

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, 2024

EXTENDED TO AUGUST 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2023**Open to Public
Inspection**A** For the 2023 calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAN DIEGO RESCUE MISSION, INC.		D Employer identification number 95-1874073
	Doing business as		E Telephone number 619-819-1891
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 80427		
	City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92138		G Gross receipts \$ 25,338,910.
F Name and address of principal officer: DONNIE DEE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.SDRESCUE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1955 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO LOVINGLY ADDRESS THE NEEDS OF MEN, WOMEN AND CHILDREN EXPERIENCING HOMELESSNESS BY SHARING THE
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 12
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 226
	6 Total number of volunteers (estimate if necessary) 6 3188
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 23,425,989. Prior Year 24,026,962. Current Year
	9 Program service revenue (Part VIII, line 2g) 47,797. 50,227.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 132,250. 156,208.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,733,300. 1,052,605.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 25,339,336. 25,286,002.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 13,000,202.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,148,249. 9,027,617.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 2,709,885. 2,285,329.
	b Total fundraising expenses (Part IX, column (D), line 25) 4,299,776.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13,475,528. 6,436,065.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 23,333,662. 30,749,213.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 2,005,674. -5,463,211.
	20 Total assets (Part X, line 16) 44,951,952. Beginning of Current Year 47,400,081. End of Year
	21 Total liabilities (Part X, line 26) 23,676,190. 31,229,815.
	22 Net assets or fund balances. Subtract line 21 from line 20 21,275,762. 16,170,266.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	DONNIE DEE, PRESIDENT & CEO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	BRYAN HUNG			P01553971
Preparer Use Only	Firm's name	Firm's EIN		
	NOVOGRADAC & COMPANY LLP	94-3108253		
Preparer Use Only	Firm's address	Phone no.		
	3780 KILROY AIRPORT WAY SUITE 330 LONG BEACH, CA 90806	562-432-9482		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

332001 12-21-23

Form **990** (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 12,648,058. including grants of \$) (Revenue \$)
MEN, WOMEN AND CHILDREN'S SERVICES: 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 \$ 7,401,803. including grants of \$) (Revenue \$)
THE SOUTH COUNTY LIGHTHOUSE (SCL) PROVIDES EMERGENCY SHELTER SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS. THE SAN DIEGO RESCUE MISSION FUNDS THE DAY-TO-DAY OPERATIONS THROUGH DONATIONS AND GRANTS. SCL IS DESIGNED TO SERVE SINGLE MEN, SINGLE WOMEN AND FAMILIES. THOSE BEING SERVED ARE REFERRED TO AS GUESTS. EACH NIGHT, UP TO 125 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 SCL 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.

4c (Code:) (Expenses \$ 2,474,466. 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 \$ 2,426,650. including grants of \$) (Revenue \$)

4e Total program service expenses 24,950,977.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 37	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 226		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

