

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning OCT 1, 2018, and ending SEP 30, 2019

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**2018**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

**SAN DIEGO RESCUE MISSION, INC.****95-1874073**

Name and title of officer

**DONALD DEE****PRESIDENT & 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>18,877,480.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	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 2018 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 **92562**Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2018 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 2018 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 ▶

2-13-20**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 2018 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 ▶

02/12/20

**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** (2018)

823051 10-26-18

14560212 793388 3018.3018

2018.05040 SAN DIEGO RESCUE MISSION, 3018.301



Form **990**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**Open to Public  
InspectionA For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

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.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 80427**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**SAN DIEGO, CA 92138**F Name and address of principal officer: **DONALD DEE****SAME AS C ABOVE**

D Employer identification number

**95-1874073**

E Telephone number

**619-819-1889**G Gross receipts \$ **19,044,962.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: ▶ **WWW.SDRESCUE.ORG**K Form of organization: ☒ 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: <b>TO LOVINGLY ADDRESS THE NEEDS OF MEN, WOMEN, AND CHILDREN EXPERIENCING HOMELESSNESS, BY SHARING THE</b>	
	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)	<b>14</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>14</b>
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>152</b>
	6	Total number of volunteers (estimate if necessary)	<b>2800</b>
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 38	<b>0.</b>
Expenses	8	Contributions and grants (Part VIII, line 1h)	<b>17,095,088.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>1,634,783.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>322,826.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>19,052,697.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,453,167.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,202,056.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,977,442.</b>	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>14,191,304.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>19,846,527.</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>-793,830.</b>
	20	Total assets (Part X, line 16)	<b>19,982,465.</b>
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<b>10,009,619.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>9,972,846.</b>
			<b>10,313,078.</b>

**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	
	<b>DONALD DEE, PRESIDENT &amp; CEO</b>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> PTIN
	<b>DONALD WATSON</b>	<i>Donald Watson</i>	<b>02/12/20</b>	<b>P00708143</b>
Firm's name	Firm's name ▶ <b>SWENSON ADVISORS LLP</b>		Firm's EIN ▶ <b>33-0801710</b>	
	Firm's address ▶ <b>25220 HANCOCK AVE., SUITE 240 MURRIETA, CA 92562</b>		Phone no. (951) <b>445-4700</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-31-18

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

**Part III** Statement of Program Service Accomplishments

Check 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 \$ 1,964,521. including grants of \$ ) (Revenue \$ 1,116,517.)

**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 \$ 2,868,105. 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 \$ 8,204,350. 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 in Schedule O.)

(Expenses \$ 2,586,923. including grants of \$ ) (Revenue \$ 433,046.)

4e Total program service expenses 15,623,899.

Form 990 (2018)

**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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> 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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations?		X
If "Yes," complete Schedule N, Part I		
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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

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

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

	Yes	No
<b>2a</b> 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		
<b>2a</b> 152		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b> 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)?	<b>4a</b>	X
<b>b</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).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b> X	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b> 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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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	2	3	4	5	6	7a	7b	8a	8b	9	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 in Schedule O.		14												
b Enter the number of voting members included in 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, or 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 in Schedule O														X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	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 in Schedule O)

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	297,819.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,921,789.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		8,637,829.				
	<b>h</b> <b>Total.</b> Add lines 1a-1f			17,219,608.			
<b>Program Service Revenue</b>	<b>2 a</b> THRIFT STORE MINISTRY	<b>Business Code</b>	453310	1,116,517.	1,116,517.		
	<b>b</b> RCU REVENUE		624200	67,080.	67,080.		
	<b>c</b> VEHICLE SALES		441100	49,975.	49,975.		
	<b>d</b> RECYCLING		562000	40,920.	40,920.		
	<b>e</b> YWCA REVENUE		624200	8,207.	8,207.		
	<b>f</b> All other program service revenue						
	<b>g</b> <b>Total.</b> Add lines 2a-2f			1,282,699.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>6 a</b> Gross rents		(i) Real	(ii) Personal				
		198,106.					
<b>b</b> Less: rental expenses			0.				
<b>c</b> Rental income or (loss)			198,106.				
<b>d</b> Net rental income or (loss)				198,106.			198,106.
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			24,000.				
<b>b</b> Less: cost or other basis and sales expenses			0.				
<b>c</b> Gain or (loss)			24,000.				
<b>d</b> Net gain or (loss)				24,000.			24,000.
<b>8 a</b> Gross income from fundraising events (not including \$ 297,819. of contributions reported on line 1c). See Part IV, line 18		<b>a</b>	53,685.				
<b>b</b> Less: direct expenses		<b>b</b>	167,482.				
<b>c</b> Net income or (loss) from fundraising events				-113,797.			-113,797.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS INCOME		900099	266,864.	266,864.			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e</b> <b>Total.</b> Add lines 11a-11d			266,864.				
<b>12</b> <b>Total revenue.</b> See instructions			18,877,480.	1,549,563.	0.	108,309.	

