

PUBLIC COPY



# San Diego Rescue Mission

**Federal Return of Organization Exempt from Income Tax and California Exempt  
Organization Annual Information Return**

**For the year ended September 30, 2023**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning OCT 1, 2022 and ending SEP 30, 2023

Form 990 header section containing fields B through M: B Check if applicable, C Name of organization (SAN DIEGO RESCUE MISSION, INC.), D Employer identification number (95-1874073), E Telephone number (619-819-1891), G Gross receipts \$ (25,385,011), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.SDRESCUE.ORG), K Form of organization, L Year of formation (1955), M State of legal domicile (CA).

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes a sub-table for Net Assets or Fund Balances (lines 20-22) comparing Prior Year and Current Year figures.

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.

Signature block section containing fields for Sign Here (Signature of officer: DONNIE DEE, PRESIDENT & CEO), Paid (Preparer's name: BRYAN HUNG, signature, date: 2/28/2024, PTIN: P01553971), and Preparer Use Only (Firm's name: NOVOGRADAC & COMPANY LLP, address: 211 E. OCEAN BLVD., SUITE 600, LONG BEACH, CA 90802).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 12,506,024. including grants of \$ ) (Revenue \$ ) MEN, WOMEN AND CHILDREN'S SEVICES:FOUR PROGRAMS WITHIN THE MEN, WOMEN AND CHILDREN SERVICES:

MISSION ACADEMY: THE RESIDENTIAL PROGRAM IS A HOLISTIC YEAR LONG PROGRAM. IT SERVES SINGLE MEN, WOMEN AND SINGLE PARENTS. THOSE IN THE PROGRAM ARE REFERRED TO AS STUDENTS. IT IS STRUCTURED AROUND THREE SEMESTERS AND FIVE GOALS. SEMESTER ONE IS FOCUSED ON WELLNESS. SEMESTER TWO IS FOCUSED ON JOB TRAINING AND PLACEMENT AND SEMESTER THREE IS DESIGNED FOR THE STUDENT TO FIND HOUSING AND PREPARE TO TRANSITION TO A LIFE OF STABILITY. THE FIVE GOALS ARE TO ENCOUNTER GOD, EXPERIENCE RECOVERY, ENGAGE IN JOB TRAINING, ESTABLISH HOUSING AND ENLIST A SUPPORT NETWORK. UPON GRADUATION THEY ARE INVITED TO PARTICIPATE IN AN

4b (Code: ) (Expenses \$ 414,793. including grants of \$ ) (Revenue \$ ) NATIONAL CITY NAVIGATION CENTER IS A CENTER UNDER CONSTRUCTION. ONCE COMPLETED, IT IS A TRANSITION CENTER TO HELP UNSHELTERED PEOPLE FIGURE OUT THE NEXT STEPS. SDRM WILL WORK WITH INDIVIDUALS TO HELP THEM FIGURE OUT THEIR NEXT STEPS IN THEIR LIFE BY PROVIDING CASE MANAGEMENT TO HELP FIGURE OUT WHAT ISSUES THESE PEOPLE ARE DEALING WITH. WITH OVER 160 BEDS, IT WILL BE ABLE TO SERVICE OVER 150 HOMELESS PEOPLE.

4c (Code: ) (Expenses \$ 2,428,048. 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,022,379. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 17,371,244.

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b> 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> .....	<b>1</b>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b>	<b>X</b>	
<b>3</b> 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> .....	<b>3</b>		<b>X</b>
<b>4 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> .....	<b>4</b>		<b>X</b>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>		<b>X</b>
<b>6</b> 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> .....	<b>6</b>		<b>X</b>
<b>7</b> 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> .....	<b>7</b>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>		<b>X</b>
<b>9</b> 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> .....	<b>9</b>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>		<b>X</b>
<b>11</b> 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.			
<b>a</b> 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> .....	<b>11a</b>	<b>X</b>	
<b>b</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> .....	<b>11b</b>	<b>X</b>	
<b>c</b> 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> .....	<b>11c</b>		<b>X</b>
<b>d</b> 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> .....	<b>11d</b>	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	<b>X</b>	
<b>f</b> 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> .....	<b>11f</b>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	<b>X</b>	
<b>b</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> .....	<b>12b</b>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>		<b>X</b>
<b>b</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> .....	<b>14b</b>		<b>X</b>
<b>15</b> 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> .....	<b>15</b>		<b>X</b>
<b>16</b> 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> .....	<b>16</b>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	<b>X</b>	
<b>18</b> 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> .....	<b>18</b>	<b>X</b>	
<b>19</b> 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> .....	<b>19</b>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>		
<b>21</b> 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> .....	<b>21</b>		<b>X</b>

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

		Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>		<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	<b>X</b>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	<b>X</b>	

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	28	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	<b>X</b>	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	1a	15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	1b	15		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
<b>6</b> Did the organization have members or stockholders?	6			X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	8a		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b		X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a			X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
<b>13</b> Did the organization have a written whistleblower policy?	13		X	
<b>14</b> Did the organization have a written document retention and destruction policy?	14		X	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	15a		X	
<b>b</b> Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
<b>b</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?	16b			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
EDWIN LIKU - 619-819-1891  
P.O. BOX 80427, SAN DIEGO, CA 92138

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONALD DEE PRESIDENT & CEO	40.00			X				206,568.	0.	0.
(2) EDVIN LIKU VP OF OPERATIONS	40.00			X				124,380.	0.	0.
(3) MICHELLE SMITH VP OF DEVELOPMENT	40.00			X				119,389.	0.	0.
(4) JOHN FULLMER CHAIRMAN	2.00	X		X				0.	0.	0.
(5) NICOLE BILLOCK VICE CHAIR	2.00	X		X				0.	0.	0.
(6) ROBERT BIXEL TREASURER	2.00	X		X				0.	0.	0.
(7) LINDA RANKIN BOARD PASTOR	2.00	X						0.	0.	0.
(8) CHARLES WALKER SECRETARY	2.00	X		X				0.	0.	0.
(9) CATHY HERRICK DIRECTOR	2.00	X						0.	0.	0.
(10) BRAD DOTSON DIRECTOR	2.00	X						0.	0.	0.
(11) CRAIG DUHS DIRECTOR	2.00	X						0.	0.	0.
(12) JOHN PASHA DIRECTOR	2.00	X						0.	0.	0.
(13) DINA LIEBER DIRECTOR	2.00	X						0.	0.	0.
(14) DONNA NEW DIRECTOR	2.00	X						0.	0.	0.
(15) KEITH HOPKINS DIRECTOR	2.00	X						0.	0.	0.
(16) KEVIN BROWN DIRECTOR	2.00	X						0.	0.	0.
(17) RASZELL CARPENTER DIRECTOR	2.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEFAN MEIERHOFER DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....							450,337.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							450,337.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	3		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	4	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....	5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIGNATURE ANALYTICS, 10120 PACIFIC HEIGHTS BLVD, SAN DIEGO, CA 92121	PROFESSIONAL SERVICES	237,190.

