDREN PARTICIPATE IN A VARIETY OF PROGRAMS, INCLUDING SCHOOL SUPPORT, AFTER-SCHOOL TUTORING AND RECREATION, AND INDIVIDUAL COUNSELING FROM SPECIALLY TRAINED THERAPISTS.

OUTPATIENT PSYCHOTHERAPY CLINIC:

THE OUTPATIENT CLINIC PROVIDES FREE, QUALITY COUNSELING TO INDIVIDUALS, FAMILIES, CHILDREN, AND COUPLES WHO ARE HOMELESS, AT RISK OF HOMELESSNESS, OR UNABLE TO AFFORD THERAPY. TREATMENT IS PROVIDED BY LICENSED MARRIAGE AND FAMILY THERAPISTS, OR BY INTERNS AND TRAINEES UNDER THEIR SUPERVISION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:CHILDREN'S CENTER:

THE CHILDREN'S CENTER IS A PROGRAM THAT WAS FORMED IN FISCAL YEAR 2014 AND PROVIDES LICENSED CHILDCARE TO CHILDREN AGES 2-5 FOR THE CHILDREN OF NUEVA VIDA HAVEN AND WOMEN'S AND CHILDREN'S CENTER OF SAN DIEGO RESCUE MISSION. THE CENTER PROVIDES A CHILD-INITIATED, PLAY-BASED

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

CURRICULUM THAT INCLUDES INSIDE AND OUTSIDE ACTIVITIES,
TEACHER-DIRECTED AND CHILD-DIRECTED ACTIVITIES, AND RESTFUL AND ACTIVE
TIMES EACH WEEKDAY.

EXPENSES \$ 582,215. INCLUDING GRANTS OF \$ 0. REVENUE \$ 69,223.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FORM 990 IS REVIEWED BY THE CONTROLLER, VP OPERATIONS, CEO, AND
THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES PROMPT AND FULL
DISCLOSURE BY ANY OFFICER OR DIRECTOR IN WRITING TO THE CHAIRMAN OF THE
BOARD OF ANY SITUATION THAT MAY INVOLVE A CONFLICT OF INTEREST. ANY
SITUATION ARISING WOULD BE REVIEWED BY THE CHAIRMAN OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

DURING THE PAST YEAR, THE CEO AND THE LEADERSHIP TEAM MADE A FEW PAY
ADJUSTMENTS TO ALL DEPARTMENT COORDINATORS. IN ADDITION, THE ORGANIZATION
FOLLOWED THE MANDATE OF MINIMUM WAGE INCREASE FOR HOURLY AND EXEMPT
EMPLOYEES BASED ON THE STATE AND LOCAL REQUIREMENTS. THE PAY ADJUSTMENT FOR
THE CEO IS TYPICALLY MANAGED BY THE BOARD OF DIRECTORS EXECUTIVE TEAM AFTER
THE ANNUAL REVIEW PROCESS. ALSO, THE BOARD OF DIRECTORS WERE INFORMED
REGARDING ALL THOSE CHANGES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION WILL PROVIDE THE GOVERNING DOCUMENTS, POLICIES AND
FINANCIAL STATEMENTS TO ANY PERSON WHO REQUESTS THIS INFORMATION IN
WRITING. THIS INFORMATION CAN BE OBTAINED IN THE FORM OF PDF DOCUMENTS.

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

FORM 990, PART XII, LINE 2C.

THE PROCESS BY WHICH THE ORGANIZATION'S COMMITTEE SELECTS AN
INDEPENDENT ACCOUNTANT FOR OVERSIGHT, REVIEW, AND COMPILATION OF ITS
FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PARTNERS FOR HUNGER RELIEF LLC - 95-1874073 120 ELM STREET SAN DIEGO, CA 92101	NONPROFIT PROGRAM TO BOLSTER FOOD RECOVERY EFFORTS IN SAN DIEGO	CALIFORNIA			SAN DIEGO RESCUE MISSION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