**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	169,887.		169,887.	
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	3,235,629.	2,541,895.	370,927.	322,807.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	774,258.	589,507.	130,062.	54,689.
9 Other employee benefits				
10 Payroll taxes	277,507.	217,877.	34,346.	25,284.
11 Fees for services (non-employees):				
a Management	50,901.		50,901.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,401,264.			1,401,264.
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.)	122,095.	60,114.	61,981.	
12 Advertising and promotion	48,413.	12,413.		36,000.
13 Office expenses	75,373.	30,025.	41,912.	3,436.
14 Information technology	23,620.	12,958.	9,975.	687.
15 Royalties				
16 Occupancy	226,171.	226,171.		
17 Travel	108,655.	88,345.	16,205.	4,105.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	300,876.	278,740.	11,068.	11,068.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	642,834.	604,048.	19,393.	19,393.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>DONATED FOOD AND MATERI</b>	8,704,890.	8,631,308.	36,791.	36,791.
b <b>FACILITIES ALLOCATED CO</b>	1,227,714.	1,127,010.	50,352.	50,352.
c <b>DISTRIBUTION CENTER ALL</b>	604,404.	581,272.	11,566.	11,566.
d <b>FOOD SERVICES ALLOCATED</b>	534,559.	534,559.		
e All other expenses	87,773.	87,657.	116.	
25 Total functional expenses. Add lines 1 through 24e	18,616,823.	15,623,899.	1,015,482.	1,977,442.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	2,486,195.	1	2,071,474.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	103,208.	4	7,663.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	272,860.	8	209,901.
	9 Prepaid expenses and deferred charges	250,843.	9	543,232.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,507,444.		
	b Less: accumulated depreciation	10b 8,599,149.	10c	15,908,295.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	26,784.	13	14,282.
	14 Intangible assets	562,772.	14	476,745.
	15 Other assets. See Part IV, line 11	0.	15	30,543.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	19,982,465.	16	19,262,135.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	285,382.	17	492,289.
	18 Grants payable		18	
	19 Deferred revenue	174,954.	19	98,948.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,764,906.	23	6,613,984.
	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	1,784,377.	25	1,743,836.
	26 <b>Total liabilities.</b> Add lines 17 through 25	10,009,619.	26	8,949,057.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets		9,514,572.	27	10,196,325.
28 Temporarily restricted net assets		61,159.	28	116,753.
29 Permanently restricted net assets		397,115.	29	0.
<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 <b>Total net assets or fund balances</b>		9,972,846.	33	10,313,078.
34 <b>Total liabilities and net assets/fund balances</b>		19,982,465.	34	19,262,135.

Form 990 (2018)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,877,480.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,616,823.
3	Revenue less expenses. Subtract line 2 from line 1	3	260,657.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,972,846.
5	Net unrealized gains (losses) on investments	5	79,575.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,313,078.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <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	2a	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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	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 in Schedule O.	2c	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? _____	3a	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 in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2018)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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		
<b>Total</b>						

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16740258.	15535669.	17045641.	17095149.	17219608.	83636325.
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 <b>Total.</b> Add lines 1 through 3	16740258.	15535669.	17045641.	17095149.	17219608.	83636325.
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 <b>Public support.</b> Subtract line 5 from line 4.						83636325.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	16740258.	15535669.	17045641.	17095149.	17219608.	83636325.
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.)	449,486.	493,889.	250,997.	322,826.	518,652.	2035850.
11 <b>Total support.</b> Add lines 7 through 10						85672175.
12 Gross receipts from related activities, etc. (see instructions)					12	8,195,679.
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	97.62	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.64	%
16a <b>33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2018