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<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>	125,396.				
	<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>	23,300,593.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 7,255,283.				
	<b>h Total.</b> Add lines 1a-1f .....		23,425,989.				
<b>Program Service Revenue</b>	<b>2 a</b> VEHICLE SALES	<b>Business Code</b>					
		441100	46,800.	46,800.			
	<b>b</b> RECYCLING	562000	997.	997.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		47,797.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		132,250.	132,250.			
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
				324,264.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		324,264.			
	<b>d</b> Net rental income or (loss) .....			324,264.		324,264.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ 125,396. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
			0.				
			45,675.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-45,675.		-45,675.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS REVENUE	<b>Business Code</b>					
		900099	1,454,711.	1,454,711.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		1,454,711.					
<b>12 Total revenue.</b> See instructions .....		25,339,336.	1,634,758.	0.	278,589.		

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	243,763.		170,634.	73,129.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	5,822,619.	4,392,026.	397,850.	1,032,743.
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	595,904.	436,881.	50,925.	108,098.
<b>10</b> Payroll taxes .....	485,963.	369,847.	35,347.	80,769.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	6,926.	3,500.	3,310.	116.
<b>c</b> Accounting .....	49,900.		49,900.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	2,709,885.			2,709,885.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	880,222.	494,527.	367,778.	17,917.
<b>12</b> Advertising and promotion .....	100,650.	11,400.		89,250.
<b>13</b> Office expenses .....	405,318.	208,869.	33,091.	163,358.
<b>14</b> Information technology .....	219,370.	39,449.	98,997.	80,924.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	397,096.	397,096.		
<b>17</b> Travel .....	106,846.	43,540.	22,344.	40,962.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	462,116.	447,722.	7,197.	7,197.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,194,878.	1,080,926.	83,076.	30,876.
<b>23</b> Insurance .....	2,653.		1,592.	1,061.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>DONATED FOOD AND MATERI</b>	7,082,850.	7,007,510.	37,670.	37,670.
<b>b</b> <b>FACILITES ALLOCATED</b>	1,772,242.	1,643,490.	64,376.	64,376.
<b>c</b> <b>FOOD SERVICES ALLOCATED</b>	794,461.	794,461.		
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	23,333,662.	17,371,244.	1,424,087.	4,538,331.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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>	<b>1</b> Cash - non-interest-bearing .....	3,835,684.	<b>1</b>	1,573,879.	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	182,478.	<b>4</b>	867,698.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	2,300,000.	<b>7</b>	2,300,000.	
	<b>8</b> Inventories for sale or use .....	106,101.	<b>8</b>	277,244.	
	<b>9</b> Prepaid expenses and deferred charges .....	522,158.	<b>9</b>	435,519.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 37,644,301.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 11,153,918.	26,199,385.	<b>10c</b>	26,490,383.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,171,500.	<b>12</b>	6,344,635.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	14,783.	<b>13</b>	16,245.	
	<b>14</b> Intangible assets .....	124,556.	<b>14</b>	0.	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,737,814.	<b>15</b>	6,646,349.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	42,194,459.	<b>16</b>	44,951,952.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	678,553.	<b>17</b>	1,677,753.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	153,205.	<b>19</b>	134,863.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	20,802,712.	<b>23</b>	20,350,967.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	1,813,568.	<b>25</b>	1,512,607.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	23,448,038.	<b>26</b>	23,676,190.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	15,131,518.	<b>27</b>	17,049,245.	
	<b>28</b> Net assets with donor restrictions .....	3,614,903.	<b>28</b>	4,226,517.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	18,746,421.	<b>32</b>	21,275,762.	
	<b>33</b> Total liabilities and net assets/fund balances .....	42,194,459.	<b>33</b>	44,951,952.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	25,339,336.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	23,333,662.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,005,674.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	18,746,421.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	520,149.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	3,518.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	21,275,762.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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 on Schedule O.			
<b>2a</b> 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	<b>2a</b>		<b>X</b>
<b>b</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	<b>2b</b>	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>		

**SCHEDULE A**  
**(Form 990)**

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

# 2022

Open to Public  
Inspection

Name of the organization <p style="text-align: center;"><b>SAN DIEGO RESCUE MISSION, INC.</b></p>	Employer identification number <p style="text-align: center;"><b>95-1874073</b></p>
--	--

**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).)
- 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 on 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	17219608.	16591433.	22121413.	26277060.	23986320.	106195834
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	17219608.	16591433.	22121413.	26277060.	23986320.	106195834
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						106195834

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	17219608.	16591433.	22121413.	26277060.	23986320.	106195834
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....				397,192.	456,514.	853,706.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	518,652.	253,992.	276,945.	92,784.	492,159.	1634532.
<b>11 Total support.</b> Add lines 7 through 10						108684072
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 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**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	97.71 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	98.16 %
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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"/>
<b>17a 10% -facts-and-circumstances test - 2022.</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 - 2021.</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"/>
<b>18 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"/>

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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 ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- |   |  |
|---|--|
| <p><b>a</b> <input type="checkbox"/> Public exhibition</p> <p><b>b</b> <input type="checkbox"/> Scholarly research</p> <p><b>c</b> <input type="checkbox"/> Preservation for future generations</p> | <p><b>d</b> <input type="checkbox"/> Loan or exchange program</p> <p><b>e</b> <input type="checkbox"/> Other _____</p> |
|---|--|
- 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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....					458,274.
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					12,193.
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					470,467.
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_%
- b** Permanent endowment \_\_\_\_\_%
- c** Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   |               |    |
|---|---------------|----|
|   | Yes           | No |
| <b>(i)</b> Unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 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
<b>1a</b> Land .....		5,920,396.		5,920,396.
<b>b</b> Buildings .....		27,763,287.	9,579,901.	18,183,386.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		1,531,029.	1,094,580.	436,449.
<b>e</b> Other .....		2,429,589.	479,437.	1,950,152.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				26,490,383.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) INVESTMENTS IN MARKETABLE		
(B) SECURITIES	6,344,635.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,344,635.	