	1a	12	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.		12		
b Enter the number of voting members included on line 1a, above, who are independent	1b	12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a 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 Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c 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
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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				243,404.	0.	0.
(2) EDVIN LIKU VP OF OPERATIONS	40.00			X				133,052.	0.	0.
(3) MICHELLE SMITH VP OF DEVELOPMENT	40.00			X				102,897.	0.	0.
(4) KEVIN BROWN CHAIRMAN	2.00	X		X				0.	0.	0.
(5) ROBERT BIXEL TREASURER	2.00	X		X				0.	0.	0.
(6) LINDA RANKIN BOARD PASTOR	2.00	X						0.	0.	0.
(7) CHARLES WALKER SECRETARY	2.00	X		X				0.	0.	0.
(8) CATHY HERRICK DIRECTOR	2.00	X						0.	0.	0.
(9) BRAD DOTSON DIRECTOR	2.00	X						0.	0.	0.
(10) CRAIG DUHS DIRECTOR	2.00	X						0.	0.	0.
(11) JOHN PASHA DIRECTOR	2.00	X						0.	0.	0.
(12) DONNA NEW DIRECTOR	2.00	X						0.	0.	0.
(13) KEITH HOPKINS DIRECTOR	2.00	X						0.	0.	0.
(14) RASZELL CARPENTER DIRECTOR	2.00	X						0.	0.	0.
(15) STEFAN MEIERHOFER DIRECTOR	2.00	X						0.	0.	0.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	123,855.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	23,903,107.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,635,693.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a VEHICLE SALES	Business Code	441100	47,825.	47,825.		
	b RECYCLING		562000	2,402.	2,402.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			50,227.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			156,208.	156,208.	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real 289,300.				
b Less: rental expenses ...		6b	0.				
c Rental income or (loss)		6c	289,300.				
d Net rental income or (loss)				289,300.			289,300.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 123,855. of contributions reported on line 1c). See Part IV, line 18		8a	0.				
b Less: direct expenses		8b	52,908.				
c Net income or (loss) from fundraising events			-52,908.						-52,908.
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code	900099	816,213.	816,213.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			816,213.			
	12 Total revenue. See instructions			25,286,002.	1,022,648.	0.	236,392.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,369,200.	6,369,200.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,631,002.	6,631,002.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	206,568.		123,941.	82,627.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	7,510,635.	5,721,482.	540,627.	1,248,526.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	694,653.	546,565.	45,025.	103,063.
10 Payroll taxes	615,761.	481,532.	33,376.	100,853.
11 Fees for services (nonemployees):				
a Management				
b Legal	66,263.	2,374.	42,057.	21,832.
c Accounting	58,012.		58,012.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,285,329.			2,285,329.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	959,472.	591,405.	363,208.	4,859.
12 Advertising and promotion	112,440.	21,650.		90,790.
13 Office expenses	380,386.	200,168.	35,388.	144,830.
14 Information technology	230,007.	70,788.	75,802.	83,417.
15 Royalties				
16 Occupancy	415,479.	415,479.		
17 Travel	106,360.	52,531.	20,523.	33,306.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	457,903.	444,663.	6,620.	6,620.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,124,152.	1,000,520.	91,629.	32,003.
23 Insurance	2,653.		1,592.	1,061.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FACILITES ALLOCATED	1,669,945.	1,548,625.	60,660.	60,660.
b FOOD SERVICES ALLOCATED	852,993.	852,993.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	30,749,213.	24,950,977.	1,498,460.	4,299,776.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,573,879.	1	3,845,769.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	867,698.	4	331,126.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	2,300,000.	7	2,300,000.
	8 Inventories for sale or use	277,244.	8	247,209.
	9 Prepaid expenses and deferred charges	435,519.	9	455,766.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 38,015,423.		
	b Less: accumulated depreciation	10b 12,237,657.	10c	25,777,766.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	6,344,635.	12	5,241,711.
	13 Investments - program-related. See Part IV, line 11	16,245.	13	20,946.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,646,349.	15	9,179,788.
16 Total assets. Add lines 1 through 15 (must equal line 33)	44,951,952.	16	47,400,081.	
Liabilities	17 Accounts payable and accrued expenses	1,677,753.	17	1,423,723.
	18 Grants payable		18	
	19 Deferred revenue	134,863.	19	78,030.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	20,350,967.	23	28,183,143.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,512,607.	25	1,544,919.
	26 Total liabilities. Add lines 17 through 25	23,676,190.	26	31,229,815.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	17,049,245.	27	13,354,049.
	28 Net assets with donor restrictions	4,226,517.	28	2,816,217.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	21,275,762.	32	16,170,266.
	33 Total liabilities and net assets/fund balances	44,951,952.	33	47,400,081.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,286,002.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,749,213.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,463,211.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,275,762.
5	Net unrealized gains (losses) on investments	5	370,375.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-12,660.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,170,266.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16591433.	22121413.	26277060.	23986320.	26196828.	115173054
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16591433.	22121413.	26277060.	23986320.	26196828.	115173054
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						195,226.
6 Public support. Subtract line 5 from line 4.						114977828

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	16591433.	22121413.	26277060.	23986320.	26196828.	115173054
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			397,192.	456,514.	445,508.	1299214.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	253,992.	276,945.	92,784.	492,159.	150,556.	1266436.
11 Total support. Add lines 7 through 10						117738704
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.66	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.71	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

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

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

2023Open to Public
Inspection

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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:

(i) Unrelated organizations? _____

(ii) Related organizations? _____

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,920,396.		5,920,396.
b Buildings		27,852,711.	10,355,133.	17,497,578.
c Leasehold improvements				
d Equipment		1,662,175.	1,065,649.	596,526.
e Other		2,580,141.	816,875.	1,763,266.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				25,777,766.