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

Provide additional information for responses to questions on Schedule A. See instructions.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	IMPROVEMENTS														
44	PRISM - 2031 FROM RENOVATIONS	10/10/06	SL	15.00		16	2,867.				2,867.	2,483.		191.	2,674.
45	CAL DOR - 97815252 FROM RENOVATION	10/17/06	SL	15.00		16	7,230.				7,230.	6,266.		482.	6,748.
46	CAL DOR - 9781220 FROM RENOVATION	11/16/06	SL	15.00		16	1,570.				1,570.	1,355.		105.	1,460.
48	CALIFORNIA COMMERICA - 90275	11/21/06	SL	15.00		16	1,304.				1,304.	1,124.		87.	1,211.
49	LARSON-1183	03/14/07	SL	15.00		16	1,942.				1,942.	1,624.		129.	1,753.
51	PACIFIC BUILDING GRO-50615	05/01/07	SL	15.00		16	5,993.				5,993.	4,966.		400.	5,366.
52	PBG-NEW PLAYGROUND CONSTRUCTION	12/31/07	SL	15.00		16	21,748.				21,748.	17,158.		1,450.	18,608.
53	SERVER	01/14/08	SL	15.00		16	2,294.				2,294.	2,218.		76.	2,294.
54	FENCE FOR PLAYGROUND	07/23/08	SL	15.00		16	6,726.				6,726.	5,041.		448.	5,489.
55	INSTALLATION OF PLAYGROUND RUBBER	08/19/08	SL	15.00		16	31,090.				31,090.	23,148.		2,073.	25,221.
56	PCB-NEW PLAYGROUND CONSTRUCTION	08/28/08	SL	15.00		16	33,921.				33,921.	25,248.		2,261.	27,509.
343	CITY TREASURER/SIP	03/23/10	SL	15.00		16	250.				250.	161.		17.	178.
344	AP CONTRACTING & ANT-PAINTING	03/23/10	SL	15.00		16	1,000.				1,000.	636.		67.	703.
345	GRAPHIC EDGE-FIRST PAYMENT	05/06/10	SL	15.00		16	1,270.				1,270.	800.		85.	885.
346	AP CONTRACTING & ANT-FINAL PAYMENT	05/06/10	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
347	AP CONTRACTING & ANT-REMODEL	05/12/10	SL	15.00		16	380.				380.	236.		25.	261.
348	GRAPHIC EDGE-IMPROVEMENTS	05/17/10	SL	15.00		16	462.				462.	289.		31.	320.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
349	GRAPHIC EDGE-FINAL PAYMENT	05/20/10	SL	15.00		16	2,532.				2,532.	1,577.		169.	1,746.
350	WARREN PERRIN-REMODEL	06/14/10	SL	15.00		16	790.				790.	495.		53.	548.
351	JW FLOOR COVERING IN-189937	06/16/10	SL	15.00		16	5,000.				5,000.	3,080.		333.	3,413.
360	ALPHA MECHANICAL SER-10-R374-01	12/30/10	SL	15.00		16	25,000.				25,000.	14,586.		1,667.	16,253.
365	TRI-CO FLOORS-142044	10/27/11	SL	5.00		16	20,235.				20,235.	20,235.		0.	20,235.
366	TRI-CO FLOORS	10/31/11	SL	5.00		16	7,143.				7,143.	7,143.		0.	7,143.
367	DSI-8765 (HANDICAP DOOR)	11/14/11	SL	39.00	MM	16	7,480.				7,480.	1,520.		192.	1,712.
368	TRI-CO FLOORS-142101	11/17/11	SL	5.00		16	1,725.				1,725.	1,725.		0.	1,725.
369	RESTROOM FLOORING-1842	11/30/11	SL	39.00	MM	16	11,732.				11,732.	2,358.		301.	2,659.
370	RESTROOM FLOORING-1843	02/22/12	SL	39.00	MM	16	11,732.				11,732.	2,282.		301.	2,583.
371	SWIFT COMMUNICATIONS VIDEO SURVEILLANCE SYSTEM	09/20/12	SL	5.00		16	17,336.				17,336.	17,336.		0.	17,336.
372	RESTROOM FLOORING-1844	06/18/12	SL	39.00	MM	16	13,492.				13,492.	2,508.		346.	2,854.
377	CUSTOM CANOPIES	03/15/13	SL	5.00		16	5,840.				5,840.	5,840.		0.	5,840.
382	TRI-CO FLOORS-144325	02/25/14	SL	5.00		16	7,650.				7,650.	7,650.		0.	7,650.
383	TRI-CO FLOORS 144571	06/01/14	SL	5.00		16	5,700.				5,700.	5,700.		0.	5,700.
384	TRI-CO FLOORS-144793	08/20/14	SL	5.00		16	8,800.				8,800.	8,800.		0.	8,800.
387	CHILLER SERIAL# 2HAM02846	09/09/14	SL	39.00	MM	16	84,285.				84,285.	10,985.		2,161.	13,146.
434	HANDICAP OPERATOR INSTALL EXTERIOR DOOR (2ND AVE)	03/09/17	SL	15.00		16	8,280.				8,280.	1,426.		552.	1,978.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
442	NEW BIOCID FEEDER FOR NEW COOLING TOWER (CHEM PRO LAB)	04/30/19	SL	5.00		16	4,679.				4,679.	390.		936.	1,326.
443	EEV RETROFIT FOR CHILLER (SAN DIEGO MECHINICAL)	05/31/19	SL	5.00		16	8,980.				8,980.	599.		1,796.	2,395.
444	VARIABLE SPED DRIVE AND BYPASS FOR NEW COOLING TOWER	05/31/19	SL	5.00		16	4,990.				4,990.	333.		998.	1,331.
445	FLOORING (PALOMAR FLOORING)	05/31/19	SL	5.00		16	10,000.				10,000.	667.		2,000.	2,667.
446	TILE KITCHEN (HY TECH TILE)	06/04/19	SL	5.00		16	6,393.				6,393.	426.		1,279.	1,705.
447	NEW COOLING TOWER (CONTROL AIR CONDITIONING CORP)	06/30/19	SL	15.00		16	72,077.				72,077.	1,201.		4,805.	6,006.
455	NVH FLOORING/PHASE 1 LABOR FOR GLUE-DOWN INST OF VINYL	10/08/19	SL	5.00		16	6,615.				6,615.			1,323.	1,323.
456	NVH PLAZA RESURFACE (SAL ARROYO)	11/25/19	SL	5.00		16	5,000.				5,000.			833.	833.
457	CHILDREN CENTER FLOORING (PALOMAR FLOORING)	01/03/20	SL	5.00		16	7,325.				7,325.			1,099.	1,099.
458	NVH PLAZA PROJECT - FOUR (4) 8FT PARK BENCH	01/28/20	SL	5.00		16	2,583.				2,583.			344.	344.
459	FLOORING INSTALLATION - 1ST FLOOR (SAL ARROYO)	03/06/20	SL	5.00		16	5,600.				5,600.			653.	653.
460	FLOORING INSTALLATION - (SAL ARROYO)	06/05/20	SL	5.00		16	12,200.				12,200.			813.	813.
461	3RD FLOOR HALLWAY FLOORS REPLACEMENT (RE:SOURCE FLOOR	06/30/20	SL	5.00		16	44,485.				44,485.			2,224.	2,224.
462	2ND FLOOR HALLWAY FLOORS REPLACEMENT (RE:SOURCE FLOOR	08/31/20	SL	5.00		16	16,615.				16,615.			277.	277.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS						574,341.				574,341.	213,615.		33,382.	246,997.
	COMPUTER EQUIPMENT/SOFTWARE														
319	MQ BLACKBAUD	02/29/04	SL	5.00		16	27,776.				27,776.	27,776.		0.	27,776.
328	MQ BLACKBAUD SOFTWARE	08/31/05	SL	5.00		16	26,443.				26,443.	26,443.		0.	26,443.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
332	BLACKBAUD	10/31/05	SL	5.00		16	6,151.				6,151.	6,151.		0.	6,151.
333	BLACKBAUD	11/29/05	SL	5.00		16	1,810.				1,810.	1,810.		0.	1,810.
334	BLACKBAUD	07/26/06	SL	5.00		16	5,236.				5,236.	5,236.		0.	5,236.
335	DELL COMMERCIAL	10/26/06	SL	5.00		16	3,507.				3,507.	3,507.		0.	3,507.
336	WEALTH ENGINE	11/30/06	SL	5.00		16	5,000.				5,000.	5,000.		0.	5,000.
337	WEALTH ENGINE	12/01/06	SL	5.00		16	6,250.				6,250.	6,250.		0.	6,250.
338	DELL COMMERCIAL	12/27/06	SL	5.00		16	180.				180.	180.		0.	180.
339	DELL COMMERCIAL	01/26/07	SL	5.00		16	13,819.				13,819.	13,819.		0.	13,819.
340	DELL COMMERCIAL	02/26/07	SL	5.00		16	5,658.				5,658.	5,658.		0.	5,658.
354	DELL BUSINESS CREDIT-6879450208000494273	11/03/09	SL	5.00		16	4,967.				4,967.	4,967.		0.	4,967.
355	BLACKBAUD-90186605 AR MODULE	02/28/10	SL	5.00		16	3,110.				3,110.	3,110.		0.	3,110.
363	BLACKBAUD-90326334 - SPARK SOFTWARE-ONLINE GIFT PROCESS	06/25/11	SL	5.00		16	5,000.				5,000.	5,000.		0.	5,000.
381	BLACKBAUD-SPARK SOFTWARE	05/28/13	SL	5.00		16	5,000.				5,000.	5,000.		0.	5,000.
417	BLACKBAUD-90849212	03/09/15	SL	5.00		16	14,514.				14,514.	13,305.		1,209.	14,514.
418	BLACKBAUD-90887479	05/27/15	SL	5.00		16	5,300.				5,300.	4,593.		707.	5,300.
435	25 DELL LATITUDE 3550 LAPTOPS FOR CLASSROOM AT 111	02/22/17	SL	5.00		16	19,082.				19,082.	9,858.		3,816.	13,674.
448	7 DELL DESKTOP COMPUTERS FOR NVH LAB (SN/SERVICE TAG# BP0	12/22/18	SL	5.00		16	7,471.				7,471.	1,121.		1,494.	2,615.
449	DELL POWEREDGE T640 SERVER (SN/SERVICE TAG# DDVSPX2)	07/22/19	SL	5.00		16	6,485.				6,485.	216.		1,297.	1,513.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
463	GIFT PROCESSING SYSTEM (AQ2 TECHNOLOGIES)	03/31/20	SL	5.00		16	29,144.				29,144.			2,914.	2,914.
464	ACCOUNTING/FINANCE ACCOUNTS PAYABLE ACH PAYMENT SYSTEM (06/30/20	SL	5.00		16	6,698.				6,698.			335.	335.
465	PULSE KIOSK + SOFTWARE + DATA DASHBOARD FOR PROGRAMS	07/15/20	SL	5.00		16	10,800.				10,800.			540.	540.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT/SOFTWARE						219,401.				219,401.	149,000.		12,312.	161,312.
	RENOVATION														
1	HARBORVIEW RENOVATIONS	02/28/04	SL	39.00	MM	16	9,900,675.				9,900,675.	8,977,190.		253,863.	4,231,053.
2	MQ RENOVATION IMPROVEMENTS	01/18/05	SL	39.00	MM	16	82,249.				82,249.	31,108.		2,109.	33,217.
3	RENOVATION IMPROVEMENTS	01/18/06	SL	39.00	MM	16	166,743.				166,743.	58,783.		4,275.	63,058.
57	(D)RAMP URC	04/01/00	SL	17.00		16	66,378.				66,378.	66,378.		0.	66,378.
58	(D)RAMP URC	05/01/00	SL	17.00		16	25,637.				25,637.	25,637.		0.	25,637.
59	(D)RAMP URC	08/17/00	SL	17.00		16	397.				397.	397.		0.	397.
60	(D)RAMP URC	09/01/00	SL	17.00		16	716.				716.	716.		0.	716.
61	(D)IMPROVEMENTS	11/30/00	SL	31.00		16	88,664.				88,664.	54,103.		953.	55,056.
62	(D)MQ FENCING	07/06/04	SL	5.00		16	7,010.				7,010.	7,010.		0.	7,010.
428	NVH RENOVATIONS - FLOORING - ROOM, OFFICE & STORAGE	10/29/15	SL	17.00		16	16,620.				16,620.	3,830.		978.	4,808.
429	NVH RENOVATIONS - NEW CEILINGS	11/16/15	SL	17.00		16	12,480.				12,480.	2,814.		734.	3,548.
	* 990 PAGE 10 TOTAL - RENOVATION						10367569.				10367569.	4,227,966.		262,912.	4,490,878.
	BUILDINGS														