**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)		
<b>Total.</b> (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) PLEDGES RECEIVABLE	4,180,994.
(2) CONSTRUCTION IN PROGRESS	2,354,031.
(3) RIGHT OF USE ASSET	111,324.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,646,349.

**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	1,160,000.
(3) ACCRUED VACATION PAYABLE	211,840.
(4) SECURITY DEPOSIT/PREPAID RENT	20,000.
(5) ACCRUED TH DEPOSIT	660.
(6) LEASE LIABILITY	120,107.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,512,607.

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	25,339,336.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	25,339,336.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	25,339,336.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	22,809,995.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-520,149.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-520,149.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	23,330,144.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	3,518.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	3,518.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	23,333,662.

**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, 2023 OR 2022. THE ORGANIZATION DID NOT HAVE

**Part XIII** Supplemental Information (continued)

UNRECOGNIZED TAX BENEFITS AS OF SEPTEMBER 30, 2023 OR 2022 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, 2023, THE ORGANIZATION HAS NOT ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT ACTIVITY

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEPRECIATION

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

Part I 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 [X] 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... [ ] Yes [X] 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.

Table with 6 columns: (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. Includes entry for BREWER DIRECT, INC.

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.

CA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	125,396.			125,396.
	<b>2</b> Less: Contributions .....	125,396.			125,396.
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	45,675.			45,675.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				45,675.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-45,675.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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: \_\_\_\_\_

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- 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	%
13b	%
  - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

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

(I) NAME OF FUNDRAISER: BREWER DIRECT, INC

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

**Part IV** Supplemental Information *(continued)*

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**SCHEDULE J  
(Form 990)**

## Compensation Information

OMB No. 1545-0047

**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.**

# 2022

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SAN DIEGO RESCUE MISSION, INC.**

Employer identification number

**95-1874073**

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>	<b>X</b>	
<b>2</b>	<b>X</b>	
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DONALD DEE PRESIDENT & CEO	(i)	132,163.	0.	74,405.	0.	0.	206,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							



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**Part III** Supplemental Information

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

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**SCHEDULE M  
(Form 990)**

## Noncash Contributions

OMB No. 1545-0047

# 2022

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>SAN DIEGO RESCUE MISSION, INC.</b>	Employer identification number <b>95-1874073</b>
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**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		1,280,370.	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		5,974,913.	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 V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2022



SCHEDULE O  
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ALUMNI PROGRAM WHERE THEY ARE INVITED TO VOLUNTEER AND SERVE IN THE  
COMMUNITY.

NUEVA VIDA HAVEN: NUEVA VIDA HAVEN PROVIDES EMERGENCY SHELTER SERVICES  
FOR HOMELESS FAMILIES. EACH NIGHT, UP TO 60 WOMEN AND CHILDREN USE  
NUEVA VIDA HAVEN FACILITY FOR A WARM, SAFE PLACE TO SLEEP, A PLACE TO  
SHOWER AND OBTAIN 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 ORGANIZATION'S MISSION ACADEMY.

THERAPY SERVICES: THERAPEUTIC SERVICES ARE OFFERED TO PEOPLE SERVED IN  
ALL THE MISSION'S PROGRAMS. TREATMENT IS PROVIDED BY LICENSED  
THERAPISTS, OR BY INTERNS AND TRAINEES UNDER THEIR SUPERVISION.

Name of the organization SAN DIEGO RESCUE MISSION, INC.	Employer identification number 95-1874073
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CHILDREN'S CENTER: THE CHILDREN'S CENTER IS A PROGRAM OF THE MISSION 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 CURRICULUM THAT INCLUDES INSIDE AND OUTSIDE ACTIVITIES, TEACHER-DIRECTED AND CHILD-DIRECTED ACTIVITIES, AND RESTFUL AND ACTIVE TIMES EACH WEEKDAY.

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

OCEANSIDE NAVIGATION CENTER

THE OCEANSIDE NAVIGATION CENTER (ONC) PROVIDES EMERGENCY SHELTER SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS. THIS IS A PARTNERSHIP WITH THE CITY OF OCEANSIDE. THE SAN DIEGO RESCUE MISSION FUNDS THE DAY-TO-DAY OPERATIONS THROUGH DONATIONS AND GRANTS WHILE THE CITY OWNS THE BUILDING. ONC IS DESIGNED TO SERVE SINGLE MEN, SINGLE WOMEN AND FAMILIES. THOSE BEING SERVED ARE REFERRED TO AS GUESTS. EACH NIGHT, UP TO 50 MEN, WOMEN AND CHILDREN USE THE FACILITY FOR A WARM, SAFE PLACE TO SLEEP, A PLACE TO SHOWER AND OBTAIN CLEAN CLOTHES AND A PLACE TO RECEIVE NUTRITIOUS MEALS. RESIDENTS ALSO HAVE ACCESS TO CASE MANAGERS TO HELP THEM DETERMINE THE BEST COURSE OF ACTION FOR LIFE IMPROVEMENT. THE ONC PARTNERS WITH OTHER AGENCIES AND GOVERNMENT ENTITIES SUCH AS THE COUNTY OF SAN DIEGO TO PROVIDE ACCESS TO ADDITIONAL RESOURCES FOR THE GUESTS. THIS INCLUDES ENTRY INTO THE ORGANIZATION'S MISSION ACADEMY. BREAD OF LIFE WAS RELOCATED AND RESTRUCTURED TO BE PART OF THE ONC.

BREAD OF LIFE: FOR 20 YEARS, BREAD OF LIFE HAS SERVED OCEANSIDE, CALIFORNIA BY MEETING TANGIBLE, SHORT-TERM NEEDS AND PROVIDING A

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

WELCOMING, LOVING COMMUNITY FOR THOSE IN NEED OF HOPE AND COMPASSION. BREAD OF LIFE STARTED WITH A FEW VOLUNTEERS DISTRIBUTING BAGGED MEALS AND CLOTHING IN PARKS AND ON THE STREETS, AND HAS BECOME A MULTIFACETED RESOURCE FOR THOSE FACING HARDSHIP. NOW, THE PROGRAM OPERATES WITH OVER 60 VOLUNTEERS WEEKLY TO GET PEOPLE OFF THE STREETS PERMANENTLY. EACH UNIQUE SERVICE PROVIDED IS AN OPPORTUNITY FOR GUESTS TO ENCOUNTER THE LOVE OF GOD AND GET THE HELP THEY NEED. BREAD OF LIFE SERVES THE HURTING, HUNGRY, AND POOR WITH THE LOVE AND GRACE OF JESUS CHRIST, AND TO GET PEOPLE OFF THE STREETS PERMANENTLY.