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	5,241,711.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	5,241,711.	

Part VIII Investments - Program Related.

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

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

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	2,816,217.
(2) CONSTRUCTION IN PROGRESS	6,314,656.
(3) RIGHT OF USE ASSET	48,915.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	9,179,788.

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	1,221,230.
(3) ACCRUED VACATION PAYABLE	263,820.
(4) SECURITY DEPOSIT/PREPAID RENT	5,000.
(5) ACCRUED TH DEPOSIT	525.
(6) LEASE LIABILITY	54,344.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,544,919.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	24,760,526.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	24,760,526.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	525,476.
c	Add lines 4a and 4b	4c	525,476.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,286,002.

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

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

1	Total expenses and losses per audited financial statements	1	30,762,094.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	30,762,094.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-12,881.
c	Add lines 4a and 4b	4c	-12,881.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	30,749,213.

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 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, 2024 OR 2023. THE ORGANIZATION DID NOT HAVE

UNRECOGNIZED TAX BENEFITS AS OF SEPTEMBER 30, 2024 OR 2023 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, 2024, THE ORGANIZATION HAS NOT ACCRUED INTEREST OR PENALTIES

RELATED TO UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT ACTIVITY

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEPRECIATION

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 ANNUAL GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	123,855.			123,855.
	2 Less: Contributions	123,855.			123,855.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	52,908.			52,908.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				52,908.
11 Net income summary. Subtract line 10 from line 3, column (d)					-52,908.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: BREWER DIRECT, INC

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

[illegible]

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number
95-1874073

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SAN DIEGO RESCUE MISSION FOUNDATION - P.O. BOX 80427 - SAN DIEGO, CA 92138	88-0939564		6,369,200.	0.			TO PROVIDE FUNDS RELATED TO NMTC LOAN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

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Schedule I (Form 990) 2023

SAN DIEGO RESCUE MISSION, INC.

95-1874073

Page 2

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DONATED FOOD AND MATERIALS	0	0.	6,631,002.		FOOD AND OTHER GOOD DISTRIBUTIONS

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2023

Part III	Supplemental Information
-----------------	---------------------------------

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

[illegible]

**SCHEDULE M
(Form 990)****Noncash Contributions**

OMB No. 1545-0047

2023Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,134,814.	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		5,500,879.	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

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

Schedule M (Form 990) 2023

Supplemental Information.

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

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

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

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

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

OPERATES A DONATION PROCESSING CENTER S 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.

CHILDREN'S RESOURCE CENTER: THE CHILDREN'S RESOURCE CENTER (CRC)

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

Schedule O (Form 990) 2023

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

PROVIDES ASSISTANCE IN CONNECTING FAMILIES TO EDUCATIONAL AND CHILDCARE SERVICES THAT THEY ARE ELIGIBLE FOR. THIS INCLUDES SCHOOL ENROLLMENT AND BENEFIT MANAGEMENT. IN ADDITION, THE CRC HELPS FAMILIES ACCESS BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND PROVIDES TRAINING AND MENTORSHIP ON TOPICS OF PARENTING AND PLANNING.

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 WELCOMING, LOVING COMMUNITY FOR THOSE IN NEED OF HOPE AND COMPASSION. BREAD OF LIFE STARTED WITH A FEW VOLUNTEERS DISTRIBUTING BAGGED MEALS

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

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.

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 \$ 2,426,650. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

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 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

-12,660.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue ServiceRelated Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number
95-1874073**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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) 2023

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.

[illegible]

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
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) SAN DIEGO RESCUE MISSION FOUNDATION	B	6,369,200.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

990

Attach to your tax return.

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

OMB No. 1545-0172

2023Attachment
Sequence No. **179**

SAN DIEGO RESCUE MISSION, INC.

FORM 990 PAGE 10

95-1874073

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

1	Maximum amount (see instructions)	1	1,160,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,890,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II** Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,053,084.

