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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, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 and ending SEP 30, 2025

B Check if applicable: [] Address change, [] Name change, [] Initial return, [] Final return/terminated, [] Amended return, [] Application pending. C Name of organization: SAN DIEGO RESCUE MISSION, INC. D Employer identification number: 95-1874073. E Telephone number: 619-819-1891. G Gross receipts \$: 27,956,659. H(a) Is this a group return for subordinates? [] Yes [X] No. H(b) Are all subordinates included? [] Yes [] No. I Tax-exempt status: [X] 501(c)(3). J Website: WWW.SDRESCUE.ORG. K Form of organization: [X] Corporation. L Year of formation: 1955. M State of legal domicile: CA.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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: DONNIE DEE, PRESIDENT & CEO. Date: Preparer's name: BRYAN HUNG. Preparer's signature: Date: Check if self-employed: [] PTIN: P01553971. Preparer Use Only: Firm's name: NOVOGRADAC & COMPANY LLP. Firm's EIN: 94-3108253. Firm's address: 3780 KILROY AIRPORT WAY SUITE 330, LONG BEACH, CA 90806. Phone no.: 562-432-9482.

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 13,856,662. including grants of \$) (Revenue \$) MEN, WOMEN AND CHILDREN'S SEVICES:FOUR PROGRAMS WITHIN THE MEN, WOMEN AND CHILDREN SERVICES:

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

4b (Code:) (Expenses \$ 3,237,673. including grants of \$) (Revenue \$) PARTNERS FOR HUNGER RELIEF: PARTNERS FOR HUNGER RELIEF IS A PROGRAM OF SDRM WHICH WAS FORMED TO BOLSTER FOOD RECOVERY EFFORTS IN SAN DIEGO AND SERVE A BROAD BASE OF AGENCIES AND PEOPLE. SDRM HAS DEVELOPED A SUCCESSFUL SYSTEM OF LOCATING, RECOVERING, AND DISTRIBUTING DONATED FOOD. THIS FOOD IS NOT ONLY USED BY SDRM PROGRAM MEMBERS, BUT A LARGE PERCENTAGE OF THIS FOOD IS SHARED AT NO COST WITH A NETWORK OF NONPROFIT FEEDING PROGRAMS AND FOOD PANTRIES THROUGHOUT SAN DIEGO COUNTY.

4c (Code:) (Expenses \$ 3,182,474. 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,578,323. including grants of \$) (Revenue \$)

4e Total program service expenses 23,855,132.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>		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>		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>		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>		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>		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>		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>		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>	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>	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>		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>	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>	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>	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>	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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		X

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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 Compliance

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

		Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	29	
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)

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
EDWIN LIKU - 619-819-1891
P.O. BOX 80427, SAN DIEGO, CA 92138

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONALD DEE PRESIDENT & CEO	40.00			X				235,262.	0.	0.
(2) EDVIN LIKU VP OF OPERATIONS	40.00			X				164,684.	0.	0.
(3) PAUL ARMSTRONG CHIEF OF STAFF	40.00			X				158,437.	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) CHARLES WALKER SECRETARY	2.00	X		X				0.	0.	0.
(7) CATHY HERRICK VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(8) BRAD DOTSON DIRECTOR	2.00	X						0.	0.	0.
(9) CRAIG DUHS DIRECTOR	2.00	X						0.	0.	0.
(10) JOHN PASHA DIRECTOR	2.00	X						0.	0.	0.
(11) DONNA NEW DIRECTOR	2.00	X						0.	0.	0.
(12) KEITH HOPKINS DIRECTOR	2.00	X						0.	0.	0.
(13) RASZELL CARPENTER DIRECTOR	2.00	X						0.	0.	0.
(14) STEFAN MEIERHOFER DIRECTOR	2.00	X						0.	0.	0.
(15) BRIAN DALY DIRECTOR	2.00	X						0.	0.	0.
(16) ALAN HOWE DIRECTOR	2.00	X						0.	0.	0.
(17) LAINE LANSING DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN NOVAK DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								558,383.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								558,383.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CITIRIN COOPERMAN ADVISORS 50 ROCKEFELLER PLAZA, NEW YORK, NY 10020	PROFESSIONAL SERVICES	153,939.

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	164,928.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	25,662,345.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 8,470,245.					
	h Total. Add lines 1a-1f							25,827,273.
Program Service Revenue	2 a VEHICLE SALES	Business Code	441100	32,225.	32,225.			
	b RECYCLING		562000	3,240.	3,240.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				35,465.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,459.	5,459.			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	351,421.				
			(ii) Personal					
	b Less: rental expenses ...	6b		0.				
	c Rental income or (loss)	6c		351,421.				
	d Net rental income or (loss)				351,421.			351,421.
	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 \$ 164,928. of contributions reported on line 1c). See Part IV, line 18	8a		0.					
		b Less: direct expenses	8b					61,203.
		c Net income or (loss) from fundraising events						-61,203.		-61,203.
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	1,737,041.	1,737,041.			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				1,737,041.			
12 Total revenue. See instructions				27,895,456.	1,777,965.	0.	290,218.	