CHURCH PARTNERSHIP:

THE CHURCH PARTNERSHIPS DEPARTMENT ENGAGES WITH HUNDREDS OF CHURCHES TO CARRY OUT A VISION TO UNITE THE LOCAL CHURCH AROUND HEALING OUR REGION FROM HOMELESSNESS. CHURCHES GIVE FINANCIALLY, HOLD DONATION DRIVES, LEAD CHAPEL SERVICES, AND VOLUNTEER BOTH ON AND OFF-SITE. THE CHURCH PARTNERSHIPS DEPARTMENT HAS GROWN SINCE ITS INCEPTION IN 2019 TO INCLUDE OVERSIGHT OF OUR VOLUNTEER PROGRAM, CHAPEL SERVICES, CHAPLAINCY PROGRAM, HOLIDAY OUTREACH MEALS, WALK WITH ME OUTREACH INITIATIVE AND OUR NEW MOBILE SHOWER MINISTRY.

NORTH COUNTY SHELTER SERVICES:

IN JULY 2022, SDRM PROVIDED A REIMBURSABLE SHELTERING SERVICE FOR THE CITY OF OCEANSIDE. SDRM MANAGED 30 ROOMS AT A CITY-RENTED FACILITY. ROOMS WERE PROVIDED VIA REFERRALS FROM THE OCEANSIDE HOMELESS OUTREACH TEAM, THE OCEANSIDE HOUSING AUTHORITY, AND THE COUNTY OF SAN DIEGO. PEOPLE WERE PROVIDED SHELTER TO INCLUDE SHOWERS, FOOD, LAUNDRY, AND ACCESS TO HYGIENE AND CLOTHING. CASE MANAGEMENT WAS PROVIDED WITH A GOAL OF IDENTIFYING THE NEXT STEP FOR THE PERSON TO END THEIR

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

HOMELESSNESS TO INCLUDE ADMISSIONS TO MISSION ACADEMY.

OUTREACH SERVICES

THE OUTREACH DEPARTMENT OPERATES TWO SHOWER TRAILERS. ONE OPERATES IN NORTH COUNTY PRIMARILY IN OCEANSIDE. THE SECOND ONE OPERATES IN THE SOUTH BAY SERVING THE CITIES OF CHULA VISTA, NATIONAL CITY, SAN DIEGO AND IMPERIAL BEACH. THESE TRAILERS OFFER SHOWERS WITH THE OPPORTUNITY TO CONNECT WITH SERVICES. FOOD AND CLOTHING ARE ALSO PROVIDED. THE OUTREACH DEPARTMENTS ALSO PROVIDES STREET CASE MANAGEMENT SERVICES TO PEOPLE EXPERIENCING HOMELESSNESS IN THE NORTH COSTAL REGION AND THE LITTLE ITALY ASSOCIATION IN SAN DIEGO.

EXPENSES \$ 2,022,379. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

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

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

DURING THE PAST YEAR, THE CEO AND THE LEADERSHIP TEAM MADE A FEW PAY ADJUSTMENTS TO ALL DEPARTMENT COORDINATORS. IN ADDITION, THE ORGANIZATION FOLLOWED THE MANDATE OF MINIMUM WAGE INCREASE FOR HOURLY AND EXEMPT EMPLOYEES BASED ON THE STATE AND LOCAL REQUIREMENTS. THE PAY ADJUSTMENT FOR

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Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

THE CEO IS MANAGED BY THE BOARD OF DIRECTORS EXECUTIVE TEAM AFTER THE ANNUAL REVIEW PROCESS. ALSO, THE BOARD OF DIRECTORS WERE INFORMED REGARDING ALL THOSE CHANGES.

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BOOK TAX DIFFERENCE FOR DEPRECIATION 3,518.



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**SCHEDULE R**  
**(Form 990)**

## 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>SAN DIEGO RESCUE MISSION, INC.</b>	Employer identification number <b>95-1874073</b>
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**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
SAN DIEGO RESCUE MISSION FOUNDATION - 88-0939564, P.O. BOX 80427, SAN DIEGO, CA 92138	TO SUPPORT THE MISSION OF THE SAN DIEGO RESCUE MISSION	CALIFORNIA	501(C)(3)	509(A)(3)	SAN DIEGO RESCUE MISSION		X

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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**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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	<input type="checkbox"/>	<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)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



Form 4562

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

2022

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service

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

Attach to your tax return.

Name(s) shown on return

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.

Table with 5 main rows for Section 179 election. Line 1: 1,080,000. Line 2: Total cost. Line 3: 2,700,000. Line 4: Reduction in limitation. Line 5: Dollar limitation. Line 6-7: Description and cost of property. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover to 2023.

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.)

Table for Part II with 3 rows. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS) totaling 1,078,128.

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

Section A

Table for Section A with 2 rows. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2022. Line 18: Check box for grouping assets.

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table for Section B with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year properties and residential/nonresidential rental property.

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table for Section C with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 12-year, 30-year, and 40-year class lives.

Part IV Summary (See instructions.)

Table for Part IV with 3 rows. Line 21: Listed property amount. Line 22: Total amount of 1,078,128. Line 23: Portion of the basis attributable to section 263A costs.

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

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.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle-specific data (a-f) and availability (Yes/No).

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.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No).

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

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2022 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2022 tax year 43