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 <b>Total support.</b> (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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** 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 - 2017.** 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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) 2018

**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	<b>Total annual distributions.</b> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required; explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 SFAS 116 (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) 2018

832051 10-29-18

**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 are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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.	82,115.
b Contributions					315,000.
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.	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 ☐ .00 %  
 b Permanent endowment ☐ .00 %  
 c Temporarily restricted endowment ☐ .00 %

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

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

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

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		5,886,842.		5,886,842.
b Buildings		17,029,322.	7,494,312.	9,535,010.
c Leasehold improvements				
d Equipment		391,449.		391,449.
e Other		1,199,831.	1,104,837.	94,994.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,908,295.

Schedule D (Form 990) 2018

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

**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	1,158,067.
(3) ACCRUED VACATION PAYABLE	123,070.
(4) SECURITY DEPOSITS/PREPAID RENT	5,000.
(5) ACCRUED TH DEPOSIT	1,480.
(6) CAPITAL LEASE OBLIGATION	450,616.
(7) ACCRUED LOAN EXPENSES	5,603.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,743,836.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2018

**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	19,466,057.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	79,575.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	637,948.
e	Add lines 2a through 2d	2e	717,523.
3	Subtract line 2e from line 1	3	18,748,534.
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	128,946.
c	Add lines 4a and 4b	4c	128,946.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,877,480.

**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	18,784,304.
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	167,481.
e	Add lines 2a through 2d	2e	167,481.
3	Subtract line 2e from line 1	3	18,616,823.
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	18,616,823.

**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, 2019 OR 2018. THE ORGANIZATION DID NOT HAVE



**Part XIII** Supplemental Information *(continued)*

UNRECOGNIZED TAX BENEFITS AS OF SEPTEMBER 30, 2019 OR 2018 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, 2019, THE ORGANIZATION HAS NOT ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET ASSETS RELEASED FROM RESTRICTIONS	470,467.
CONTRA REVENUE - SPECIAL EVENT EXPENSES	167,481.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	637,948.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

EARNINGS ON ENDOWMENT (REALIZED AND UNREALIZED)	128,946.
---	----------

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SLEEPLESS AMERICA EXPENSE REPORTED ON SEPARATE TAX RETURN	
SPECIAL EVENT EXPENSES	167,481.

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

QMS No. 1545-0047

2018

**Open to Public Inspection**

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number  
95-1874073

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☒ No

b. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BREWER DIRECT, INC. - 507 S. MYRTLE AVE, MONROVIA, CA	DIRECT MAIL SOLICITATION		X	3,335,430.	1,103,978.	2,231,452.
<b>Total</b>				3,335,430.	1,103,978.	2,231,452.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

 $\overline{CA}$ 

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

Schedule G (Form 990 or 990-EZ) 2018

SEE PART IV FOR CONTINUATIONS

832081 10-03-18

26

14560212 793388 3018.3018

2018.05040 SAN DIEGO RESCUE MISSION, 3018.301

**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 SLEEPLESS OCTOBER 2018 (event type)	(b) Event #2 SLEEPLESS SEPTEMBER 20 (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts .....	154,156.	155,698.	41,650.	351,504.
2 Less: Contributions .....	127,685.	128,484.	41,650.	297,819.
3 Gross income (line 1 minus line 2) .....	26,471.	27,214.		53,685.
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....	70,147.	74,372.	22,962.	167,481.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				167,481.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-113,796.

**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))
<b>Revenue</b>				
1 Gross revenue .....				
<b>Direct Expenses</b>				
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

Schedule G (Form 990 of 990-EZ)		SAN DIEGO	
<b>Part IV</b>	<b>Supplemental Information</b> (continued)		

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**SAN DIEGO RESCUE MISSION, INC.**

Employer identification number

**95-1874073**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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 type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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	<b>1b</b> X	
<b>2</b> 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?	<b>2</b> X	
<b>3</b> Indicate which, if any, of the following the filing 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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	<b>7</b>	X
<b>8</b> 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	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2018

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2018**  
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](http://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		1,976,878.	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	6,660,952.	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?