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
4	BUILDING HARBOR VIEW	03/01/01	SL	35.00		16	6,000,030.				6,000,030.	3,178,577.		171,429.	3,350,006.
5	(D)BUILDING URC	10/15/01	SL	40.00		16	111,548.				111,548.	49,502.		930.	50,432.
6	(D)ROOFING	03/02/06	SL	15.00		16	7,784.				7,784.	6,920.		173.	7,093.
7	DEPOSIT ON UNIVERSITY AVENUE BUILDING	03/11/09	SL	40.00		16	5,000.				5,000.	500.		125.	625.
357	BUILDING - NORTH PARK THRIFT STORE (UNIVERSITY AVE)	12/08/09	SL	39.00	MM	16	200,000.				200,000.	50,426.		5,128.	55,554.
358	(D)WAREHOUSE RECONSTRUCTION (POST-FIRE)	10/01/09	SL	39.00	MM	16	290,450.				290,450.	74,470.		2,482.	76,952.
430	(D)WAREHOUSE REROOFING	03/17/16	SL	15.00		16	88,905.				88,905.	20,745.		1,976.	22,721.
431	(D)WAREHOUSE REROOFING (BTC FRAMING, INC)	03/10/16	SL	15.00		16	4,492.				4,492.	1,072.		100.	1,172.
432	(D)WAREHOUSE REROOFING (FLAKES CONSTRUCTION, INC)	02/09/16	SL	15.00		16	9,186.				9,186.	2,244.		204.	2,448.
454	WAREHOUSE - NATIONAL CITY - PLACED IN SERVICE OCT-2020	09/30/20	SL	39.00		16	2,962,380.				2,962,380.			0.	
	* 990 PAGE 10 TOTAL - BUILDINGS						9,679,775.				9,679,775.	3,384,456.		182,547.	3,567,003.
	FURNITURES & FIXTURES														
34	MQ BEDS	09/01/04	SL	5.00		16	151,865.				151,865.	151,865.		0.	151,865.
35	MQ2 CHEST OF DRAWERS	12/31/04	SL	7.00		16	9,633.				9,633.	9,633.		0.	9,633.
36	MQ TABLES & CHAIRS	01/07/05	SL	7.00		16	3,547.				3,547.	3,547.		0.	3,547.
38	SHELVES	01/09/06	SL	7.00		16	1,739.				1,739.	1,676.		0.	1,676.
39	TABLES	03/23/06	SL	7.00		16	2,420.				2,420.	2,420.		0.	2,420.
40	MATTRESSES	10/30/08	SL	5.00		16	6,296.				6,296.	5,771.		0.	5,771.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
41	MATTRESSES	12/12/08	SL	5.00		16	6,165.				6,165.	5,754.		0.	5,754.
42	MATTRESSES	02/04/09	SL	5.00		16	1,140.				1,140.	1,102.		0.	1,102.
364	MASTER SOURCE CORP. - MATTRESSES (100 MATTRESSES)	02/01/11	SL	5.00		16	12,100.				12,100.	12,100.		0.	12,100.
374	CORNERSTONE INSTITUTE-MATTRESSES (50)	04/09/12	SL	5.00		16	4,987.				4,987.	4,987.		0.	4,987.
407	BEDS-20-TH FOR WOMEN	06/01/14	SL	7.00		16	13,381.				13,381.	10,197.		1,912.	12,109.
408	RAILING-TH FOR WOMEN	06/01/14	SL	7.00		16	5,816.				5,816.	4,432.		831.	5,263.
409	BEDS-28-TH FOR MEN	09/01/14	SL	7.00		16	18,443.				18,443.	13,395.		2,635.	16,030.
410	DRAWER CHEST-TH	09/01/14	SL	7.00		16	16,427.				16,427.	11,931.		2,347.	14,278.
411	LIGHTENING FOR THRIFT STORE	06/01/14	SL	7.00		16	24,092.				24,092.	18,357.		3,442.	21,799.
412	FARKAS STORE FIXTURE-ORDER 27175	02/28/14	SL	7.00		16	7,252.				7,252.	5,784.		1,036.	6,820.
419	STARBOARD METAL CHESTS	05/12/15	SL	7.00		16	4,114.				4,114.	2,597.		588.	3,185.
420	20 LOCKERS	06/19/15	SL	7.00		16	8,870.				8,870.	5,385.		1,267.	6,652.
423	CENTRAL CITY CONCERN-FINAL PYMT (11 METAL CHESTS)	10/08/15	SL	7.00		16	4,114.				4,114.	2,352.		588.	2,940.
424	109 NEW BUNKBEDS FOR NVH	02/12/16	SL	7.00		16	66,591.				66,591.	34,881.		9,513.	44,394.
425	SET OF FURNITURES FOR 111 ELM STREET	04/04/16	SL	7.00		16	5,319.				5,319.	2,660.		760.	3,420.
426	DONATED USED OFFICE FURNITURE & FIXTURES (KPRZ R	03/31/16	SL	3.00		16	61,600.				61,600.	61,600.		0.	61,600.
427	DONATED USED OFFICE FURNITURE & FIXTURES (KPRZ R	03/31/16	NC	3.00	HY		61,599.				61,599.			0.	
	* 990 PAGE 10 TOTAL - FURNITURES & FIXTURES						497,510.				497,510.	372,426.		24,919.	397,345.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	VEHICLES														
25	1993 FORD PICKUP-18289	05/24/06	SL	5.00		16	5,914.				5,914.	5,914.		0.	5,914.
352	2009 FORD ECONOLINE E350-13263	12/23/09	SL	5.00		16	25,993.				25,993.	25,993.		0.	25,993.
378	DREW FORD E-350 VIN 00306	06/20/13	SL	5.00		16	26,279.				26,279.	26,279.		0.	26,279.
379	DREW FORD E-350 VIN 30161	06/20/13	SL	5.00		16	26,773.				26,773.	26,773.		0.	26,773.
385	(D)DREW FORD-PASSENGER VAN VIN 51934	01/08/14	SL	5.00		16	24,000.				24,000.	24,000.		0.	24,000.
436	2017 SAVANA 2500 VIN 348063 (12-PASSENGER VAN)	01/09/18	SL	5.00		16	35,527.				35,527.	12,434.		7,105.	19,539.
450	2018 MERCEDES BENZ VAN VIN# WD4PG2EE8J3402509	01/14/19	SL	5.00		16	34,025.				34,025.	5,104.		6,805.	11,909.