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

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## 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
	BUILDINGS														
6	HARBOR VIEW BLDG	03/01/01	SL	35.00			6,000,030.				6,000,030.	3,692,885.		171,429.	3,864,314.
7	WAREHOUSE - NATIONAL CITY - PLACED IN SERVICE NOV 1, 202	11/01/20	SL	39.00	MM		2,962,380.				2,962,380.	145,590.		75,958.	221,548.
168	NAVIGATION CENTER - NATIONAL CITY	02/23/22	SL	39.00	MM		5,415,121.				5,415,121.			219,844.	219,844.
169	1818 FIRST AVENUE - BUILDING	08/31/22	SL	39.00	MM		2,174,975.				2,174,975.			60,416.	60,416.
	* 990 PAGE 10 TOTAL BUILDINGS						16552506.				16552506.	3,838,475.		527,647.	4,366,122.
				.000	HY	16									
	* 990 PAGE 10 TOTAL OTHER						16552506.				16552506.	3,838,475.		527,647.	4,366,122.
	FURNITURE & FIXTURES														
103	CENTRAL CITY CONCERN-DEPOSIT (11 METAL CHESTS)	05/12/15	SL	7.00		16	4,114.				4,114.	4,114.		0.	4,114.
104	SALSBURY IND	06/19/15	SL	7.00		16	8,870.				8,870.	8,870.		0.	8,870.
105	CENTRAL CITY CONCERN-FINAL PYMT (11 METAL CHESTS)	10/08/15	SL	7.00		16	4,114.				4,114.	4,114.		0.	4,114.
106	109 NEW BUNKBEDS FOR NVH	02/12/16	SL	7.00		16	66,591.				66,591.	63,437.		3,154.	66,591.
107	SET OF FURNITURES FOR 111 ELM STREET	04/04/16	SL	7.00		16	5,319.				5,319.	4,918.		401.	5,319.
108	DONATED USED OFFICE FURNITURE & FIXTURES (KPRZ R	03/31/16	SL	3.00		16	61,600.				61,600.	61,600.		0.	61,600.
109	NATCITY WH - RACKS/UNITED MATERIAL HANDING (FROM 1372-	11/01/20	SL	7.00		16	11,139.				11,139.	3,059.		1,591.	4,650.
110	NORIX GROUP INC - CHILDREN CENTER CLASSROOMS FURNITURE	03/15/21	SL	7.00		16	5,162.				5,162.	1,098.		737.	1,835.
111	DOOR WELDED CELL PHONE LOCKER W/ COMBO LOCKS - 120	12/28/21	SL	7.00		16	9,700.				9,700.	1,035.		1,386.	2,421.



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## 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
112	RA1931 SILVER CHEMETAL LAMINATED BACKER AT THE NEW	03/02/22	SL	7.00		16	5,099.				5,099.	427.		728.	1,155.
113	NEW FURNITIURES FOR 2ND FLOOR - CHURCH PARTNERSHIP (THINK	07/01/22	SL	7.00		16	13,427.				13,427.			1,918.	1,918.
114	FURNITURES (THINK OFFICE) FROM 1371-00 CIP ACCOUNT 9/3	09/30/22	SL	7.00		16	59,246.				59,246.			8,464.	8,464.
157	1818 1ST ST - RECLASS CIP	09/30/23	SL	7.00		16	127,838.				127,838.			0.	
158	OCEANSIDE NAV CENTER - THINK OFFICE	09/30/23	SL	7.00		16	6,000.				6,000.			0.	
159	RACK PROJECT FROM 1372-00 CIP ACCOUNT 12/31/22	12/31/22	SL	7.00		16	24,596.				24,596.			2,635.	2,635.
160	NEW FURNITURES FOR 2ND FLOOR - CHURCH PARTNERSHIP (THINK	11/07/22	SL	7.00		16	4,477.				4,477.			426.	426.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						417,292.				417,292.	152,672.		21,440.	174,112.
	MACHINERY & EQUIPMENT														
121	ICE MACHINE EQUIPMENT	01/30/15	SL	7.00		16	6,908.				6,908.	6,908.		0.	6,908.
122	3 WISHES PLAY EQUIPMENT	01/30/15	SL	7.00		16	9,186.				9,186.	9,186.		0.	9,186.
123	XCCENT PLAY EQUIPMENT	01/30/15	SL	7.00		16	15,771.				15,771.	15,771.		0.	15,771.
124	CUSTOM CANOPIES PLAYGROUND	01/30/15	SL	7.00		16	5,274.				5,274.	5,274.		0.	5,274.
125	ACCU TEMP STEAM STEAMERS (CHEF TOYS) - MODEL# E62403D	01/05/18	SL	7.00		16	12,421.				12,421.	8,436.		1,774.	10,210.
126	MITSUBISHI FORKLIFT TRUCK - FG25N5 S/N# AF17E04127	03/12/18	SL	7.00		16	24,819.				24,819.	16,225.		3,546.	19,771.
127	2 SETS - VULCAN VC55GD CONVECTION OVENS (FOUR OVENS	11/27/18	SL	7.00		16	13,040.				13,040.	7,130.		1,863.	8,993.
128	7 DRINKING FOUNTAINS AT 120 ELM	01/22/19	SL	7.00		16	21,750.				21,750.	11,396.		3,107.	14,503.
129	SOUND SYSTEM EQUIPMENT + INSTALLATION COSTS (CALIFORN	06/07/20	SL	7.00		16	9,931.				9,931.	3,304.		1,419.	4,723.

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## 2022 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
130	LAUNDRY EQUIPMENT AT 120 ELM BLDG (PWS, WEST PRO PLUMBING	06/30/20	SL	7.00		16	23,005.				23,005.	7,398.		3,286.	10,684.
131	FOLDING MACHINE FOR DEVELOPMENT (QUADIENT)	09/01/20	SL	7.00		16	10,220.				10,220.	3,050.		1,460.	4,510.
132	2019 MITSUBISHI FORKLIFT - MODEL# FGC25N4-LE; SERIAL# A	09/21/20	SL	7.00		16	27,292.				27,292.	7,800.		3,899.	11,699.
133	NEW NATCITY WH - WALK-IN COOLER & FREEZER (LIQUIDATOR	09/30/20	SL	7.00		16	52,338.				52,338.	14,952.		7,477.	22,429.
134	2 THREADMILLS IN 120 ELM BLDG (FITNESS WAREHOUSE USA)	07/31/21	SL	7.00		16	6,821.				6,821.	1,134.		974.	2,108.
135	MOBILE SHOWER TRAILER# 1-SHOWER MINISTRY (RICH TRAILER	12/01/21	SL	7.00		16	44,194.				44,194.	5,261.		6,313.	11,574.
136	NEW ICE MACHINE EQUIPMENT (ACE COOLERS INC)	12/20/21	SL	7.00		16	9,473.				9,473.	1,017.		1,353.	2,370.
137	PALLET JACK 1 OF 2 FOR PARTNERS FOR HUNGER RELIEF (	08/28/22	SL	7.00		16	4,300.				4,300.	51.		614.	665.
138	PALLET JACK 2 OF 2 FOR PARTNERS FOR HUNGER RELIEF (	09/28/22	SL	7.00		16	4,301.				4,301.			614.	614.
139	BREAD OF LIFE - VARIOUS EQUIPMENT (PER MODIFIED BALA	10/01/20	SL	7.00		16	29,236.				29,236.	8,352.		4,176.	12,528.
167	5 - GAYLORD CARGO BOXES 48X40X48	09/01/23	SL	7.00		16	5,840.				5,840.			70.	70.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						336,120.				336,120.	132,645.		41,945.	174,590.
	TRANSPORTATION EQUIPMENT														
115	2017 SAVANA 2500 VIN 348063 (12-PASSENGER VAN)	01/09/18	SL	5.00		16	35,527.				35,527.	33,745.		1,782.	35,527.
116	2018 MERCEDES BENZ VAN VIN# WD4PG2EE8J3402509	01/14/19	SL	5.00		16	34,025.				34,025.	25,515.		6,805.	32,320.
117	2016 MERCEDES BENZ SPRINTER VIN# 8BRPE7DDXGE123239	01/23/20	SL	5.00		16	29,368.				29,368.	15,648.		5,874.	21,522.
118	2017 GMC SIERRA 2500 (USED) - FOR SHOWER MINISTRY	08/02/21	SL	5.00		16	66,469.				66,469.	15,512.		13,294.	28,806.
119	2009 CHEVROLET EXPRESS (USED) - FOR PROGRAMS HOMELE	02/16/22	SL	5.00		16	26,704.				26,704.	3,115.		5,341.	8,456.