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

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,053,084.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

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

26 Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2023 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2023 tax year **43**

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

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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		16	6,000,030.				6,000,030.	3,864,314.		171,429.	4,035,743.
7	WAREHOUSE - NATIONAL CITY - PLACED IN SERVICE NOV 1, 202	11/01/20	SL	39.00	MM	16	2,962,380.				2,962,380.	221,548.		75,958.	297,506.
168	NAVIGATION CENTER - NATIONAL CITY	02/23/22	SL	39.00	MM	16	5,415,121.				5,415,121.	219,844.		138,849.	358,693.
169	1818 FIRST AVENUE - BUILDING	08/31/22	SL	39.00	MM	16	2,174,975.				2,174,975.	60,416.		55,769.	116,185.
	* 990 PAGE 10 TOTAL BUILDINGS						16552506.				16552506.	4,366,122.		442,005.	4,808,127.
				.000	HY	16									
	* 990 PAGE 10 TOTAL OTHER						16552506.				16552506.	4,366,122.		442,005.	4,808,127.
	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.	66,591.		0.	66,591.
107	SET OF FURNITURES FOR 111 ELM STREET	04/04/16	SL	7.00		16	5,319.				5,319.	5,319.		0.	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.	4,650.		1,591.	6,241.
110	NORIX GROUP INC - CHILDREN CENTER CLASSROOMS FURNITURE	03/15/21	SL	7.00		16	5,162.				5,162.	1,835.		737.	2,572.
111	DOOR WELDED CELL PHONE LOCKER W/ COMBO LOCKS - 120	12/28/21	SL	7.00		16	9,700.				9,700.	2,421.		1,386.	3,807.

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112	RA1931 SILVER CHEMETAL LAMINATED BACKER AT THE NEW	03/02/22	SL	7.00		16	5,099.				5,099.	1,155.		728.	1,883.
113	NEW FURNITIURES FOR 2ND FLOOR - CHURCH PARTNERSHIP (THINK	07/01/22	SL	7.00		16	13,427.				13,427.	1,918.		1,918.	3,836.
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.	16,928.
157	1818 1ST ST - RECLASS CIP	09/30/23	SL	7.00		16	127,838.				127,838.			18,263.	18,263.
158	OCEANSIDE NAV CENTER - THINK OFFICE	09/30/23	SL	7.00		16	6,000.				6,000.			857.	857.
159	RACK PROJECT FROM 1372-00 CIP ACCOUNT 12/31/22	12/31/22	SL	7.00		16	24,596.				24,596.	2,635.		3,514.	6,149.
160	NEW FURNITURES FOR 2ND FLOOR - CHURCH PARTNERSHIP (THINK	11/07/22	SL	7.00		16	4,477.				4,477.	426.		640.	1,066.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						417,292.				417,292.	174,112.		38,098.	212,210.
	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.	10,210.		1,774.	11,984.
126	MITSUBISHI FORKLIFT TRUCK - FG25N5 S/N# AF17E04127	03/12/18	SL	7.00		16	24,819.				24,819.	19,771.		3,546.	23,317.
127	2 SETS - VULCAN VC55GD CONVECTION OVENS (FOUR OVENS	11/27/18	SL	7.00		16	13,040.				13,040.	8,993.		1,863.	10,856.
128	7 DRINKING FOUNTAINS AT 120 ELM	01/22/19	SL	7.00		16	21,750.				21,750.	14,503.		3,107.	17,610.
129	SOUND SYSTEM EQUIPMENT + INSTALLATION COSTS (CALIFORN	06/07/20	SL	7.00		16	9,931.				9,931.	4,723.		1,419.	6,142.