Yes No

30a X

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?

31 X

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

32a X

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.

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

Schedule M (Form 990) 2018

**Part II**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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 3, CHANGES IN PROGRAM SERVICES:

EFFECTIVE JANUARY 31, 2019, THE ORGANIZATION DISCONTINUED THE

RECUPERATIVE CARE UNIT PROGRAM, WHICH ADDRESSED THE CRITICAL NEED OF

HOUSING SUPPORTIVE SERVICES FOR HOMELESS INDIVIDUALS REQUIRING

POST-HOSPITAL MEDICAL ATTENTION AND OFFERED UP TO 28 PATIENTS A SAFE

AND SUPPORTIVE ENVIRONMENT, MEALS, OVERSIGHT OF MEDICAL TREATMENT, AND

FOLLOW-UP CARE WITH A TYPICAL STAY OF 1-14 DAYS, DEPENDING ON

INDIVIDUAL NEEDS.

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:

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

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.

#### 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

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

LICENSED MARRIAGE AND FAMILY THERAPISTS, OR BY INTERNS AND TRAINEES  
UNDER THEIR SUPERVISION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RECUPERATIVE CARE UNIT (RCU):

RCU WAS DISCONTINUED ON JANUARY 31, 2019, AND ADDRESSED THE CRITICAL  
NEED OF HOUSING SUPPORTIVE SERVICES FOR HOMELESS INDIVIDUALS REQUIRING  
POST-HOSPITAL MEDICAL ATTENTION. THE RCU OFFERED UP TO 28 PATIENTS A  
SAFE AND SUPPORTIVE ENVIRONMENT, MEALS, OVERSIGHT OF MEDICAL TREATMENT,  
AND FOLLOW-UP CARE WITH A TYPICAL STAY OF 1-14 DAYS, DEPENDING ON  
INDIVIDUAL NEEDS. THE PROGRAM WAS PARTIALLY SUPPORTED BY REVENUE  
GENERATED FROM AGREEMENTS WITH HOSPITALS TO PROVIDE POST-HOSPITAL  
RECUPERATIVE CARE FOR SPECIFIC INDIVIDUALS. THE PROGRAM ALSO HELPED  
PATIENTS ESTABLISH ELIGIBILITY FOR PUBLIC BENEFITS AND WORKS TO SECURE  
THEM LONG-TERM HOUSING.

TRANSITIONAL HOUSING PROGRAM:

THE TRANSITIONAL HOUSING PROGRAM PROVIDES HOUSING FOR MEN, WOMEN AND  
CHILDREN AND FOCUSES ON ASSISTING THEM WITH BUDGETING, INTERVIEWING FOR  
EMPLOYMENT AND OUTSIDE HOUSING APPLICATIONS. IT IS A STEPPING STONE TO  
OFFER SUPPORT FOR THOSE IN THE PROGRAM TO BECOME A PART OF SOCIETY AND  
TO LIVE ON THEIR OWN RESPONSIBLY.

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 \$ 2,586,923. INCLUDING GRANTS OF \$ 0. REVENUE \$ 433,046.

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 RESCUE MISSION HAS MADE SEVERAL PAY ADJUSTMENTS  
TO DIFFERENT LEVELS OF POSITIONS WITHIN THE ORGANIZATION. DUE TO PROGRAM  
STRUCTURE REORGANIZATION, SEVERAL POSITION NAMES WERE CHANGED ALONG WITH  
THE UPDATED JOB DESCRIPTION AND PAY ADJUSTMENTS. THE CEO AND HR MANAGER  
HAVE WORKED TOGETHER TO DEVELOP THE NEW AND IMPROVED JOB TITLES AND PAY  
ADJUSTMENTS. ALSO, THE BOARD OF DIRECTORS WERE INFORMED REGARDING THE  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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
SLEEPLESS AMERICA - 30-0534599 120 ELM STREET SAN DIEGO, CA 92101	BUILD AWARENESS, RAISE FUNDS, ETC FOR HOMELESS SOLUTIONS ACROSS THE US	CALIFORNIA	501 (C) 3	170(B)(1)(A)( V)	SAN DIEGO RESCUE MISSION		X