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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
120	VEHICLE GRAPHICS/LABOR - 2012 FORD, 2017 GMC	08/26/22	SL	5.00		16	8,820.				8,820.	147.		1,764.	1,911.
161	RICH SPECIALTY TRAILER - ADDT'L SHOWER TRAILER #2 COS	09/30/23	SL	5.00		16	5,036.				5,036.			0.	
162	RELIC SIGN COMPANY - 2016 TOYOTA SIENNA FULL WRAP	06/01/23	SL	5.00		16	5,620.				5,620.			375.	375.
163	RICH SPECIALTY TRAILER - SWT154 4 STATION SHOWER	03/01/23	SL	5.00		16	50,962.				50,962.			5,096.	5,096.
164	RELIC SIGN COMPANY - SWT154 4 STATION SHOWER	02/01/23	SL	5.00		16	10,524.				10,524.			1,403.	1,403.
165	2016 TOYOTA SIENNA VAN VIN #764084	01/20/23	SL	5.00		16	43,910.				43,910.			5,855.	5,855.
166	2020 CHEVY C1500 SERIAL #7350	11/15/22	SL	5.00		16	39,960.				39,960.			6,660.	6,660.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						356,925.				356,925.	93,682.		54,249.	147,931.
	LAND														
1	HARBORVIEW	07/02/03	L				4,000,000.				4,000,000.			0.	
2	1840 1ST AVENUE	09/30/04	L				257,642.				257,642.			0.	
3	NATIONAL CITY WAREHOUSE	02/05/20	L				650,000.				650,000.			0.	
4	NATIONAL CITY NAVIGATION CENTER	02/23/22	L				712,617.				712,617.			0.	
5	1818 FIRST AVENUE - LAND	08/31/22	L				300,137.				300,137.			0.	
	* 990 PAGE 10 TOTAL LAND						5,920,396.				5,920,396.	0.		0.	0.
	OTHER														
170	(D)1993 FORD PICKUP 18289	05/24/00	SL	5.00		16	5,914.				5,914.	5,914.		0.	5,914.
	* 990 PAGE 10 TOTAL OTHER						5,914.				5,914.	5,914.		0.	5,914.

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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
	COMPUTER EQUIPMENT/SOFTWARE														
	OTHER														
93	25 DELL LATITUDE 3550 LAPTOPS FOR CLASSROOM AT 111	02/22/17	SL	5.00		16	19,082.				19,082.	19,082.		0.	19,082.
94	7 DELL DESKTOP COMPUTERS FOR NVH LAB (SN/SERVICE TAG# BP0	12/22/18	SL	5.00		16	7,471.				7,471.	5,625.		1,494.	7,119.
95	DELL POWEREDGE T640 SERVER (SN/SERVICE TAG# DDVSPX2)	07/22/19	SL	5.00		16	6,485.				6,485.	4,104.		1,297.	5,401.
96	GIFT PROCESSING SYSTEM (AQ2 TECHNOLOGIES)	03/31/20	SL	5.00		16	29,144.				29,144.	14,580.		5,829.	20,409.
97	ACCOUNTING/FINANCE ACCOUNTS PAYABLE ACH PAYMENT SYSTEM (	06/30/20	SL	5.00		16	6,698.				6,698.	3,024.		1,340.	4,364.
98	PULSE KIOSK + SOFTWARE + DATA DASHBOARD FOR PROGRAMS	07/15/20	SL	5.00		16	10,800.				10,800.	4,860.		2,160.	7,020.
99	BREWER MARKETING WEBSITE BUILD (3 INVOICES)	09/01/21	SL	5.00		16	42,471.				42,471.	9,204.		8,494.	17,698.
100	COMPUTERS (SET OF 5) FOR MISSION ACADEMY (AMAZON - PA	02/28/22	SL	5.00		16	5,922.				5,922.	693.		1,184.	1,877.
101	POWER EDGE R450 SERVER (DELL BUSINESS CREDIT)	07/22/22	SL	5.00		16	6,396.				6,396.	213.		1,279.	1,492.
102	CAMERA & TV MONITOR FROM 1371-00 CIP ACCOUNT 9/30/22	09/30/22	SL	5.00		16	6,760.				6,760.			1,352.	1,352.
155	360MATCHPRO	09/01/23	SL	5.00		16	7,700.				7,700.			128.	128.
156	DELL; 10 STAFF COMPUTERS, 8 ONC COMPUTER FOR LAB	07/22/23	SL	5.00		16	14,545.				14,545.			485.	485.
	* 990 PAGE 10 TOTAL OTHER						163,474.				163,474.	61,385.		25,042.	86,427.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT/SOFTWARE						163,474.				163,474.	61,385.		25,042.	86,427.
	IMPROVEMENTS														
	BUILDINGS														