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Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,445,637.	8,445,637.		
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	235,262.		141,157.	94,105.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	9,027,534.	6,966,228.	765,359.	1,295,947.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	960,379.	736,908.	85,503.	137,968.
10 Payroll taxes	694,092.	550,402.	40,974.	102,716.
11 Fees for services (nonemployees):				
a Management				
b Legal	108,751.	563.	108,188.	
c Accounting	63,895.		63,895.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,575,570.			2,575,570.
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.)	1,043,189.	723,482.	313,093.	6,614.
12 Advertising and promotion	101,026.	6,798.		94,228.
13 Office expenses	319,115.	117,304.	35,704.	166,107.
14 Information technology	298,480.	99,004.	84,084.	115,392.
15 Royalties				
16 Occupancy	520,040.	520,040.		
17 Travel	110,610.	34,687.	33,876.	42,047.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	586,811.	574,399.	6,206.	6,206.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,286,943.	1,175,683.	83,505.	27,755.
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 FACILITIES ALLOCATED	1,612,500.	1,491,520.	60,490.	60,490.
b BAD DEBT EXPENSE	1,452,535.	1,452,535.		
c FOOD SERVICES ALLOCATED	959,942.	959,942.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	30,404,964.	23,855,132.	1,823,626.	4,726,206.
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)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	3,845,769.	1	3,104,723.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	331,126.	4	529,310.	
	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	0.	
	8 Inventories for sale or use	247,209.	8	270,583.	
	9 Prepaid expenses and deferred charges	455,766.	9	554,182.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 43,324,150.			
	b Less: accumulated depreciation	10b 13,477,718.	25,777,766.	10c	29,846,432.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	5,241,711.	12	5,655,228.	
	13 Investments - program-related. See Part IV, line 11	20,946.	13	24,209.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	9,179,788.	15	4,547,468.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	47,400,081.	16	44,532,135.		
Liabilities	17 Accounts payable and accrued expenses	1,423,723.	17	1,042,778.	
	18 Grants payable		18		
	19 Deferred revenue	78,030.	19	235,582.	
	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	28,183,143.	23	27,624,250.	
	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	1,544,919.	25	1,803,674.	
	26 Total liabilities. Add lines 17 through 25	31,229,815.	26	30,706,284.	
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	13,354,049.	27	13,493,579.	
	28 Net assets with donor restrictions	2,816,217.	28	332,272.	
	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	16,170,266.	32	13,825,851.	
	33 Total liabilities and net assets/fund balances	47,400,081.	33	44,532,135.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,895,456.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,404,964.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,509,508.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,170,266.
5	Net unrealized gains (losses) on investments	5	167,679.
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	-2,586.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	13,825,851.

Part XII Financial Statements and Reporting

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

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization <p style="text-align: center;">SAN DIEGO RESCUE MISSION, INC.</p>	Employer identification number <p style="text-align: center;">95-1874073</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22121413.	26277060.	23986320.	26196828.	25827273.	124408894
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	22121413.	26277060.	23986320.	26196828.	25827273.	124408894
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						124408894

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	22121413.	26277060.	23986320.	26196828.	25827273.	124408894
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		397,192.	456,514.	445,508.	356,880.	1656094.
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.)	276,945.	92,784.	492,159.	150,556.	295,669.	1308113.
11 Total support. Add lines 7 through 10						127373101
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 2024 (line 6, column (f), divided by line 11, column (f))	14	97.67 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	97.66 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. 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

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 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	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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 (describe in Part VI). 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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SCHEDULE D (Form 990)

(Rev. December 2024)

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

Open to Public
Inspection

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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

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

Schedule D (Form 990) (Rev. 12-2024)

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
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
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?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 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?

Table with 2 columns: Yes, No. Rows: 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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

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	5,655,228.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	5,655,228.	

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	2,332,272.
(2) CONSTRUCTION IN PROGRESS	2,010,728.
(3) RIGHT OF USE ASSET	204,468.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,547,468.

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	1,280,000.
(3) ACCRUED VACATION PAYABLE	308,317.
(4) SECURITY DEPOSIT/PREPAID RENT	5,000.
(5) ACCRUED TH DEPOSIT	625.
(6) LEASE LIABILITY	209,732.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,803,674.

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 ...

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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	27,771,862.
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	27,771,862.
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	123,594.	
c	Add lines 4a and 4b		4c	123,594.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	27,895,456.