466	2016 MERCEDES BENZ SPRINTER VIN# 8BRPE7DDXGE123239	01/23/20	SL	5.00		16	29,368.				29,368.			3,916.	3,916.
	* 990 PAGE 10 TOTAL - VEHICLES						207,879.				207,879.	126,497.		17,826.	144,323.
	EQUIPMENT														
79	MQ SD REST - BERKEL SLICER	10/31/02	SL	7.00		16	3,383.				3,383.	3,383.		0.	3,383.
82	MQ SHREDDER	12/14/04	SL	7.00		16	1,142.				1,142.	1,142.		0.	1,142.
83	MQ COMPRESSOR	02/01/05	SL	7.00		16	8,600.				8,600.	8,600.		0.	8,600.
87	SDCR BUSINESS SYSTEM	12/14/05	SL	7.00		16	1,434.				1,434.	1,366.		0.	1,366.
93	FORKLIFT	10/06/08	SL	7.00		16	25,645.				25,645.	23,816.		0.	23,816.
94	EQUIPMENT	07/31/09	SL	5.00		16	6,266.				6,266.	6,266.		0.	6,266.
353	CROWN LIFT TRUCKS-148000669	01/29/10	SL	5.00		16	1,833.				1,833.	1,833.		0.	1,833.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
361	RESTAURANT DEPOT - KITHCHEN EQUIP-LAS PATRONAS GRANT	04/27/11	SL	5.00		16	8,510.				8,510.	8,510.		0.	8,510.
362	RESTAURANT DEPOT - KITHCEN EQUIP-LAS PATRONAL GRANT	05/16/11	SL	5.00		16	8,510.				8,510.	8,510.		0.	8,510.
380	SAN DIEGO LAUNDRY EQUIPMENT	11/27/12	SL	5.00		16	17,303.				17,303.	17,303.		0.	17,303.
413	ICE MACHINE TO EQUIPMENT	01/30/15	SL	7.00		16	6,908.				6,908.	4,606.		987.	5,593.
414	3 WISHES PLAY EQUIPMENT	01/30/15	SL	7.00		16	9,186.				9,186.	6,123.		1,312.	7,435.
415	XCCENT PLAY EUIPMENT	01/30/15	SL	7.00		16	15,771.				15,771.	10,514.		2,253.	12,767.
416	CUNTOM CANOPIES PLAYGROUND	01/30/15	SL	7.00		16	5,274.				5,274.	3,514.		753.	4,267.
437	(D)FOOD STORAGE UNIT - MODEL# RF0400E4S-DA; SERIAL#	11/27/17	SL	7.00		16	21,144.				21,144.	5,538.		3,021.	8,559.
438	ACCU TEMP STEAM STEAMERS (CHEF TOYS) - MODEL# E62403D	01/05/18	SL	7.00		16	12,421.				12,421.	3,105.		1,774.	4,879.
439	MITSUBISHI FORKLIFT TRUCK - FG25N5 S/N# AF17E04127	03/12/18	SL	7.00		16	24,819.				24,819.	5,614.		3,546.	9,160.
451	2 SETS - VULCAN VC55GD CONVECTION OVENS (FOUR OVENS	11/27/18	SL	7.00		16	13,040.				13,040.	1,552.		1,863.	3,415.
452	7 DRINKING FOUNTAINS AT 120 ELM	01/22/19	SL	7.00		16	21,750.				21,750.	2,071.		3,107.	5,178.
467	SOUND SYSTEM EQUIPMENT + INSTALLATION COSTS (CALIFORN	06/07/20	SL	7.00		16	9,931.				9,931.			473.	473.
468	LAUNDRY EQUIPMENT AT 120 ELM BLDG (PWS, WEST PRO PLUMBING	06/30/20	SL	7.00		16	23,005.				23,005.			822.	822.
469	FOLDING MACHINE FOR DEVELOPMENT (QUADIENT)	09/01/20	SL	7.00		16	10,220.				10,220.			122.	122.
470	2019 MITSUBISHI FORKLIFT - MODEL# FGC25N4-LE; SERIAL# A	09/21/20	SL	7.00		16	27,292.				27,292.			0.	
471	NEW NATCITY WH - WALK-IN COOLER & FREEZER (LIQUIDATOR	09/30/20	SL	7.00		16	52,338.				52,338.			0.	
	* 990 PAGE 10 TOTAL - EQUIPMENT						335,725.				335,725.	123,366.		20,033.	143,399.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND														
64	LAND - THRIFT	06/01/94	L											0.	
65	(D)LAND URC/WAREHOUSE	10/01/01	L				979,200.				979,200.			0.	
66	LAND - HARBORVIEW	07/02/03	L				4,000,000.				4,000,000.			0.	
67	LAND - 1840 1ST AVENUE	09/30/04	L				257,642.				257,642.			0.	
356	LAND - NORTH PARK THRIFT STORE (UNIVERSITY AVENUE)	12/05/09	L				650,000.				650,000.			0.	
453	LAND - NATIONAL CITY WAREHOUSE	02/05/20	L				650,000.				650,000.			0.	
	* 990 PAGE 10 TOTAL - LAND						5,536,842.				6,536,842.	0.		0.	0.
	G.E. FINANCE ESCROW RESERVE (LOAN FEES)														
	* 990 PAGE 10 TOTAL - G.E. FINANCE ESCROW RESERVE (LOAN						0.				0.	0.		0.	0.
	BOW MORTGAGE REFI COSTS-NET														
405	BOW MORTGAGE REFI COSTS-NET	10/11/13	163	180M	HY	43	68,900.				68,900.	27,558.		4,593.	32,151.
	* 990 PAGE 10 TOTAL - BOW MORTGAGE REFI COSTS-NET						68,900.				68,900.	27,558.		4,593.	32,151.
	EQUIP-CAPITAL LEASE														
433	2017 HINO 268 4X2 TRUCK	07/03/17		72M	HY	43	114,641.				114,641.	42,991.		19,107.	62,098.
440	ONE (1) 2019 HINO 268 SADC REFRIGERATED W/ TUKAWAY (FOR	07/24/18	SL	7.00		16	127,660.				127,660.	21,277.		18,237.	39,514.
441	THREE (3) 2019 HINO 268 SADC DRYVAN W/ TUKAWAY (FOR WAREH	07/24/18	SL	7.00		16	308,808.				308,808.	51,468.		44,115.	95,583.
472	ONE (1) 2020 HINO 195 REFRIGERATED (PARTNERS FOR H	02/27/20	SL	5.42		16	102,672.				102,672.			11,057.	11,057.