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18	FLOORING	10/10/06	SL	15.00		16	2,867.				2,867.	2,867.		0.	2,867.
19	PARKING GARAGE DOOR	10/17/06	SL	15.00		16	7,230.				7,230.	7,230.		0.	7,230.
20	PARKING GARAGE DOOR	11/16/06	SL	15.00		16	1,570.				1,570.	1,570.		0.	1,570.
21	CALIFORNIA COMMERCIAL SECURITY	11/21/06	SL	15.00		16	1,304.				1,304.	1,304.		0.	1,304.
22	LARSON	03/14/07	SL	15.00		16	1,942.				1,942.	1,942.		0.	1,942.
23	PACIFIC BUILDING GRO	05/01/07	SL	15.00		16	5,993.				5,993.	5,993.		0.	5,993.
27	PBG NEW PLAYGROUND CONSTRUCTION	12/31/07	SL	15.00		16	21,748.				21,748.	21,520.		228.	21,748.
28	SERVER	01/14/08	SL	15.00		16	2,294.				2,294.	2,294.		0.	2,294.
29	FENCE FOR PLAYGROUND	07/23/08	SL	15.00		16	6,726.				6,726.	6,361.		365.	6,726.
30	INSTALLATION OF PLAYGROUND RUBBER	07/23/08	SL	15.00		16	31,090.				31,090.	29,385.		1,705.	31,090.
31	PCB-NEW PLAYGROUND CONSTRUCTION	08/28/08	SL	15.00		16	33,921.				33,921.	32,001.		1,920.	33,921.
32	CITY TREASURER PERMIT	03/23/10	SL	15.00		16	250.				250.	177.		17.	194.
33	IMPROVEMENTS-AP CONTRACTING & ANT-PAINTING	03/23/10	SL	15.00		16	1,000.				1,000.	872.		67.	939.
34	IMPROVEMENTS-GRAPHIC EDGE-FIRSTPAYMENT	05/06/10	SL	15.00		16	1,270.				1,270.	1,048.		85.	1,133.
35	IMPROVEMENTS-AP CONTRACTING & ANT-PAINTING	05/06/10	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
36	IMPROVEMENTS-AP CONTRACTING & ANT-REMODEL	05/12/10	SL	15.00		16	380.				380.	304.		25.	329.
37	IMPROVEMENTS-GRAPHIC EDGE	05/17/10	SL	15.00		16	462.				462.	417.		31.	448.
38	IMPROVEMENTS-GRAPHIC EDGE-FINALPAYMENT	05/20/10	SL	15.00		16	2,532.				2,532.	2,077.		169.	2,246.

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39	IMPROVEMENTS-REMODEL/WARENPE RIN	06/14/10	SL	15.00		16	790.				790.	619.		53.	672.
40	FLOORING-JW FLOOR COVERING	06/16/10	SL	15.00		16	5,000.				5,000.	4,100.		333.	4,433.
41	CHILLER-ALPHA MECHANICAL	12/30/10	SL	15.00		16	25,000.				25,000.	19,594.		1,667.	21,261.
42	FLOORING-TRI CO FLOORS	10/27/11	SL	5.00		16	20,235.				20,235.	20,235.		0.	20,235.
43	FLOORING-TRI CO FLOORS	10/31/11	SL	5.00		16	7,143.				7,143.	7,143.		0.	7,143.
44	HANDICAP DOOR	11/14/11	SL	39.00	MM	16	7,480.				7,480.	2,096.		192.	2,288.
45	FLOORING-TRI CO FLOORS	11/17/11	SL	5.00		16	1,725.				1,725.	1,725.		0.	1,725.
46	FLOOR RESTRM	11/30/11	SL	39.00	MM	16	11,732.				11,732.	3,254.		301.	3,555.
47	FLOOR RESTRM	02/22/12	SL	39.00	MM	16	11,732.				11,732.	3,178.		301.	3,479.
48	VIDEO SURVEILLANCE	09/20/12	SL	5.00		16	17,336.				17,336.	17,336.		0.	17,336.
49	FLOOR RESTRM	06/18/12	SL	39.00	MM	16	13,492.				13,492.	3,560.		346.	3,906.
50	CANOPY-CUSTOM CANOPIES	03/15/13	SL	5.00		16	5,840.				5,840.	5,840.		0.	5,840.
51	FLOORING-TRI CO FLOORS	02/25/14	SL	5.00		16	7,650.				7,650.	7,650.		0.	7,650.
52	FLOORING-TRI CO FLOORS	06/01/14	SL	5.00		16	5,700.				5,700.	5,700.		0.	5,700.
53	FLOORING-TRI CO FLOORS	08/20/14	SL	5.00		16	8,800.				8,800.	8,800.		0.	8,800.
54	CHILLER	09/09/14	SL	39.00	MM	16	84,285.				84,285.	17,461.		2,161.	19,622.
55	HANDICAP OPERATOR INSTALL EXTERIOR DOOR (2ND AVE)	03/09/17	SL	15.00		16	8,280.				8,280.	3,036.		552.	3,588.
56	NEW BIOCID FEEDER FOR NEW COOLING TOWER (CHEM PRO LAB)	04/30/19	SL	5.00		16	4,679.				4,679.	3,198.		936.	4,134.

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57	EEV RETROFIT FOR CHILLER (SAN DIEGO MECHANICAL)	05/31/19	SL	5.00		16	8,980.				8,980.	6,000.		1,796.	7,796.
58	VARIABLE SPED DRIVE AND BYPASS FOR NEW COOLING TOWER	05/31/19	SL	5.00		16	4,990.				4,990.	3,320.		998.	4,318.
59	FLOORING (PALOMAR FLOORING)	05/31/19	SL	5.00		16	10,000.				10,000.	6,680.		2,000.	8,680.
60	TILE KITCHEN (HY TECH TILE)	06/04/19	SL	5.00		16	6,393.				6,393.	4,173.		1,279.	5,452.
61	NEW COOLING TOWER (CONTROL AIR CONDITIONING CORP)	06/30/19	SL	15.00		16	72,077.				72,077.	15,601.		4,805.	20,406.
62	NVH FLOORING/PHASE 1 LABOR FOR GLUE-DOWN INST OF VINYL	10/08/19	SL	5.00		16	6,615.				6,615.	3,960.		1,323.	5,283.
63	NVH PLAZA RESURFACE (SAL ARROYO)	11/25/19	SL	5.00		16	5,000.				5,000.	2,822.		1,000.	3,822.
64	CHILDREN CENTER FLOORING (PALOMAR FLOORING)	01/03/20	SL	5.00		16	7,325.				7,325.	4,026.		1,465.	5,491.
65	NVH PLAZA PROJECT - FOUR (4) 8FT PARK BENCH	01/28/20	SL	5.00		16	2,583.				2,583.	1,419.		517.	1,936.
66	FLOORING INSTALLATION - 1ST FLOOR (SAL ARROYO)	03/06/20	SL	5.00		16	5,600.				5,600.	2,883.		1,120.	4,003.
67	FLOORING INSTALLATION - (SAL ARROYO)	06/05/20	SL	5.00		16	12,200.				12,200.	5,684.		2,440.	8,124.
68	3RD FLOOR HALLWAY FLOORS REPLACEMENT (RE:SOURCE FLOOR	06/30/20	SL	5.00		16	44,485.				44,485.	6,669.		8,897.	15,566.
69	2ND FLOOR HALLWAY FLOORS REPLACEMENT (RE:SOURCE FLOOR	08/31/20	SL	5.00		16	16,615.				16,615.	6,925.		3,323.	10,248.
70	NATCITY WH IMPROVEMENTS FROM CIP 1371-00	11/01/20	SL	39.00	MM	16	382,287.				382,287.	18,791.		9,802.	28,593.
71	OTIS ELEVATOR REPAIR/IMPROVEMENTS	04/27/21	SL	15.00		16	17,935.				17,935.	1,700.		1,196.	2,896.
72	HOT WATER STORAGE TANK PROJECT (THE BRINKS GROUP)	05/31/21	SL	15.00		16	29,534.				29,534.	2,624.		1,969.	4,593.
73	JMG SECURITY SYSTEM	08/31/21	SL	5.00		16	6,375.				6,375.	1,378.		1,275.	2,653.
83	MATERIALS ONLY - 2ND FLOOR HALLWAY FLOORS REPLACEMENT (	09/03/21	SL	5.00		16	8,501.				8,501.	1,846.		1,700.	3,546.