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	30,407,550.
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	30,407,550.
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	-2,586.	
c	Add lines 4a and 4b		4c	-2,586.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	30,404,964.

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, 2025 OR 2024. THE ORGANIZATION DID NOT HAVE UNRECOGNIZED TAX BENEFITS AS OF SEPTEMBER 30, 2025 OR 2024 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, 2025, THE ORGANIZATION HAS NOT ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT ACTIVITY

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEPRECIATION

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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

(Rev. December 2024)

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

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

Part I

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BREWER DIRECT, INC - 507 S MYRTLE AVE, MONROVIA, CA	DIRECT MAIL SOLICITATIONS		X	4,490,188.	1,107,107.	3,383,081.
Total				4,490,188.	1,107,107.	3,383,081.

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

CA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	164,928.			164,928.
	2 Less: Contributions	164,928.			164,928.
	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	61,203.			61,203.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				61,203.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-61,203.

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: _____

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- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| 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 the 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

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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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

- 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) (Rev. 12-2024)

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Compensation Information

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

**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

**Open to Public
Inspection**

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

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

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

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) (Rev. 12-2024)

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

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

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

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DONALD DEE PRESIDENT & CEO	(i)	147,954.	0.	87,308.	0.	0.	235,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) EDVIN LIKU VP OF OPERATIONS	(i)	94,328.	0.	70,356.	0.	0.	164,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAUL ARMSTRONG CHIEF OF STAFF	(i)	108,057.	0.	50,380.	0.	0.	158,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Lined area for supplemental information.

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Noncash Contributions

**SCHEDULE M
(Form 990)**

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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		1,194,032.	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		7,276,213.	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 on 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
33		

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

SAN DIEGO RESCUE MISSION, INC.

Employer identification number

95-1874073

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

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

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

OPERATES A DONATION PROCESSING CENTER 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)
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.

CHURCH PARTNERSHIP:

THE CHURCH PARTNERSHIPS DEPARTMENT ENGAGES WITH HUNDREDS OF CHURCHES TO

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

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 \$ 3,578,323. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

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

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

DURING THE PAST YEAR, THE CEO AND THE LEADERSHIP TEAM MADE A FEW PAY ADJUSTMENTS TO ALL DEPARTMENT COORDINATORS. IN ADDITION, THE ORGANIZATION FOLLOWED THE MANDATE OF MINIMUM WAGE INCREASE FOR HOURLY AND EXEMPT EMPLOYEES BASED ON THE STATE AND LOCAL REQUIREMENTS. THE PAY ADJUSTMENT FOR 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 -2,586.

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Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

**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) (Rev. 1-2025)

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	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)				
(2)				
(3)				
(4)				
(5)				
(6)				

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Form 4562

Department of the Treasury Internal Revenue Service

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

2024

Attachment Sequence No. 179

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SAN DIEGO RESCUE MISSION, INC.

FORM 990 PAGE 10

95-1874073

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

Table with 5 main rows for Section 179 election. Line 1: 1,220,000. Line 2: Total cost. Line 3: 3,050,000. Line 4: Reduction in limitation. Line 5: Dollar limitation. Line 6-7: Description and cost of property. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover to 2025.

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

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

Table for Part II with 3 rows. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS) totaling 1,263,654.

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

Section A

Table for Section A with 2 rows. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2024. Line 18: Check box for grouping assets.

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

Table for Part IV with 3 rows. Line 21: Listed property amount. Line 22: Total depreciation amount of 1,263,654. Line 23: Portion of the basis attributable to section 263A costs.

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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:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

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

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

Section B - Information on Use of Vehicles

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

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

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

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

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

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

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year:					
43 Amortization of costs that began before your 2024 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
6	HARBOR VIEW BLDG	03/01/01	SL	35.00		16	6,000,030.				6,000,030.	4,035,743.		171,429.	4,207,172.
7	WAREHOUSE - NATIONAL CITY - PLACED IN SERVICE NOV 1, 202	11/01/20	SL	39.00	MM	16	2,962,380.				2,962,380.	297,506.		75,958.	373,464.
168	NAVIGATION CENTER - NATIONAL CITY	02/23/22	SL	39.00	MM	16	5,415,121.				5,415,121.	358,693.		138,849.	497,542.
169	1818 FIRST AVENUE - BUILDING	08/31/22	SL	39.00	MM	16	2,174,975.				2,174,975.	116,185.		55,769.	171,954.
	* 990 PAGE 10 TOTAL BUILDINGS						16552506.				16552506.	4,808,127.		442,005.	5,250,132.
	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.	6,241.		1,591.	7,832.
110	NORIX GROUP INC - CHILDREN CENTER CLASSROOMS FURNITURE	03/15/21	SL	7.00		16	5,162.				5,162.	2,572.		737.	3,309.
111	DOOR WELDED CELL PHONE LOCKER W/ COMBO LOCKS - 120	12/28/21	SL	7.00		16	9,700.				9,700.	3,807.		1,386.	5,193.
112	RA1931 SILVER CHEMETAL LAMINATED BACKER AT THE NEW	03/02/22	SL	7.00		16	5,099.				5,099.	1,883.		728.	2,611.
113	NEW FURNITURES FOR 2ND FLOOR - CHURCH PARTNERSHIP (THINK	07/01/22	SL	7.00		16	13,427.				13,427.	3,836.		1,918.	5,754.