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(D) - Asset disposed

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2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL – EQUIP-CAPITAL LEASE						653,781.				653,781.	115,736.		92,516.	208,252.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						29141723.				29141723.	8,740,620.		651,040.	9,391,660.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						25127452.			0.	25127452.	8,740,620.			9,363,915.
	ACQUISITIONS						4,014,271.			0.	4,014,271.	0.			27,745.
	DISPOSITIONS/RETIRED						1,725,511.			0.	1,725,511.	338,732.			348,571.
	ENDING BALANCE						27416212.			0.	27416212.	8,401,888.			9,043,089.
	ENDING ACCUM DEPR LESS DISPOSITIONS											9,043,089.			
	ENDING BOOK VALUE											18373123.			

Form **4562**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Depreciation and Amortization**
(Including Information on Listed Property)

990

▶ Attach to your tax return.

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

OMB No. 1545-0172

2019Attachment
Sequence No. **179**

SAN DIEGO RESCUE MISSION, INC.

FORM 990 PAGE 10

95-1874073

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
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	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	627,340.

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18	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 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	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 instr.	22	627,340.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year:					
43 Amortization of costs that began before your 2019 tax year					43 23,700.
44 Total. Add amounts in column (f). See the instructions for where to report					44 23,700.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

September 30, 2020

Prepared For:

San Diego Rescue Mission, Inc.
P.O. Box 80427
San Diego, CA 92138

Prepared By:

Swenson Advisors LLP
25220 Hancock Ave., Suite 240
Murrieta, CA 92562

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

TAXABLE YEAR
2019

**California Exempt Organization
Annual Information Return**

928941 12-04-19
FORM

199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) **10/01/2019**, and ending (mm/dd/yyyy) **09/30/2020**

Corporation/Organization name

SAN DIEGO RESCUE MISSION, INC.

Additional information. See instructions.

California corporation number

0311481

FEIN

95-1874073

Street address (suite or room)

P.O. BOX 80427

PMB no.

City

SAN DIEGO

State

CA

ZIP code

92138

Foreign country name

Foreign province/state/county

Foreign postal code

A First Return	Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.	Yes <input checked="" type="checkbox"/> No
B Amended Return	Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g?	Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust	Yes <input checked="" type="checkbox"/> No	If "Yes," enter the gross receipts from nonmember sources \$	
D Final Information Return?		L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required	<input checked="" type="checkbox"/>
• <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized		M Is the organization a Limited Liability Company?	Yes <input checked="" type="checkbox"/> No
Enter date: (mm/dd/yyyy)		N Did the organization file Form 100 or Form 109 to report taxable income?	Yes <input checked="" type="checkbox"/> No
E Check accounting method: (1) Cash (2) <input checked="" type="checkbox"/> Accrual (3) Other		O Is the organization under audit by the IRS or has the IRS audited in a prior year?	Yes <input checked="" type="checkbox"/> No
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series		P Is federal Form 1023/1024 pending?	Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions	Yes <input checked="" type="checkbox"/> No	Date filed with IRS	
H Is this organization in a group exemption? If "Yes," what is the parent's name?	Yes <input checked="" type="checkbox"/> No		
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions	Yes <input checked="" type="checkbox"/> No		

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	8,617,845	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	16,591,433	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	25,209,278	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	1,667,678	00
	7 Total costs. Add line 5 and line 6	7	1,667,678	00
	8 Total gross income. Subtract line 7 from line 4	8	23,541,600	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	17,702,126	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	5,839,474	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16 Penalties and Interest. See General Information J	16		00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	• PTIN
	Firm's name (or yours, if self-employed) and address			P00749825
				• Firm's FEIN
				• Telephone
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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

928951 12-04-19

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2		00
	3	Dividends	•	3		00
	4	Gross rents	•	4	204,156	00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	•	6	7,754,500	00
	7	Other income SEE STATEMENT 3	•	7	659,189	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	8,617,845	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00
Expenses and Disbursements	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	173,135	00
	12	Other salaries and wages	•	12	3,388,505	00
	13	Interest	•	13	298,464	00
	14	Taxes	•	14	273,337	00
	15	Rents	•	15	259,646	00
	16	Depreciation and depletion (See instructions)	•	16	644,589	00
	17	Other Expenses and Disbursements SEE STATEMENT 4	•	17	12,664,450	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	17,702,126	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		2,071,474	•	5,093,246
2 Net accounts receivable		7,663	•	33,210
3 Net notes receivable			•	
4 Inventories		209,901	•	94,780
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock STMT 5			•	1,547,131
8 Mortgage loans			•	
9 Other investments		14,282	•	15,258
10 a Depreciable assets	18,620,601		21,135,888	
b Less accumulated depreciation	(8,599,148)	10,021,453	(8,803,064)	12,332,824
11 Land		5,886,842	•	5,557,642
12 Other assets STMT 6		1,050,520	•	1,543,491
13 Total assets		19,262,135		26,217,582
Liabilities and net worth				
14 Accounts payable		492,289	•	621,772
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable		6,613,984	•	7,308,313
18 Other liabilities STMT 7		1,842,784		2,043,584
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		10,313,078	•	16,243,913
22 Total liabilities and net worth		19,262,135		26,217,582

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	5,930,835	7 Income recorded on books this year not included in this return STMT 8	•	91,361
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		91,361
4 Income not recorded on books this year	•		10 Net income per return.		
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6		5,839,474
6 Total. Add line 1 through line 5		5,930,835			

CA 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	10/01/01	02/05/20	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,680,367.	315,861.	290,344.	7,750,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	01/08/14	04/01/20	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	24,000.	24,000.	0.	500.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	11/27/17	09/28/20	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	21,144.	8,316.	0.	4,000.

TOTAL TO FORM 199, PAGE 2, LN 6	1,725,511.	348,177.	290,344.	7,754,500.
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CA 199

OTHER INCOME

STATEMENT 3

DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	49,835.
THRIFT STORE MINISTRY	589,966.
VEHICLE SALES	4,075.
RECYCLING	15,313.
TOTAL TO FORM 199, PART II, LINE 7	659,189.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
DONATED FOOD AND MATERI		7,561,336.
FACILITIES ALLOCATED CO		1,333,322.
DISTRIBUTION CENTER ALL		574,085.
FOOD SERVICES ALLOCATED		477,727.
DIRECT EXPENSES OF FUNDRAISING EVENTS		25,755.
PENSION PLAN CONTRIBUTIONS		602,133.
MANAGEMENT FEES		55,683.
PROFESSIONAL FUNDRAISING FEES		1,425,353.
OTHER PROFESSIONAL FEES		247,375.
ADVERTISING AND PROMOTION		53,308.
OFFICE EXPENSES		95,957.
INFORMATION TECHNOLOGY		28,800.
TRAVEL		80,113.
ALL OTHER EXPENSES		103,503.
TOTAL TO FORM 199, PART II, LINE 17		12,664,450.

CA 199	INVESTMENTS IN STOCK	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS IN MARKETABLE SECURITIES	0.	1,547,131.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	0.	1,547,131.

CA 199	OTHER ASSETS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	543,232.	382,520.
INTANGIBLE ASSETS	476,745.	482,329.
CONSTRUCTION IN PROGRESS	30,543.	678,642.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,050,520.	1,543,491.