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

Schedule R (Form 990) 2018



**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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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)				





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

2018 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
	IMPROVEMENTS														
44	PRISM - 2031 FROM RENOVATIONS	10/10/06	SL	15.00		16	2,867.				2,867.	2,292.		191.	2,483.
45	CAL DOR - 97815252 FROM RENOVATION	10/17/06	SL	15.00		16	7,230.				7,230.	5,784.		482.	6,266.
46	CAL DOR - 9781220 FROM RENOVATION	11/16/06	SL	15.00		16	1,570.				1,570.	1,250.		105.	1,355.
48	CALIFORNIA COMMERICA - 90275	11/21/06	SL	15.00		16	1,304.				1,304.	1,037.		87.	1,124.
49	LARSON-1183	03/14/07	SL	15.00		16	1,942.				1,942.	1,495.		129.	1,624.
51	PACIFIC BUILDING GRO-50615	05/01/07	SL	15.00		16	5,993.				5,993.	4,566.		400.	4,966.
52	PBG-NEW PLAYGROUND CONSTRUCTION	12/31/07	SL	15.00		16	21,748.				21,748.	15,708.		1,450.	17,158.
53	SERVER	01/14/08	SL	15.00		16	2,294.				2,294.	2,065.		153.	2,218.
54	FENCE FOR PLAYGROUND	07/23/08	SL	15.00		16	6,726.				6,726.	4,593.		448.	5,041.
55	INSTALLATION OF PLAYGROUND RUBBER	08/19/08	SL	15.00		16	31,090.				31,090.	21,075.		2,073.	23,148.
56	PCB-NEW PLAYGROUND CONSTRUCTION	08/28/08	SL	15.00		16	33,921.				33,921.	22,987.		2,261.	25,248.
343	CITY TREASURER/SIP	03/23/10	SL	15.00		16	250.				250.	144.		17.	161.
344	AP CONTRACTING & ANT-PAINTING	03/23/10	SL	15.00		16	1,000.				1,000.	569.		67.	636.
345	GRAPHIC EDGE-FIRST PAYMENT	05/06/10	SL	15.00		16	1,270.				1,270.	715.		85.	800.
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.	211.		25.	236.
348	GRAPHIC EDGE-IMPROVEMENTS	05/17/10	SL	15.00		16	462.				462.	258.		31.	289.

832811 04-01-18

(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
349	GRAPHIC EDGE-FINAL PAYMENT	05/20/10	SL	15.00		16	2,532.				2,532.	1,408.		169.	1,577.
350	WARREN PERRIN-REMODEL	06/14/10	SL	15.00		16	790.				790.	442.		53.	495.
351	JW FLOOR COVERING IN-189937	06/16/10	SL	15.00		16	5,000.				5,000.	2,747.		333.	3,080.
360	ALPHA MECHANICAL SER-10-R374-01	12/30/10	SL	15.00		16	25,000.				25,000.	12,919.		1,667.	14,586.
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.	1,328.		192.	1,520.
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.	2,057.		301.	2,358.
370	RESTROOM FLOORING-1843	02/22/12	SL	39.00	MM	16	11,732.				11,732.	1,981.		301.	2,282.
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.	2,162.		346.	2,508.
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.	7,013.		637.	7,650.
383	TRI-CO FLOORS 144571	06/01/14	SL	5.00		16	5,700.				5,700.	4,940.		760.	5,700.
384	TRI-CO FLOORS-144793	08/20/14	SL	5.00		16	8,800.				8,800.	7,187.		1,613.	8,800.
387	CHILLER SERIAL# 2HAM02846 HANDICAP OPERATOR INSTALL	09/09/14	SL	39.00	MM	16	84,285.				84,285.	8,824.		2,161.	10,985.
434	EXTERIOR DOOR (2ND AVE)	03/09/17	SL	15.00		16	8,280.				8,280.	874.		552.	1,426.