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84	FLOORING INSTALLATION - (SAL ARROYO)	11/01/21	SL	5.00		16	7,986.				7,986.	1,463.		1,597.	3,060.
85	1ST FLOOR BLDG PIPING REPLACEMENT (WESPRO PLUMBING)	12/15/21	SL	5.00		16	10,127.				10,127.	1,690.		2,025.	3,715.
86	RE-PIPE CHILLER (SAN DIEGO MECHANICAL)	02/28/22	SL	15.00		16	26,999.				26,999.	1,050.		1,800.	2,850.
87	RESOURCE FLOORS, INC-I-5396 (BEGIN DEPRN 8/1/22)	08/01/22	SL	5.00		16	5,750.				5,750.	192.		1,150.	1,342.
88	ENHANCED VOICE & DAT-24062	07/26/22	SL	5.00		16	6,399.				6,399.	214.		1,280.	1,494.
89	RESOURCE FLOORS, INC-I-5529 - CHURCH PARTNERSHIP OFFICE	09/01/22	SL	5.00		16	16,202.				16,202.	270.		3,240.	3,510.
90	WPY SZ ROOFING INC	09/30/22	SL	5.00		16	5,135.				5,135.			1,027.	1,027.
91	JMG SECURITY SYSTEM - LOBBY REVENOVATION PROJECT (FROM C	09/30/22	SL	5.00		16	10,225.				10,225.			2,045.	2,045.
144	120 ELM ST - CHILDREN'S CENTER PLAYGROUND	09/30/23	SL	15.00		16	52,064.				52,064.			0.	0.
145	120 ELM ST - NVH PATIO SHADE STRUCTURE	09/30/23	SL	15.00		16	14,292.				14,292.			0.	0.
146	1818 1ST ST - GLASS	08/02/23	SL	15.00		16	6,333.				6,333.			70.	70.
147	WATER HEATER	08/01/23	SL	15.00		16	12,562.				12,562.			140.	140.
149	1818 1ST ST - RECLASS CIP	09/30/23	SL	39.00		16	823,723.				823,723.			0.	0.
150	120 ELM ST - CANOPY - CUSTOM CANOPIES	09/27/23	SL	5.00		16	11,880.				11,880.			0.	0.
151	120 ELM ST - A GARAGE DOOR LA500 SINGLE ARM OPERATOR	07/01/23	SL	5.00		16	8,460.				8,460.			423.	423.
152	120 ELM ST - APEX CONTRACTING - ALLEY ASPHALT	06/27/23	SL	5.00		16	74,471.				74,471.			3,724.	3,724.
153	120 ELM ST - APEX CONTRACTING - ALLEY ASPHALT	05/09/23	SL	5.00		16	8,275.				8,275.			828.	828.
154	120 ELM ST - WAREHOUSE ROOF REPAIR (SZ ROOFING INC)	12/28/22	SL	5.00		16	6,540.				6,540.			1,090.	1,090.



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	* 990 PAGE 10 TOTAL BUILDINGS						2,126,396.				2,126,396.	355,267.		78,798.	434,065.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS						2,126,396.				2,126,396.	355,267.		78,798.	434,065.
	RENOVATION BUILDINGS														
8	HARBORVIEW RENOVATIONS	02/28/04	SL	39.00	MM	16	9,900,675.				9,900,675.	4,738,758.		253,863.	4,992,621.
10	MQ RENOVATION	01/18/05	SL	39.00	MM	16	82,249.				82,249.	37,456.		2,109.	39,565.
11	RENOVATION IMPROVEMENTS	01/18/00	SL	39.00	MM	16	166,743.				166,743.	71,587.		4,275.	75,862.
12	NVH RENOVATIONS - FLOORING - ROOM, OFFICE & STORAGE	10/29/15	SL	17.00		16	16,620.				16,620.	6,723.		978.	7,701.
13	NVH RENOVATIONS - NEW CEILINGS	11/16/15	SL	17.00		16	12,480.				12,480.	5,063.		734.	5,797.
14	NVH BATHROOM/RESTROOM RENOVATION	11/01/20	SL	17.00		16	223,419.				223,419.	25,185.		13,142.	38,327.
15	LOBBY REVENOVATION PROJECT (FROM CIP 1371-00 AS OF 9/30	09/30/22	SL	15.00		16	808,593.				808,593.			53,906.	53,906.
	* 990 PAGE 10 TOTAL BUILDINGS						11210779.				11210779.	4,884,772.		329,007.	5,213,779.
	* 990 PAGE 10 TOTAL - RENOVATION						11210779.				11210779.	4,884,772.		329,007.	5,213,779.
	* GRAND TOTAL 990 PAGE 10 DEPR						37089802.				37089802.	9,524,812.		1,078,128.	10602940.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						35724194.			0.	35724194.	9,524,812.			10573532.
	ACQUISITIONS						1,365,608.			0.	1,365,608.	0.			29,408.

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## 2022 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
	DISPOSITIONS/RETIRE						5,914.			0.	5,914.	5,914.			5,914.
	ENDING BALANCE						37083888.			0.	37083888.	9,518,898.			10597026.
	ENDING ACCUM DEPR LESS DISPOSITIONS											10597026.			
	ENDING BOOK VALUE											26486862.			

(D) - Asset disposed

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