CA 199	OTHER LIABILITIES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED BOND INTEREST	1,158,067.	1,254,123.
ACCRUED VACATION PAYABLE	123,070.	181,159.
SECURITY DEPOSITS/PREPAID RENT	5,000.	5,000.
ACCRUED TH DEPOSIT	1,480.	150.
CAPITAL LEASE OBLIGATION	450,616.	468,784.
ACCRUED LOAN EXPENSES	5,603.	0.
DEFERRED REVENUE	98,948.	134,368.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,842,784.	2,043,584.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 8
DESCRIPTION		AMOUNT
UNREALIZED INVESTMENT GAIN		91,361.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		91,361.

2019

Corporation Depreciation
and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-1874073

Corporation name

California corporation number

SAN DIEGO RESCUE MISSION, INC.

0311481

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT 9		28,958,182.	8,670,071.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15	627,340				

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	627,340
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	627,340
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19 405 BOW MORTGAGE REFI COSTS-NET						
	10/11/13	68,900	27,558	163	180M	4,593
433 2017 HINO 268 4X2 TRUCK	07/03/17	114,641	42,991		72M	19,107
TOTALS		183,541	70,549			
20	Total. Add the amounts in column (g)	20	23,700			
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	23,700			
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	0			

CA 3885

DEPRECIATION

STATEMENT 9

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 HARBORVIEW RENOVATIONS	02/28/04	9,900,675.	3977190.	SL	39.00	253,863.	
2 MQ RENOVATION IMPROVEMENTS	01/18/05	82,249.	31,108.	SL	39.00	2,109.	
3 RENOVATION IMPROVEMENTS	01/18/06	166,743.	58,783.	SL	39.00	4,275.	
4 BUILDING HARBOR VIEW	03/01/01	6,000,030.	3178577.	SL	35.00	171,429.	
5 BUILDING URC	10/15/01	111,548.	49,502.	SL	40.00	930.	
6 ROOFING	03/02/06	7,784.	6,920.	SL	15.00	173.	
7 DEPOSIT ON UNIVERSITY AVENUE BUILDING	03/11/09	5,000.	500.	SL	40.00	125.	
25 1993 FORD PICKUP-18289	05/24/06	5,914.	5,914.	SL	5.00	0.	
34 MQ BEDS	09/01/04	151,865.	151,865.	SL	5.00	0.	
35 MQ2 CHEST OF DRAWERS	12/31/04	9,633.	9,633.	SL	7.00	0.	
36 MQ TABLES & CHAIRS	01/07/05	3,547.	3,547.	SL	7.00	0.	
38 SHELVES	01/09/06	1,739.	1,676.	SL	7.00	0.	
39 TABLES	03/23/06	2,420.	2,420.	SL	7.00	0.	
40 MATTRESSES	10/30/08	6,296.	5,771.	SL	5.00	0.	
41 MATTRESSES	12/12/08	6,165.	5,754.	SL	5.00	0.	
42 MATTRESSES	02/04/09	1,140.	1,102.	SL	5.00	0.	
44 PRISM - 2031 FROM RENOVATIONS	10/10/06	2,867.	2,483.	SL	15.00	191.	
45 CAL DOR - 97815252 FROM RENOVATION	10/17/06	7,230.	6,266.	SL	15.00	482.	
46 CAL DOR - 9781220 FROM RENOVATION	11/16/06	1,570.	1,355.	SL	15.00	105.	
48 CALIFORNIA COMMERICA - 90275	11/21/06	1,304.	1,124.	SL	15.00	87.	
49 LARSON-1183	03/14/07	1,942.	1,624.	SL	15.00	129.	
51 PACIFIC BUILDING GRO-50615	05/01/07	5,993.	4,966.	SL	15.00	400.	
52 PBG-NEW PLAYGROUND CONSTRUCTION	12/31/07	21,748.	17,158.	SL	15.00	1,450.	
53 SERVER	01/14/08	2,294.	2,218.	SL	15.00	76.	
54 FENCE FOR PLAYGROUND	07/23/08	6,726.	5,041.	SL	15.00	448.	
55 INSTALLATION OF PLAYGROUND RUBBER	08/19/08	31,090.	23,148.	SL	15.00	2,073.	
56 PCB-NEW PLAYGROUND CONSTRUCTION	08/28/08	33,921.	25,248.	SL	15.00	2,261.	

57 RAMP URC	04/01/00	66,378.	66,378.	SL	17.00	0.
58 RAMP URC	05/01/00	25,637.	25,637.	SL	17.00	0.
59 RAMP URC	08/17/00	397.	397.	SL	17.00	0.
60 RAMP URC	09/01/00	716.	716.	SL	17.00	0.
61 IMPROVEMENTS	11/30/00	88,664.	54,103.	SL	31.00	953.
62 MQ FENCING	07/06/04	7,010.	7,010.	SL	5.00	0.
65 LAND URC/WAREHOUSE	10/01/01	979,200.		L		0.
66 LAND - HARBORVIEW	07/02/03	4,000,000.		L		0.
67 LAND - 1840 1ST AVENUE	09/30/04	257,642.		L		0.
79 MQ SD REST - BERKEL SLICER	10/31/02	3,383.	3,383.	SL	7.00	0.
82 MQ SHREDDER	12/14/04	1,142.	1,142.	SL	7.00	0.
83 MQ COMPRESSOR	02/01/05	8,600.	8,600.	SL	7.00	0.
87 SDCR BUSINESS SYSTEM	12/14/05	1,434.	1,366.	SL	7.00	0.
93 FORKLIFT	10/06/08	25,645.	23,816.	SL	7.00	0.
94 EQUIPMENT	07/31/09	6,266.	6,266.	SL	5.00	0.
319 MQ BLACKBAUD	02/29/04	27,776.	27,776.	SL	5.00	0.
328 MQ BLACKBAUD SOFTWARE	08/31/05	26,443.	26,443.	SL	5.00	0.
332 BLACKBAUD	10/31/05	6,151.	6,151.	SL	5.00	0.
333 BLACKBAUD	11/29/05	1,810.	1,810.	SL	5.00	0.
334 BLACKBAUD	07/26/06	5,236.	5,236.	SL	5.00	0.
335 DELL COMMERCIAL	10/26/06	3,507.	3,507.	SL	5.00	0.
336 WEALTH ENGINE	11/30/06	5,000.	5,000.	SL	5.00	0.
337 WEALTH ENGINE	12/01/06	6,250.	6,250.	SL	5.00	0.
338 DELL COMMERCIAL	12/27/06	180.	180.	SL	5.00	0.
339 DELL COMMERCIAL	01/26/07	13,819.	13,819.	SL	5.00	0.
340 DELL COMMERCIAL	02/26/07	5,658.	5,658.	SL	5.00	0.
343 CITY TREASURER/SIP	03/23/10	250.	161.	SL	15.00	17.
344 AP CONTRACTING & ANT-PAINTING	03/23/10	1,000.	636.	SL	15.00	67.
345 GRAPHIC EDGE-FIRST PAYMENT	05/06/10	1,270.	800.	SL	15.00	85.
346 AP CONTRACTING & ANT-FINAL PAYMENT	05/06/10	2,000.	2,000.	SL	5.00	0.