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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	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
442	NEW BIOCID FEEDER FOR NEW COOLING TOWER (CHEM PRO LAB)	04/30/19	SL	5.00		16	4,679.				4,679.			390.	390.
443	BEV RETROFIT FOR CHILLER (SAN DIEGO MECHANICAL)	05/31/19	SL	5.00		16	8,980.				8,980.			599.	599.
444	VARIABLE SPEED DRIVE AND BYPASS FOR NEW COOLING TOWER	05/31/19	SL	5.00		16	4,990.				4,990.			333.	333.
445	FLOORING (PALOMAR FLOORING)	05/31/19	SL	5.00		16	10,000.				10,000.			667.	667.
446	TILE KITCHEN (HY TECH TILE)	06/04/19	SL	5.00		16	6,393.				6,393.			426.	426.
447	NEW COOLING TOWER (CONTROL AIR CONDITIONING CORP)	06/30/19	SL	15.00		16	72,077.				72,077.			1,201.	1,201.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS						473,918.				473,918.	192,910.		20,705.	213,615.
	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.
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.

832111 04-01-18

(D) - Asset disposed

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

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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
340	DELL COMMERCIAL	02/26/07	SL	5.00		16	5,658.				5,658.	5,658.		0.	5,658.
354	DELL BUSINESS	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	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.	10,402.		2,903.	13,305.
418	BLACKBAUD-90887479	05/27/15	SL	5.00		16	5,300.				5,300.	3,533.		1,060.	4,593.
435	25 DELL LATITUDE 3550	02/22/17	SL	5.00		16	19,082.				19,082.	6,042.		3,816.	9,858.
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.	1,121.
449	DELL POWEREDGE T640 SERVER (SN/SERVICE TAG# DDVSPX2)	07/22/19	SL	5.00		16	6,485.				6,485.			216.	216.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT/SOFTWARE						172,759.				172,759.	139,884.		9,116.	149,000.
	RENOVATION														
1	HARBORVIEW RENOVATIONS	02/28/04	SL	39.00	MM	16	9,900,675.				9,900,675.	8,723,327.		253,863.	3,977,190.
2	MO RENOVATION IMPROVEMENTS	01/18/05	SL	39.00	MM	16	82,249.				82,249.	28,999.		2,109.	31,108.
3	RENOVATION IMPROVEMENTS	01/18/06	SL	39.00	MM	16	166,743.				166,743.	54,508.		4,275.	58,783.
57	RAMP URC	04/01/00	SL	17.00		16	66,378.				66,378.	66,378.		0.	66,378.
58	RAMP URC	05/01/00	SL	17.00		16	25,637.				25,637.	25,637.		0.	25,637.
59	RAMP URC	08/17/00	SL	17.00		16	397.				397.	397.		0.	397.

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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	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
60	RAMP URC	09/01/00	SL	17.00		16	716.				716.	716.		0.	716.
61	IMPROVEMENTS	11/30/00	SL	31.00		16	88,664.				88,664.	51,243.		2,860.	54,103.
62	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.	2,852.		978.	3,830.
429	NVH RENOVATIONS - NEW CEILINGS	11/16/15	SL	17.00		16	12,480.				12,480.	2,080.		734.	2,814.
	* 990 PAGE 10 TOTAL - RENOVATION						10367569.				10367569.	8,963,147.		264,819.	4,227,966.
	BUILDINGS														
4	BUILDING HARBOR VIEW	03/01/01	SL	35.00		16	6,000,030.				6,000,030.	8,007,148.		171,429.	3,178,577.
5	BUILDING URC	10/15/01	SL	40.00		16	111,548.				111,548.	46,713.		2,789.	49,502.
6	ROOFING	03/02/06	SL	15.00		16	7,784.				7,784.	6,401.		519.	6,920.
7	DEPOSIT ON UNIVERSITY AVENUE BUILDING	03/11/09	SL	40.00		16	5,000.				5,000.	375.		125.	500.
357	BUILDING - NORTH PARK THRIFT STORE (UNIVERSITY AVE)	12/08/09	SL	39.00	MM	16	200,000.				200,000.	45,298.		5,128.	50,426.
358	WAREHOUSE RECONSTRUCTION (POST-FIRE)	10/01/09	SL	39.00	MM	16	290,450.				290,450.	67,023.		7,447.	74,470.
430	WAREHOUSE REROOFING	03/17/16	SL	15.00		16	88,905.				88,905.	14,818.		5,927.	20,745.
431	WAREHOUSE REROOFING (BTC FRAMING, INC)	03/10/16	SL	15.00		16	4,492.				4,492.	773.		299.	1,072.
432	WAREHOUSE REROOFING (FLAKES CONSTRUCTION, INC)	02/09/16	SL	15.00		16	9,186.				9,186.	1,632.		612.	2,244.
	* 990 PAGE 10 TOTAL - BUILDINGS						6,717,395.				6,717,395.	8,190,181.		194,275.	3,384,456.
	FURNITURES & FIXTURES														