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2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
114	FURNITURES (THINK OFFICE) FROM 1371-00 CIP ACCOUNT 9/3	09/30/22	SL	7.00		16	59,246.				59,246.	16,928.		8,464.	25,392.
157	1818 1ST ST - RECLASS CIP	09/30/23	SL	7.00		16	127,838.				127,838.	18,263.		18,263.	36,526.
158	OCEANSIDE NAV CENTER - THINK OFFICE	09/30/23	SL	7.00		16	6,000.				6,000.	857.		857.	1,714.
159	RACK PROJECT FROM 1372-00 CIP ACCOUNT 12/31/22	12/31/22	SL	7.00		16	24,596.				24,596.	6,149.		3,514.	9,663.
160	NEW FURNITURES FOR 2ND FLOOR - CHURCH PARTNERSHIP (THINK	11/07/22	SL	7.00		16	4,477.				4,477.	1,066.		640.	1,706.
195	ONC TRAINING ROOM FURNITURE	04/01/24	SL	5.00		16	33,410.				33,410.	3,341.		6,682.	10,023.
196	ONC TRAINING ROOM FURNITURE	04/01/24	SL	5.00		16	13,248.				13,248.	1,325.		2,650.	3,975.
197	NAT'L CITY EUCLID - RECLASS CIP	01/01/25	SL	7.00		16	462,019.				462,019.			49,502.	49,502.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						925,969.				925,969.	216,876.		96,932.	313,808.
	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.	11,984.		439.	12,423.
126	MITSUBISHI FORKLIFT TRUCK - FG25N5 S/N# AF17E04127	03/12/18	SL	7.00		16	24,819.				24,819.	23,317.		1,496.	24,813.
127	2 SETS - VULCAN VC55GD CONVECTION OVENS (FOUR OVENS	11/27/18	SL	7.00		16	13,040.				13,040.	10,856.		1,863.	12,719.
128	7 DRINKING FOUNTAINS AT 120 ELM	01/22/19	SL	7.00		16	21,750.				21,750.	17,610.		3,107.	20,717.

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2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
129	SOUND SYSTEM EQUIPMENT + INSTALLATION COSTS (CALIFORN	06/07/20	SL	7.00		16	9,931.				9,931.	6,142.		1,419.	7,561.
130	LAUNDRY EQUIPMENT AT 120 ELM BLDG (PWS, WEST PRO PLUMBING	06/30/20	SL	7.00		16	23,005.				23,005.	13,970.		3,286.	17,256.
131	FOLDING MACHINE FOR DEVELOPMENT (QUADIENT)	09/01/20	SL	7.00		16	10,220.				10,220.	5,970.		1,460.	7,430.
132	2019 MITSUBISHI FORKLIFT - MODEL# FGC25N4-LE; SERIAL# A	09/21/20	SL	7.00		16	27,292.				27,292.	15,598.		3,899.	19,497.
133	NEW NATCITY WH - WALK-IN COOLER & FREEZER (LIQUIDATOR	09/30/20	SL	7.00		16	52,338.				52,338.	29,906.		7,477.	37,383.
134	2 THREADMILLS IN 120 ELM BLDG (FITNESS WAREHOUSE USA)	07/31/21	SL	7.00		16	6,821.				6,821.	3,082.		974.	4,056.
135	MOBILE SHOWER TRAILER# 1-SHOWER MINISTRY (RICH TRAILE	12/01/21	SL	7.00		16	44,194.				44,194.	17,887.		6,313.	24,200.
136	NEW ICE MACHINE EQUIPMENT (ACE COOLERS INC)	12/20/21	SL	7.00		16	9,473.				9,473.	3,723.		1,353.	5,076.
137	PALLET JACK 1 OF 2 FOR PARTNERS FOR HUNGER RELIEF (	08/28/22	SL	7.00		16	4,300.				4,300.	1,279.		614.	1,893.
138	PALLET JACK 2 OF 2 FOR PARTNERS FOR HUNGER RELIEF (	09/28/22	SL	7.00		16	4,301.				4,301.	1,228.		614.	1,842.
139	BREAD OF LIFE - VARIOUS EQUIPMENT (PER MODIFIED BALA	10/01/20	SL	7.00		16	29,236.				29,236.	16,705.		4,176.	20,881.
167	5 - GAYLORD CARGO BOXES 48X40X48	09/01/23	SL	7.00		16	5,840.				5,840.	904.		834.	1,738.
208	NEW WASHING MACHINES FOR MEN'S FLOOR	10/05/23	SL	7.00		16	6,838.				6,838.	977.		977.	1,954.
209	YEALINK MP54 TEAMS PHONES	05/16/24	SL	7.00		16	21,294.				21,294.	1,014.		3,042.	4,056.
210	NAT'L CITY EUCLID - RECLASS CIP	01/01/25	SL	7.00		16	286,501.				286,501.			30,697.	30,697.
211	CCYLINDRICAL ORANGE BRUSH 30" SCRUBBER FOR SCL	05/01/25	SL	5.00		16	16,108.				16,108.			1,342.	1,342.
212	20FT USED REFRIGERATED CONTAINER FOR SCL	05/01/25	SL	7.00		16	22,395.				22,395.			1,333.	1,333.
213	AIR COMPRESSOR REPLACEMENT-120 ELM ST	06/10/25	SL	7.00		16	32,382.				32,382.			1,542.	1,542.