347 AP CONTRACTING & ANT-REMODEL					
05/12/10	380.	236.	SL	15.00	25.
348 GRAPHIC EDGE-IMPROVEMENTS					
05/17/10	462.	289.	SL	15.00	31.
349 GRAPHIC EDGE-FINAL PAYMENT					
05/20/10	2,532.	1,577.	SL	15.00	169.
350 WARREN PERRIN-REMODEL					
06/14/10	790.	495.	SL	15.00	53.
351 JW FLOOR COVERING IN-189937					
06/16/10	5,000.	3,080.	SL	15.00	333.
352 2009 FORD ECONOLINE E350-13263					
12/23/09	25,993.	25,993.	SL	5.00	0.
353 CROWN LIFT TRUCKS-148000669					
01/29/10	1,833.	1,833.	SL	5.00	0.
354 DELL BUSINESS CREDIT-6879450208000494273					
11/03/09	4,967.	4,967.	SL	5.00	0.
355 BLACKBAUD-90186605 AR MODULE					
02/28/10	3,110.	3,110.	SL	5.00	0.
356 LAND - NORTH PARK THRIFT STORE (UNIVERSITY AVENUE)					
12/05/09	650,000.		L		0.
357 BUILDING - NORTH PARK THRIFT STORE (UNIVERSITY AVE)					
12/08/09	200,000.	50,426.	SL	39.00	5,128.
358 WAREHOUSE RECONSTRUCTION (POST-FIRE)					
10/01/09	290,450.	74,470.	SL	39.00	2,482.
360 ALPHA MECHANICAL SER-10-R374-01					
12/30/10	25,000.	14,586.	SL	15.00	1,667.
361 RESTAURANT DEPOT - KITHCHEN EQUIP-LAS PATRONAS GRANT					
04/27/11	8,510.	8,510.	SL	5.00	0.
362 RESTAURANT DEPOT - KITHCEN EQUIP-LAS PATRONAL GRANT					
05/16/11	8,510.	8,510.	SL	5.00	0.
363 BLACKBAUD-90326334 - SPARK SOFTWARE-ONLINE GIFT PROCESSING					
06/25/11	5,000.	5,000.	SL	5.00	0.
364 MASTER SOURCE CORP. - MATTRESSES (100 MATTRESSES)					
02/01/11	12,100.	12,100.	SL	5.00	0.
365 TRI-CO FLOORS-142044					
10/27/11	20,235.	20,235.	SL	5.00	0.
366 TRI-CO FLOORS					
10/31/11	7,143.	7,143.	SL	5.00	0.
367 DSI-8765 (HANDICAP DOOR)					
11/14/11	7,480.	1,520.	SL	39.00	192.
368 TRI-CO FLOORS-142101					
11/17/11	1,725.	1,725.	SL	5.00	0.
369 RESTROOM FLOORING-1842					
11/30/11	11,732.	2,358.	SL	39.00	301.
370 RESTROOM FLOORING-1843					
02/22/12	11,732.	2,282.	SL	39.00	301.
371 SWIFT COMMUNICATIONS VIDEO SURVEILLANCE SYSTEM					
09/20/12	17,336.	17,336.	SL	5.00	0.
372 RESTROOM FLOORING-1844					
06/18/12	13,492.	2,508.	SL	39.00	346.
374 CORNERSTONE INSTITUTE-MATTRESSES (50)					
04/09/12	4,987.	4,987.	SL	5.00	0.
377 CUSTOM CANOPIES					
03/15/13	5,840.	5,840.	SL	5.00	0.
378 DREW FORD E-350 VIN 00306					
06/20/13	26,279.	26,279.	SL	5.00	0.
379 DREW FORD E-350 VIN 30161					
06/20/13	26,773.	26,773.	SL	5.00	0.
380 SAN DIEGO LAUNDRY EQUIPMENT					
11/27/12	17,303.	17,303.	SL	5.00	0.

381 BLACKBAUD-SPARK SOFTWARE					
05/28/13	5,000.	5,000.	SL	5.00	0.
382 TRI-CO FLOORS-144325					
02/25/14	7,650.	7,650.	SL	5.00	0.
383 TRI-CO FLOORS 144571					
06/01/14	5,700.	5,700.	SL	5.00	0.
384 TRI-CO FLOORS-144793					
08/20/14	8,800.	8,800.	SL	5.00	0.
385 DREW FORD-PASSENGER VAN VIN 51934					
01/08/14	24,000.	24,000.	SL	5.00	0.
387 CHILLER SERIAL# 2HAM02846					
09/09/14	84,285.	10,985.	SL	39.00	2,161.
407 BEDS-20-TH FOR WOMEN					
06/01/14	13,381.	10,197.	SL	7.00	1,912.
408 RAILING-TH FOR WOMEN					
06/01/14	5,816.	4,432.	SL	7.00	831.
409 BEDS-28-TH FOR MEN					
09/01/14	18,443.	13,395.	SL	7.00	2,635.
410 DRAWER CHEST-TH					
09/01/14	16,427.	11,931.	SL	7.00	2,347.
411 LIGHTENING FOR THRIFT STORE					
06/01/14	24,092.	18,357.	SL	7.00	3,442.
412 FARKAS STORE FIXTURE-ORDER 27175					
02/28/14	7,252.	5,784.	SL	7.00	1,036.
413 ICE MACHINE TO EQUIPMENT					
01/30/15	6,908.	4,606.	SL	7.00	987.
414 3 WISHES PLAY EQUIPMENT					
01/30/15	9,186.	6,123.	SL	7.00	1,312.
415 XCCENT PLAY EUIPMENT					
01/30/15	15,771.	10,514.	SL	7.00	2,253.
416 CUNTOM CANOPIES PLAYGROUND					
01/30/15	5,274.	3,514.	SL	7.00	753.
417 BLACKBAUD-90849212					
03/09/15	14,514.	13,305.	SL	5.00	1,209.
418 BLACKBAUD-90887479					
05/27/15	5,300.	4,593.	SL	5.00	707.
419 STARBOARD METAL CHESTS					
05/12/15	4,114.	2,597.	SL	7.00	588.
420 20 LOCKERS					
06/19/15	8,870.	5,385.	SL	7.00	1,267.
423 CENTRAL CITY CONCERN-FINAL PYMT (11 METAL CHESTS)					
10/08/15	4,114.	2,352.	SL	7.00	588.
424 109 NEW BUNKBEDS FOR NVH					
02/12/16	66,591.	34,881.	SL	7.00	9,513.
425 SET OF FURNITURES FOR 111 ELM STREET					
04/04/16	5,319.	2,660.	SL	7.00	760.
426 DONATED USED OFFICE FURNITURE & FIXTURES (KPRZ RADIO STATION)					
03/31/16	61,600.	61,600.	SL	3.00	0.
427 DONATED USED OFFICE FURNITURE & FIXTURES (KPRZ RADIO STATION)					
03/31/16	61,599.			3.00	0.
428 NVH RENOVATIONS - FLOORING - ROOM, OFFICE & STORAGE					
10/29/15	16,620.	3,830.	SL	17.00	978.
429 NVH RENOVATIONS - NEW CEILINGS					
11/16/15	12,480.	2,814.	SL	17.00	734.
430 WAREHOUSE REROOFING					
03/17/16	88,905.	20,745.	SL	15.00	1,976.
431 WAREHOUSE REROOFING (BTC FRAMING, INC)					
03/10/16	4,492.	1,072.	SL	15.00	100.
432 WAREHOUSE REROOFING (FLAKES CONSTRUCTION, INC)					
02/09/16	9,186.	2,244.	SL	15.00	204.