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130	LAUNDRY EQUIPMENT AT 120 ELM BLDG (PWS, WEST PRO PLUMBING	06/30/20	SL	7.00		16	23,005.				23,005.	10,684.		3,286.	13,970.
131	FOLDING MACHINE FOR DEVELOPMENT (QUADIANT)	09/01/20	SL	7.00		16	10,220.				10,220.	4,510.		1,460.	5,970.
132	2019 MITSUBISHI FORKLIFT - MODEL# FGC25N4-LE; SERIAL# A	09/21/20	SL	7.00		16	27,292.				27,292.	11,699.		3,899.	15,598.
133	NEW NATCITY WH - WALK-IN COOLER & FREEZER (LIQUIDATOR	09/30/20	SL	7.00		16	52,338.				52,338.	22,429.		7,477.	29,906.
134	2 THREADMILLS IN 120 ELM BLDG (FITNESS WAREHOUSE USA)	07/31/21	SL	7.00		16	6,821.				6,821.	2,108.		974.	3,082.
135	MOBILE SHOWER TRAILER# 1-SHOWER MINISTRY (RICH TRAILER	12/01/21	SL	7.00		16	44,194.				44,194.	11,574.		6,313.	17,887.
136	NEW ICE MACHINE EQUIPMENT (ACE COOLERS INC)	12/20/21	SL	7.00		16	9,473.				9,473.	2,370.		1,353.	3,723.
137	PALLET JACK 1 OF 2 FOR PARTNERS FOR HUNGER RELIEF (	08/28/22	SL	7.00		16	4,300.				4,300.	665.		614.	1,279.
138	PALLET JACK 2 OF 2 FOR PARTNERS FOR HUNGER RELIEF (	09/28/22	SL	7.00		16	4,301.				4,301.	614.		614.	1,228.
139	BREAD OF LIFE - VARIOUS EQUIPMENT (PER MODIFIED BALA	10/01/20	SL	7.00		16	29,236.				29,236.	12,528.		4,177.	16,705.
167	5 - GAYLORD CARGO BOXES 48X40X48	09/01/23	SL	7.00		16	5,840.				5,840.	70.		834.	904.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						336,120.				336,120.	174,590.		42,710.	217,300.
	TRANSPORTATION EQUIPMENT														
115	2017 SAVANA 2500 VIN 348063 (12-PASSENGER VAN)	01/09/18	SL	5.00		16	35,527.				35,527.	35,527.		0.	35,527.
116	2018 MERCEDES BENZ VAN VIN# WD4PG2EE8J3402509	01/14/19	SL	5.00		16	34,025.				34,025.	32,320.		1,701.	34,021.
117	2016 MERCEDES BENZ SPRINTER VIN# 8BRPE7DDXGE123239	01/23/20	SL	5.00		16	29,368.				29,368.	21,522.		5,874.	27,396.
118	2017 GMC SIERRA 2500 (USED) - FOR SHOWER MINISTRY	08/02/21	SL	5.00		16	66,469.				66,469.	28,806.		13,294.	42,100.
119	2009 CHEVROLET EXPRESS (USED) - FOR PROGRAMS HOMELE	02/16/22	SL	5.00		16	26,704.				26,704.	8,456.		5,341.	13,797.

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120	VEHICLE GRAPHICS/LABOR - 2012 FORD, 2017 GMC	08/26/22	SL	5.00		16	8,820.				8,820.	1,911.		1,764.	3,675.
161	RICH SPECIALTY TRAILER - ADDT'L SHOWER TRAILER #2 COS	09/30/23	SL	5.00		16	5,036.				5,036.			1,007.	1,007.
162	RELIC SIGN COMPANY - 2016 TOYOTA SIENNA FULL WRAP	06/01/23	SL	5.00		16	5,620.				5,620.	375.		1,124.	1,499.
163	RICH SPECIALTY TRAILER - SWT154 4 STATION SHOWER	03/01/23	SL	5.00		16	50,962.				50,962.	5,096.		10,192.	15,288.
164	RELIC SIGN COMPANY - SWT154 4 STATION SHOWER	02/01/23	SL	5.00		16	10,524.				10,524.	1,403.		2,105.	3,508.
165	2016 TOYOTA SIENNA VAN VIN #764084	01/20/23	SL	5.00		16	43,910.				43,910.	5,855.		8,782.	14,637.
166	2020 CHEVY C1500 SERIAL #7350	11/15/22	SL	5.00		16	39,960.				39,960.	6,660.		7,992.	14,652.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						356,925.				356,925.	147,931.		59,176.	207,107.
	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.
	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.