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214	SINGLE-PHASE LINES INSTALLATION TO CONTAINER IN	07/03/25	SL	7.00		16	2,200.				2,200.			79.	79.
215	120 ELM ST -SOUND SYSTEM EQUIPMENT	08/13/25	SL	5.00		16	10,040.				10,040.			167.	167.
216	2016 GENIE GS-4047 SCISSOR LIFT	09/30/25	SL	5.00		16	9,842.				9,842.			0.	
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						743,720.				743,720.	219,291.		78,503.	297,794.
	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.	34,021.		0.	34,021.
117	(D)2016 MERCEDES BENZ SPRINTER VIN# 8BRPE7DDXGE123	01/23/20	SL	5.00		16	29,368.				29,368.	27,396.		978.	28,374.
118	2017 GMC SIERRA 2500 (USED) - FOR SHOWER MINISTRY	08/02/21	SL	5.00		16	66,469.				66,469.	42,100.		13,294.	55,394.
119	2009 CHEVROLET EXPRESS (USED) - FOR PROGRAMS HOMELE	02/16/22	SL	5.00		16	26,704.				26,704.	13,797.		5,341.	19,138.
120	VEHICLE GRAPHICS/LABOR - 2012 FORD, 2017 GMC	08/26/22	SL	5.00		16	8,820.				8,820.	3,675.		1,764.	5,439.
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.	2,014.
162	RELIC SIGN COMPANY - 2016 TOYOTA SIENNA FULL WRAP	06/01/23	SL	5.00		16	5,620.				5,620.	1,499.		1,124.	2,623.
163	RICH SPECIALTY TRAILER - SWT154 4 STATION SHOWER	03/01/23	SL	5.00		16	50,962.				50,962.	15,288.		10,192.	25,480.
164	RELIC SIGN COMPANY - SWT154 4 STATION SHOWER	02/01/23	SL	5.00		16	10,524.				10,524.	3,508.		2,105.	5,613.
165	2016 TOYOTA SIENNA VAN VIN #764084	01/20/23	SL	5.00		16	43,910.				43,910.	14,637.		8,782.	23,419.
166	2020 CHEVY C1500 SERIAL #7350	11/15/22	SL	5.00		16	39,960.				39,960.	14,652.		7,992.	22,644.
198	2002 FORD F450 OUTREACH TRUCK	05/26/24	SL	5.00		16	5,000.				5,000.	333.		1,000.	1,333.

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199	2019 VAN VIN#2735	08/13/24	SL	5.00		16	45,715.				45,715.	762.		9,143.	9,905.
200	RELIC SIGN 2024 VAN BRANDING	08/17/24	SL	5.00		16	5,641.				5,641.	94.		1,128.	1,222.
201	2017 FORD -TRANSIT VAN	01/09/25	SL	5.00		16	3,568.				3,568.			535.	535.
202	REPAIR FOR 2017 GMC SIERRA 2500 HD	06/20/25	SL	5.00		16	5,135.				5,135.			257.	257.
203	RELIC SIGN 2022 VAN BRANDING (VISTA OUTREACH)	12/20/24	SL	5.00		16	5,419.				5,419.			813.	813.
204	2017 FORD -TRANSIT VAN	01/09/25	SL	5.00		16	11,051.				11,051.			1,658.	1,658.
205	2017 GMC SAVANA 2500 (USED) -FOR KITCHEN	02/04/25	SL	5.00		16	28,794.				28,794.			3,839.	3,839.
206	2023 HONDA RIDGE AWD RTL (USED)	02/24/25	SL	5.00		16	29,533.				29,533.			3,446.	3,446.
207	2022 TOYOTA SIENNA VAN (USED)-OUTREACH DEPARTMENT I	02/01/25	SL	5.00		16	41,238.				41,238.			5,498.	5,498.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						538,019.				538,019.	208,296.		79,896.	288,192.
	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														