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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	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
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.
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) CORNERSTONE	02/01/11	SL	5.00		16	12,100.				12,100.	12,100.		0.	12,100.
374	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.	8,285.		1,912.	10,197.
408	RAILING-TH FOR WOMEN	06/01/14	SL	7.00		16	5,816.				5,816.	3,601.		831.	4,432.
409	BEDS-28-TH FOR MEN	09/01/14	SL	7.00		16	18,443.				18,443.	10,760.		2,635.	13,395.
410	DRAWER CHEST-TH	09/01/14	SL	7.00		16	16,427.				16,427.	9,584.		2,347.	11,931.
411	LIGHTENING FOR THRIFT STORE	06/01/14	SL	7.00		16	24,092.				24,092.	14,915.		3,442.	18,357.
412	FARKAS STORE FIXTURE-ORDER 27175	02/28/14	SL	7.00		16	7,252.				7,252.	4,748.		1,036.	5,784.
419	STARBOARD METAL CHESTS	05/12/15	SL	7.00		16	4,114.				4,114.	2,009.		588.	2,597.
420	20 LOCKERS	06/19/15	SL	7.00		16	8,870.				8,870.	4,118.		1,267.	5,385.

828111 04-01-18

(D) - Asset disposed

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



2018 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
423	CENTRAL CITY CONCERN-FINAL PYMT (11 METAL CHESTS)	10/08/15	SL	7.00		16	4,114.				4,114.	1,764.		588.	2,352.
424	109 NEW BUNKBEDS FOR NVH SET OF FURNITURES FOR 111	02/12/16	SL	7.00		16	66,591.				66,591.	25,368.		9,513.	34,881.
425	ELM STREET DONATED USED OFFICE	04/04/16	SL	7.00		16	5,319.				5,319.	1,900.		760.	2,660.
426	FURNITURE & FIXTURES (KPRZ R DONATED USED OFFICE	03/31/16	SL	3.00		16	61,600.				61,600.	51,333.		10,267.	61,600.
427	FURNITURE & FIXTURES (KPRZ R * 990 PAGE 10 TOTAL - FURNITURES & FIXTURES	03/31/16	NC	3.00	HY		61,599. 497,510.				61,599. 497,510.	337,240.		0. 35,186.	372,426.
25	VEHICLES 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	DREW FORD-PASSENGER VAN VIN 51934	01/08/14	SL	5.00		16	24,000.				24,000.	22,800.		1,200.	24,000.
386	(DI)ABILITY CENTER-HANDICAP VAN VIN 423546	05/05/14	SL	5.00		16	59,000.				59,000.	52,117.		6,883.	59,000.
436	2017 SAVANA 2500 VIN 348063 (12-PASSENGER VAN)	01/09/18	SL	5.00		16	35,527.				35,527.	5,329.		7,105.	12,434.
450	2018 MERCEDES BENZ VAN VIN# WD4PG2EE8J3402509 * 990 PAGE 10 TOTAL - VEHICLES	01/14/19	SL	5.00		16	34,025. 237,511.				34,025. 237,511.	165,205.		5,104. 20,292.	5,104. 185,497.
79	EQUIPMENT MQ SD REST - BERKEEL SLICER	10/31/02	SL	7.00		16	3,383.				3,383.	3,383.		0.	3,383.