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94	7 DELL DESKTOP COMPUTERS FOR NVH LAB (SN/SERVICE TAG# BP0	12/22/18	SL	5.00		16	7,471.				7,471.	7,119.		352.	7,471.
95	DELL POWEREDGE T640 SERVER (SN/SERVICE TAG# DDVSPX2)	07/22/19	SL	5.00		16	6,485.				6,485.	5,401.		1,081.	6,482.
96	GIFT PROCESSING SYSTEM (AQ2 TECHNOLOGIES)	03/31/20	SL	5.00		16	29,144.				29,144.	20,409.		5,829.	26,238.
97	ACCOUNTING/FINANCE ACCOUNTS PAYABLE ACH PAYMENT SYSTEM (	06/30/20	SL	5.00		16	6,698.				6,698.	4,364.		1,340.	5,704.
98	PULSE KIOSK + SOFTWARE + DATA DASHBOARD FOR PROGRAMS	07/15/20	SL	5.00		16	10,800.				10,800.	7,020.		2,160.	9,180.
99	BREWER MARKETING WEBSITE BUILD (3 INVOICES)	09/01/21	SL	5.00		16	42,471.				42,471.	17,698.		8,494.	26,192.
100	COMPUTERS (SET OF 5) FOR MISSION ACADEMY (AMAZON - PA	02/28/22	SL	5.00		16	5,922.				5,922.	1,877.		1,184.	3,061.
101	POWER EDGE R450 SERVER (DELL BUSINESS CREDIT)	07/22/22	SL	5.00		16	6,396.				6,396.	1,492.		1,279.	2,771.
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.	2,704.
155	360MATCHPRO	09/01/23	SL	5.00		16	7,700.				7,700.	128.		1,540.	1,668.
156	DELL; 10 STAFF COMPUTERS, 8 ONC COMPUTER FOR LAB	07/22/23	SL	5.00		16	14,545.				14,545.	485.		2,909.	3,394.
	* 990 PAGE 10 TOTAL OTHER						163,474.				163,474.	86,427.		27,520.	113,947.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT/SOFTWARE						163,474.				163,474.	86,427.		27,520.	113,947.
	IMPROVEMENTS														
	BUILDINGS														
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.

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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.	21,748.		0.	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.	6,726.		0.	6,726.
30	INSTALLATION OF PLAYGROUND RUBBER	07/23/08	SL	15.00		16	31,090.				31,090.	31,090.		0.	31,090.
31	PCB-NEW PLAYGROUND CONSTRUCTION	08/28/08	SL	15.00		16	33,921.				33,921.	33,921.		0.	33,921.
32	CITY TREASURER PERMIT	03/23/10	SL	15.00		16	250.				250.	194.		17.	211.
33	IMPROVEMENTS-AP CONTRACTING & ANT-PAINTING	03/23/10	SL	15.00		16	1,000.				1,000.	939.		61.	1,000.
34	IMPROVEMENTS-GRAPHIC EDGE-FIRSTPAYMENT	05/06/10	SL	15.00		16	1,270.				1,270.	1,133.		85.	1,218.
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.	329.		25.	354.
37	IMPROVEMENTS-GRAPHIC EDGE	05/17/10	SL	15.00		16	462.				462.	448.		14.	462.
38	IMPROVEMENTS-GRAPHIC EDGE-FINALPAYMENT	05/20/10	SL	15.00		16	2,532.				2,532.	2,246.		169.	2,415.
39	IMPROVEMENTS-REMODEL/WARENPE RIN	06/14/10	SL	15.00		16	790.				790.	672.		53.	725.
40	FLOORING-JW FLOOR COVERING	06/16/10	SL	15.00		16	5,000.				5,000.	4,433.		333.	4,766.
41	CHILLER-ALPHA MECHANICAL	12/30/10	SL	15.00		16	25,000.				25,000.	21,261.		1,667.	22,928.