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	OTHER														
93	25 DELL LATITUDE 3550 LAPTOPS FOR CLASSROOM AT 111	02/22/17	SL	5.00		16	19,082.				19,082.	19,082.		0.	19,082.
94	7 DELL DESKTOP COMPUTERS FOR NVH LAB (SN/SERVICE TAG# BP0	12/22/18	SL	5.00		16	7,471.				7,471.	7,471.		0.	7,471.
95	DELL POWEREDGE T640 SERVER (SN/SERVICE TAG# DDVSPX2)	07/22/19	SL	5.00		16	6,485.				6,485.	6,482.		0.	6,482.
96	GIFT PROCESSING SYSTEM (AQ2 TECHNOLOGIES)	03/31/20	SL	5.00		16	29,144.				29,144.	26,235.		2,909.	29,144.
97	ACCOUNTING/FINANCE ACCOUNTS PAYABLE ACH PAYMENT SYSTEM (	06/30/20	SL	5.00		16	6,698.				6,698.	5,700.		998.	6,698.
98	PULSE KIOSK + SOFTWARE + DATA DASHBOARD FOR PROGRAMS	07/15/20	SL	5.00		16	10,800.				10,800.	9,180.		1,620.	10,800.
99	BREWER MARKETING WEBSITE BUILD (3 INVOICES)	09/01/21	SL	5.00		16	42,471.				42,471.	26,190.		8,494.	34,684.
100	COMPUTERS (SET OF 5) FOR MISSION ACADEMY (AMAZON - PA	02/28/22	SL	5.00		16	5,922.				5,922.	3,061.		1,184.	4,245.
101	POWER EDGE R450 SERVER (DELL BUSINESS CREDIT)	07/22/22	SL	5.00		16	6,396.				6,396.	2,771.		1,279.	4,050.
102	CAMERA & TV MONITOR FROM 1371-00 CIP ACCOUNT 9/30/22	09/30/22	SL	5.00		16	6,760.				6,760.	2,704.		1,352.	4,056.
155	360MATCHPRO	09/01/23	SL	5.00		16	7,700.				7,700.	1,668.		1,540.	3,208.
156	DELL; 10 STAFF COMPUTERS, 8 ONC COMPUTER FOR LAB	07/22/23	SL	5.00		16	14,545.				14,545.	3,394.		2,909.	6,303.
191	MERAKI MR56 INDOOR AP	04/15/24	SL	5.00		16	18,008.				18,008.	1,501.		3,602.	5,103.
192	DELL COMPUTERS E2724HS	07/01/24	SL	5.00		16	9,663.				9,663.	483.		1,933.	2,416.
193	MVCS60-C5 MICROSOFT TEAMS ROOMS SYSTEM	08/29/24	SL	5.00		16	11,659.				11,659.	194.		2,332.	2,526.
194	NAT'L CITY EUCLID - RECLASS CIP	01/01/25	SL	5.00		16	34,168.				34,168.			5,125.	5,125.
	* 990 PAGE 10 TOTAL OTHER						236,972.				236,972.	116,116.		35,277.	151,393.

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	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT/SOFTWARE						236,972.				236,972.	116,116.		35,277.	151,393.
	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.
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.	211.		8.	219.
33	IMPROVEMENTS-AP CONTRACTING & ANT-PAINTING	03/23/10	SL	15.00		16	1,000.				1,000.	1,000.		0.	1,000.
34	IMPROVEMENTS-GRAPHIC EDGE-FIRSTPAYMENT	05/06/10	SL	15.00		16	1,270.				1,270.	1,218.		49.	1,267.
35	IMPROVEMENTS-AP CONTRACTING & ANT-PAINTING	05/06/10	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.

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36	IMPROVEMENTS-AP CONTRACTING & ANT-REMODEL	05/12/10	SL	15.00		16	380.				380.	354.		15.	369.
37	IMPROVEMENTS-GRAPHIC EDGE	05/17/10	SL	15.00		16	462.				462.	462.		0.	462.
38	IMPROVEMENTS-GRAPHIC EDGE-FINALPAYMENT	05/20/10	SL	15.00		16	2,532.				2,532.	2,415.		113.	2,528.
39	IMPROVEMENTS-REMODEL/WARENPE RIN	06/14/10	SL	15.00		16	790.				790.	725.		35.	760.
40	FLOORING-JW FLOOR COVERING	06/16/10	SL	15.00		16	5,000.				5,000.	4,766.		234.	5,000.
41	CHILLER-ALPHA MECHANICAL	12/30/10	SL	15.00		16	25,000.				25,000.	22,928.		1,667.	24,595.
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.	2,480.		192.	2,672.
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.	3,856.		301.	4,157.
47	FLOOR RESTRM	02/22/12	SL	39.00	MM	16	11,732.				11,732.	3,780.		301.	4,081.
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.	4,252.		346.	4,598.
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.