434 HANDICAP OPERATOR INSTALL EXTERIOR DOOR (2ND AVE)	03/09/17	8,280.	1,426. SL	15.00	552.
435 25 DELL LATITUDE 3550 LAPTOPS FOR CLASSROOM AT 111 ELM ST	02/22/17	19,082.	9,858. SL	5.00	3,816.
436 2017 SAVANA 2500 VIN 348063 (12-PASSENGER VAN)	01/09/18	35,527.	12,434. SL	5.00	7,105.
437 FOOD STORAGE UNIT - MODEL# RF0400E4S-DA; SERIAL# E17D00788660023002	11/27/17	21,144.	5,538. SL	7.00	3,021.
438 ACCU TEMP STEAM STEAMERS (CHEF TOYS) - MODEL# E62403D11000200; SERIA	01/05/18	12,421.	3,105. SL	7.00	1,774.
439 MITSUBISHI FORKLIFT TRUCK - FG25N5 S/N# AF17E04127	03/12/18	24,819.	5,614. SL	7.00	3,546.
440 ONE (1) 2019 HINO 268 SADC REFRIGERATED W/ TUKAWAY (FOR PARTNERS FOR	07/24/18	127,660.	21,277. SL	7.00	18,237.
441 THREE (3) 2019 HINO 268 SADC DRYVAN W/ TUKAWAY (FOR WAREHOUSE)	07/24/18	308,808.	51,468. SL	7.00	44,115.
442 NEW BIOCID FEEDER FOR NEW COOLING TOWER (CHEM PRO LAB)	04/30/19	4,679.	390. SL	5.00	936.
443 EEV RETROFIT FOR CHILLER (SAN DIEGO MECHINICAL)	05/31/19	8,980.	599. SL	5.00	1,796.
444 VARIABLE SPED DRIVE AND BYPASS FOR NEW COOLING TOWER (SAN DIEGO MEC	05/31/19	4,990.	333. SL	5.00	998.
445 FLOORING (PALOMAR FLOORING)	05/31/19	10,000.	667. SL	5.00	2,000.
446 TILE KITCHEN (HY TECH TILE)	06/04/19	6,393.	426. SL	5.00	1,279.
447 NEW COOLING TOWER (CONTROL AIR CONDITIONING CORP)	06/30/19	72,077.	1,201. SL	15.00	4,805.
448 7 DELL DESKTOP COMPUTERS FOR NVH LAB (SN/SERVICE TAG# BP05DS2, BP14D	12/22/18	7,471.	1,121. SL	5.00	1,494.
449 DELL POWEREDGE T640 SERVER (SN/SERVICE TAG# DDVSPX2)	07/22/19	6,485.	216. SL	5.00	1,297.
450 2018 MERCEDES BENZ VAN VIN# WD4PG2EE8J3402509	01/14/19	34,025.	5,104. SL	5.00	6,805.
451 2 SETS - VULCAN VC55GD CONVECTION OVENS (FOUR OVENS) - CHEF TOYS	11/27/18	13,040.	1,552. SL	7.00	1,863.
452 7 DRINKING FOUNTAINS AT 120 ELM	01/22/19	21,750.	2,071. SL	7.00	3,107.
453 LAND - NATIONAL CITY WAREHOUSE	02/05/20	650,000.	L		0.
454 WAREHOUSE - NATIONAL CITY - PLACED IN SERVICE OCT-2020	09/30/20	2,962,380.	SL	39.00	0.
455 NVH FLOORING/PHASE 1 LABOR FOR GLUE-DOWN INST OF VINYL PLANK	10/08/19	6,615.	SL	5.00	1,323.
456 NVH PLAZA RESURFACE (SAL ARROYO)	11/25/19	5,000.	SL	5.00	833.
457 CHILDREN CENTER FLOORING (PALOMAR FLOORING)	01/03/20	7,325.	SL	5.00	1,099.
458 NVH PLAZA PROJECT - FOUR (4) 8FT PARK BENCH	01/28/20	2,583.	SL	5.00	344.
459 FLOORING INSTALLATION - 1ST FLOOR (SAL ARROYO)	03/06/20	5,600.	SL	5.00	653.
460 FLOORING INSTALLATION - (SAL ARROYO)	06/05/20	12,200.	SL	5.00	813.
461 3RD FLOOR HALLWAY FLOORS REPLACEMENT (RE:SOURCE FLOORS INC)	06/30/20	44,485.	SL	5.00	2,224.
462 2ND FLOOR HALLWAY FLOORS REPLACEMENT (RE:SOURCE FLOORS INC)	08/31/20	16,615.	SL	5.00	277.
463 GIFT PROCESSING SYSTEM (AQ2 TECHNOLOGIES)	03/31/20	29,144.	SL	5.00	2,914.

464	ACCOUNTING/FINANCE ACCOUNTS PAYABLE ACH PAYMENT SYSTEM (CREATIVE SOL				
	06/30/20	6,698.	SL	5.00	335.
465	PULSE KIOSK + SOFTWARE + DATA DASHBOARD FOR PROGRAMS (QTY 3)				
	07/15/20	10,800.	SL	5.00	540.
466	2016 MERCEDES BENZ SPRINTER VIN# 8BRPE7DDXGE123239				
	01/23/20	29,368.	SL	5.00	3,916.
467	SOUND SYSTEM EQUIPMENT + INSTALLATION COSTS (CALIFORNIA AUDIO TECHNO				
	06/07/20	9,931.	SL	7.00	473.
468	LAUNDRY EQUIPMENT AT 120 ELM BLDG (PWS, WEST PRO PLUMBING & BEST WAS				
	06/30/20	23,005.	SL	7.00	822.
469	FOLDING MACHINE FOR DEVELOPMENT (QUADIANT)				
	09/01/20	10,220.	SL	7.00	122.
470	2019 MITSUBISHI FORKLIFT - MODEL# FGC25N4-LE; SERIAL# AF82F46963				
	09/21/20	27,292.	SL	7.00	0.
471	NEW NATCITY WH - WALK-IN COOLER & FREEZER (LIQUIDATORS UNLIMITED INC				
	09/30/20	52,338.	SL	7.00	0.
472	ONE (1) 2020 HINO 195 REFRIGERATED (PARTNERS FOR HUNGER RELIEF)				
	02/27/20	102,672.	SL	5.42	11,057.
TOTAL TO FORM 3885		28,958,182.	8670071.	627,340.	

TAXABLE YEAR
2019**California e-file Return Authorization for
Exempt Organizations**FORM
8453-EO

Exempt Organization name	Identifying number
SAN DIEGO RESCUE MISSION, INC.	95-1874073

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1 25,209,278
2 Total gross income (Form 199, line 8)	2 23,541,600
3 Total expenses and disbursements (Form 199, line 9)	3 17,702,126

Part II Settle Your Account Electronically for Taxable Year 2019

4 Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number	
6 Account number	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign
Here**

Signature of officer

Date

PRESIDENT & CEO

Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer	Check if self-employed	ERO's PTIN
Must Sign	Firm's name (or yours if self-employed) and address				
	SWENSON ADVISORS LLP				P00749825
	25220 HANCOCK AVE., SUITE 240				Firm's FEIN 33-0810710
	MURRIETA, CA				ZIP code 92562

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self-employed	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address			
	SWENSON ADVISORS LLP	2/3/21		P00749825
	25220 HANCOCK AVE., SUITE 240			Firm's FEIN 33-0810710
	MURRIETA, CA			ZIP code 92562