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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.	2,288.		192.	2,480.
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.	3,555.		301.	3,856.
47	FLOOR RESTRM	02/22/12	SL	39.00	MM	16	11,732.				11,732.	3,479.		301.	3,780.
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.	3,906.		346.	4,252.
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.	19,622.		2,161.	21,783.
55	HANDICAP OPERATOR INSTALL EXTERIOR DOOR (2ND AVE)	03/09/17	SL	15.00		16	8,280.				8,280.	3,588.		552.	4,140.
56	NEW BIOCID FEEDER FOR NEW COOLING TOWER (CHEM PRO LAB)	04/30/19	SL	5.00		16	4,679.				4,679.	4,134.		545.	4,679.
57	EEV RETROFIT FOR CHILLER (SAN DIEGO MECHANICAL)	05/31/19	SL	5.00		16	8,980.				8,980.	7,796.		1,184.	8,980.
58	VARIABLE SPED DRIVE AND BYPASS FOR NEW COOLING TOWER	05/31/19	SL	5.00		16	4,990.				4,990.	4,318.		665.	4,983.
59	FLOORING (PALOMAR FLOORING)	05/31/19	SL	5.00		16	10,000.				10,000.	8,680.		1,320.	10,000.

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60	TILE KITCHEN (HY TECH TILE)	06/04/19	SL	5.00		16	6,393.				6,393.	5,452.		852.	6,304.
61	NEW COOLING TOWER (CONTROL AIR CONDITIONING CORP)	06/30/19	SL	15.00		16	72,077.				72,077.	20,406.		4,805.	25,211.
62	NVH FLOORING/PHASE 1 LABOR FOR GLUE-DOWN INST OF VINYL	10/08/19	SL	5.00		16	6,615.				6,615.	5,283.		1,323.	6,606.
63	NVH PLAZA RESURFACE (SAL ARROYO)	11/25/19	SL	5.00		16	5,000.				5,000.	3,822.		1,000.	4,822.
64	CHILDREN CENTER FLOORING (PALOMAR FLOORING)	01/03/20	SL	5.00		16	7,325.				7,325.	5,491.		1,465.	6,956.
65	NVH PLAZA PROJECT - FOUR (4) 8FT PARK BENCH	01/28/20	SL	5.00		16	2,583.				2,583.	1,936.		517.	2,453.
66	FLOORING INSTALLATION - 1ST FLOOR (SAL ARROYO)	03/06/20	SL	5.00		16	5,600.				5,600.	4,003.		1,120.	5,123.
67	FLOORING INSTALLATION - (SAL ARROYO)	06/05/20	SL	5.00		16	12,200.				12,200.	8,124.		2,440.	10,564.
68	3RD FLOOR HALLWAY FLOORS REPLACEMENT (RE:SOURCE FLOOR	06/30/20	SL	5.00		16	44,485.				44,485.	15,566.		8,897.	24,463.
69	2ND FLOOR HALLWAY FLOORS REPLACEMENT (RE:SOURCE FLOOR	08/31/20	SL	5.00		16	16,615.				16,615.	10,248.		3,323.	13,571.
70	NATCITY WH IMPROVEMENTS FROM CIP 1371-00	11/01/20	SL	39.00	MM	16	382,287.				382,287.	28,593.		9,802.	38,395.
71	OTIS ELEVATOR REPAIR/IMPROVEMENTS	04/27/21	SL	15.00		16	17,935.				17,935.	2,896.		1,196.	4,092.
72	HOT WATER STORAGE TANK PROJECT (THE BRINKS GROUP)	05/31/21	SL	15.00		16	29,534.				29,534.	4,593.		1,969.	6,562.
73	JMG SECURITY SYSTEM	08/31/21	SL	5.00		16	6,375.				6,375.	2,653.		1,275.	3,928.
83	MATERIALS ONLY - 2ND FLOOR HALLWAY FLOORS REPLACEMENT (	09/03/21	SL	5.00		16	8,501.				8,501.	3,546.		1,700.	5,246.
84	FLOORING INSTALLATION - (SAL ARROYO)	11/01/21	SL	5.00		16	7,986.				7,986.	3,060.		1,597.	4,657.
85	1ST FLOOR BLDG PIPING REPLACEMENT (WESPRO PLUMBING	12/15/21	SL	5.00		16	10,127.				10,127.	3,715.		2,025.	5,740.
86	RE-PIPE CHILLER (SAN DIEGO MECHANICAL)	02/28/22	SL	15.00		16	26,999.				26,999.	2,850.		1,800.	4,650.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
87	RESOURCE FLOORS, INC-I-5396 (BEGIN DEPRN 8/1/22)	08/01/22	SL	5.00		16	5,750.				5,750.	1,342.		1,150.	2,492.
88	ENHANCED VOICE & DAT-24062	07/26/22	SL	5.00		16	6,399.				6,399.	1,494.		1,280.	2,774.
89	RESOURCE FLOORS, INC-I-5529 - CHURCH PARTNERSHIP OFFICE	09/01/22	SL	5.00		16	16,202.				16,202.	3,510.		3,240.	6,750.
90	WPY SZ ROOFING INC	09/30/22	SL	5.00		16	5,135.				5,135.	1,027.		1,027.	2,054.
91	JMG SECURITY SYSTEM - LOBBY REVENOVATION PROJECT (FROM C	09/30/22	SL	5.00		16	10,225.				10,225.	2,045.		2,045.	4,090.
144	120 ELM ST - CHILDREN'S CENTER PLAYGROUND	09/30/23	SL	15.00		16	52,064.				52,064.			3,471.	3,471.
145	120 ELM ST - NVH PATIO SHADE STRUCTURE	09/30/23	SL	15.00		16	14,292.				14,292.			953.	953.
146	1818 1ST ST - GLASS	08/02/23	SL	15.00		16	6,333.				6,333.	70.		422.	492.
147	WATER HEATER	08/01/23	SL	15.00		16	12,562.				12,562.	140.		837.	977.
149	1818 1ST ST - RECLASS CIP	09/30/23	SL	39.00	MM	16	823,723.				823,723.			21,121.	21,121.
150	120 ELM ST - CANOPY - CUSTOM CANOPIES	09/27/23	SL	5.00		16	11,880.				11,880.			2,376.	2,376.
151	120 ELM ST - A GARAGE DOOR LA500 SINGLE ARM OPERATOR	07/01/23	SL	5.00		16	8,460.				8,460.	423.		1,692.	2,115.
152	120 ELM ST - APEX CONTRACTING - ALLEY ASPHALT	06/27/23	SL	5.00		16	74,471.				74,471.	3,724.		14,894.	18,618.
153	120 ELM ST - APEX CONTRACTING - ALLEY ASPHALT	05/09/23	SL	5.00		16	8,275.				8,275.	828.		1,655.	2,483.
154	120 ELM ST - WAREHOUSE ROOF REPAIR (SZ ROOFING INC)	12/28/22	SL	5.00		16	6,540.				6,540.	1,090.		1,308.	2,398.
	* 990 PAGE 10 TOTAL BUILDINGS						2,126,396.				2,126,396.	434,065.		114,568.	548,633.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS						2,126,396.				2,126,396.	434,065.		114,568.	548,633.
	RENOVATION														