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54	CHILLER	09/09/14	SL	39.00	MM	16	84,285.				84,285.	21,783.		2,161.	23,944.
55	HANDICAP OPERATOR INSTALL EXTERIOR DOOR (2ND AVE)	03/09/17	SL	15.00		16	8,280.				8,280.	4,140.		552.	4,692.
56	NEW BIOCID FEEDER FOR NEW COOLING TOWER (CHEM PRO LAB)	04/30/19	SL	5.00		16	4,679.				4,679.	4,679.		0.	4,679.
57	EEV RETROFIT FOR CHILLER (SAN DIEGO MECHANICAL)	05/31/19	SL	5.00		16	8,980.				8,980.	8,980.		0.	8,980.
58	VARIABLE SPED DRIVE AND BYPASS FOR NEW COOLING TOWER	05/31/19	SL	5.00		16	4,990.				4,990.	4,983.		0.	4,983.
59	FLOORING (PALOMAR FLOORING)	05/31/19	SL	5.00		16	10,000.				10,000.	10,000.		0.	10,000.
60	TILE KITCHEN (HY TECH TILE)	06/04/19	SL	5.00		16	6,393.				6,393.	6,304.		0.	6,304.
61	NEW COOLING TOWER (CONTROL AIR CONDITIONING CORP)	06/30/19	SL	15.00		16	72,077.				72,077.	25,211.		4,805.	30,016.
62	NVH FLOORING/PHASE 1 LABOR FOR GLUE-DOWN INST OF VINYL	10/08/19	SL	5.00		16	6,615.				6,615.	6,606.		0.	6,606.
63	NVH PLAZA RESURFACE (SAL ARROYO)	11/25/19	SL	5.00		16	5,000.				5,000.	4,822.		167.	4,989.
64	CHILDREN CENTER FLOORING (PALOMAR FLOORING)	01/03/20	SL	5.00		16	7,325.				7,325.	6,956.		366.	7,322.
65	NVH PLAZA PROJECT - FOUR (4) 8FT PARK BENCH	01/28/20	SL	5.00		16	2,583.				2,583.	2,453.		130.	2,583.
66	FLOORING INSTALLATION - 1ST FLOOR (SAL ARROYO)	03/06/20	SL	5.00		16	5,600.				5,600.	5,123.		467.	5,590.
67	FLOORING INSTALLATION - (SAL ARROYO)	06/05/20	SL	5.00		16	12,200.				12,200.	10,564.		1,627.	12,191.
68	3RD FLOOR HALLWAY FLOORS REPLACEMENT (RE:SOURCE FLOOR)	06/30/20	SL	5.00		16	44,485.				44,485.	24,463.		6,673.	31,136.
69	2ND FLOOR HALLWAY FLOORS REPLACEMENT (RE:SOURCE FLOOR)	08/31/20	SL	5.00		16	16,615.				16,615.	13,571.		3,044.	16,615.
70	NATCITY WH IMPROVEMENTS FROM CIP 1371-00	11/01/20	SL	39.00	MM	16	382,287.				382,287.	38,395.		9,802.	48,197.
71	OTIS ELEVATOR REPAIR/IMPROVEMENTS	04/27/21	SL	15.00		16	17,935.				17,935.	4,092.		1,196.	5,288.