828111 04-01-18

(D) - Asset disposed

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

2018 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
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.
361	RESTAURANT DEPOT - KITCHEN	04/27/11	SL	5.00		16	8,510.				8,510.	8,510.		0.	8,510.
362	EQUIP-LAS PATRONAS 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.	3,619.	987.		4,606.
414	3 WISHES PLAY EQUIPMENT	01/30/15	SL	7.00		16	9,186.				9,186.	4,811.	1,312.		6,123.
415	XCCENT PLAY EQUIPMENT	01/30/15	SL	7.00		16	15,771.				15,771.	8,261.	2,253.		10,514.
416	CUNTON CANOPIES PLAYGROUND	01/30/15	SL	7.00		16	5,274.				5,274.	2,761.	753.		3,514.
437	FOOD STORAGE UNIT - MODEL# RF0400E4S-DA; SERIAL# E17D00	11/27/17	SL	7.00		16	21,144.				21,144.	2,517.	3,021.		5,538.
438	ACCU TEMP STEAM STEAMERS (CHEF TOYS) - MODEL# E62403D	01/05/18	SL	7.00		16	12,421.				12,421.	1,331.	1,774.		3,105.
439	FG25N5 S/N# AF17E04127	03/12/18	SL	7.00		16	24,819.				24,819.	2,068.	3,546.		5,614.
451	2 SETS - VULCAN VC55GD CONVECTION OVENS (FOUR OVENS	11/27/18	SL	7.00		16	13,040.				13,040.		1,552.		1,552.
452	7 DRINKING FOUNTAINS AT 120 ELM	01/22/19	SL	7.00		16	21,750.				21,750.		2,071.		2,071.

926111 04-01-18

(D) Asset disposed

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

2018 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 - EQUIPMENT						212,939.				212,939.	106,097.		17,269.	123,366.
	LAND														
64	LAND - THRIFT	06/01/94	L											0.	
65	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.	
	* 990 PAGE 10 TOTAL - LAND G.E. FINANCE ESCROW RESERVE (LOAN FEES)						5,886,842.				5,886,842.	0.		0.	0.
	* 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		HY43	68,900.				68,900.	22,965.		4,593.	27,558.
	* 990 PAGE 10 TOTAL - BOW MORTGAGE REFI COSTS-NET						68,900.				68,900.	22,965.		4,593.	27,558.
	EQUIP-CAPITAL LEASE														
433	2017 HINO 268 4X2 TRUCK	07/03/17		72M		HY43	114,641.				114,641.	23,884.		19,107.	42,991.
440	ONE (1) 2019 HINO 268 SADC REFRIGERATED W/ TUKAWAY (FOR	07/24/18	SL	7.00		16	127,660.				127,660.	3,040.		18,237.	21,277.
441	THREE (3) 2019 HINO 268 SADC DRYVAN W/ TUKAWAY (FOR WAREH	07/24/18	SL	7.00		16	308,808.				308,808.	7,353.		44,115.	51,468.
	* 990 PAGE 10 TOTAL - EQUIP-CAPITAL LEASE						551,109.				551,109.	34,277.		81,459.	115,736.

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(D) - Asset disposed

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

2018 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
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						25186452.				25186452.	8,151,906.		647,714.	8,799,620.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						24996562.			0.	24996562.	8,151,906.			8,785,940.
	ACQUISITIONS						189,890.			0.	189,890.	0.			13,680.
	DISPOSITIONS						59,000.			0.	59,000.	52,117.			59,000.
	ENDING BALANCE						25127452.			0.	25127452.	8,099,789.			8,740,620.
	ENDING ACCUM DEPR LESS DISPOSITIONS											8,740,620.			
	ENDING BOOK VALUE											16386832.			

832811 04-01-18

(D) - Asset disposed

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

Form **4562**Department of the Treasury  
Internal Revenue Service (990)  
Name(s) shown on return**Depreciation and Amortization**  
(Including Information on Listed Property)

990

OMB No. 1545-0172

**2018**Attachment  
Sequence No. 179

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Business or activity to which this form relates

Identifying number

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	1,000,000.
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	2,500,000.
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 2017 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 2019. 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	624,014.

**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 2018	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 2018 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 2018 Tax Year Using the Alternative Depreciation System

20a Class life	(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
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	624,014.
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
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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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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
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42 Amortization of costs that begins during your 2018 tax year:


43 Amortization of costs that began before your 2018 tax year

43

23,700.

44 Total. Add amounts in column (f). See the instructions for where to report

44

23,700.