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
8	HARBORVIEW RENOVATIONS	02/28/04	SL	39.00	MM	16	9,900,675.				9,900,675.	4,992,621.		253,863.	5,246,484.
10	MQ RENOVATION	01/18/05	SL	39.00	MM	16	82,249.				82,249.	39,565.		2,109.	41,674.
11	RENOVATION IMPROVEMENTS	01/18/00	SL	39.00	MM	16	166,743.				166,743.	75,862.		4,275.	80,137.
12	NVH RENOVATIONS - FLOORING - ROOM, OFFICE & STORAGE	10/29/15	SL	17.00		16	16,620.				16,620.	7,701.		978.	8,679.
13	NVH RENOVATIONS - NEW CEILINGS	11/16/15	SL	17.00		16	12,480.				12,480.	5,797.		734.	6,531.
14	NVH BATHROOM/RESTROOM RENOVATION	11/01/20	SL	17.00		16	223,419.				223,419.	38,327.		13,142.	51,469.
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.	107,812.
	* 990 PAGE 10 TOTAL BUILDINGS						11210779.				11210779.	5,213,779.		329,007.	5,542,786.
	* 990 PAGE 10 TOTAL - RENOVATION						11210779.				11210779.	5,213,779.		329,007.	5,542,786.
	* GRAND TOTAL 990 PAGE 10 DEPR						37083888.				37083888.	10597026.		1,053,084.	11650110.