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72	HOT WATER STORAGE TANK PROJECT (THE BRINKS GROUP)	05/31/21	SL	15.00		16	29,534.				29,534.	6,562.		1,969.	8,531.
73	JMG SECURITY SYSTEM	08/31/21	SL	5.00		16	6,375.				6,375.	3,928.		1,275.	5,203.
83	MATERIALS ONLY - 2ND FLOOR HALLWAY FLOORS REPLACEMENT (	09/03/21	SL	5.00		16	8,501.				8,501.	5,246.		1,700.	6,946.
84	FLOORING INSTALLATION - (SAL ARROYO)	11/01/21	SL	5.00		16	7,986.				7,986.	4,657.		1,597.	6,254.
85	1ST FLOOR BLDG PIPING REPLACEMENT (WESPRO PLUMBING	12/15/21	SL	5.00		16	10,127.				10,127.	5,740.		2,025.	7,765.
86	RE-PIPE CHILLER (SAN DIEGO MECHANICAL)	02/28/22	SL	15.00		16	26,999.				26,999.	4,650.		1,800.	6,450.
87	RESOURCE FLOORS, INC-I-5396 (BEGIN DEPRN 8/1/22)	08/01/22	SL	5.00		16	5,750.				5,750.	2,492.		1,150.	3,642.
88	ENHANCED VOICE & DAT-24062	07/26/22	SL	5.00		16	6,399.				6,399.	2,774.		1,280.	4,054.
89	RESOURCE FLOORS, INC-I-5529 - CHURCH PARTNERSHIP OFFICE	09/01/22	SL	5.00		16	16,202.				16,202.	6,750.		3,240.	9,990.
90	WPY SZ ROOFING INC	09/30/22	SL	5.00		16	5,135.				5,135.	2,054.		1,027.	3,081.
91	JMG SECURITY SYSTEM - LOBBY REVENOVATION PROJECT (FROM C	09/30/22	SL	5.00		16	10,225.				10,225.	4,090.		2,045.	6,135.
144	120 ELM ST - CHILDREN'S CENTER PLAYGROUND	09/30/23	SL	15.00		16	52,064.				52,064.	3,471.		3,471.	6,942.
145	120 ELM ST - NVH PATIO SHADE STRUCTURE	09/30/23	SL	15.00		16	14,292.				14,292.	953.		953.	1,906.
146	1818 1ST ST - GLASS	08/02/23	SL	15.00		16	6,333.				6,333.	492.		422.	914.
147	WATER HEATER	08/01/23	SL	15.00		16	12,562.				12,562.	977.		837.	1,814.
149	1818 1ST ST - RECLASS CIP	09/30/23	SL	39.00	MM	16	823,723.				823,723.	21,121.		21,121.	42,242.
150	120 ELM ST - CANOPY - CUSTOM CANOPIES	09/27/23	SL	5.00		16	11,880.				11,880.	2,376.		2,376.	4,752.
151	120 ELM ST - A GARAGE DOOR LA500 SINGLE ARM OPERATOR	07/01/23	SL	5.00		16	8,460.				8,460.	2,115.		1,692.	3,807.

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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
152	120 ELM ST - APEX CONTRACTING - ALLEY ASPHALT	06/27/23	SL	5.00		16	74,471.				74,471.	18,618.		14,894.	33,512.
153	120 ELM ST - APEX CONTRACTING - ALLEY ASPHALT	05/09/23	SL	5.00		16	8,275.				8,275.	2,483.		1,655.	4,138.
154	120 ELM ST - WAREHOUSE ROOF REPAIR (SZ ROOFING INC)	12/28/22	SL	5.00		16	6,540.				6,540.	2,398.		1,308.	3,706.
	* 990 PAGE 10 TOTAL BUILDINGS						2,126,396.				2,126,396.	548,633.		102,088.	650,721.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS						2,126,396.				2,126,396.	548,633.		102,088.	650,721.
	RENOVATION BUILDINGS														
8	HARBORVIEW RENOVATIONS	02/28/04	SL	39.00	MM	16	9,900,675.				9,900,675.	5,246,484.		253,863.	5,500,347.
10	MQ RENOVATION	01/18/05	SL	39.00	MM	16	82,249.				82,249.	41,674.		2,109.	43,783.
11	RENOVATION IMPROVEMENTS	01/18/00	SL	39.00	MM	16	166,743.				166,743.	80,137.		4,275.	84,412.
12	NVH RENOVATIONS - FLOORING - ROOM, OFFICE & STORAGE	10/29/15	SL	17.00		16	16,620.				16,620.	8,679.		978.	9,657.
13	NVH RENOVATIONS - NEW CEILINGS	11/16/15	SL	17.00		16	12,480.				12,480.	6,531.		734.	7,265.
14	NVH BATHROOM/RESTROOM RENOVATION	11/01/20	SL	17.00		16	223,419.				223,419.	51,469.		13,142.	64,611.
15	LOBBY REVENOVATION PROJECT (FROM CIP 1371-00 AS OF 9/30	09/30/22	SL	15.00		16	808,593.				808,593.	107,812.		53,906.	161,718.
172	ROOM RENOVATION	06/30/24	SL	15.00		16	89,424.				89,424.	1,490.		5,962.	7,452.
173	120 ELM ST - PLAYGROUND PROJECT	07/01/25	SL	15.00		16	7,572.				7,572.			126.	126.
174	TERMINAL UNIT	05/14/24	SL	15.00		16	9,867.				9,867.	219.		658.	877.
175	SHADE CANOPY	04/01/24	SL	15.00		16	15,739.				15,739.	525.		1,049.	1,574.

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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
176	BALL VALVES FOR 5TH FLOOR	01/10/24	SL	5.00		16	5,767.				5,767.	769.		1,153.	1,922.
177	ASBESTOS AND XRF SURVEY	02/01/24	SL	5.00		16	18,997.				18,997.	2,533.		3,799.	6,332.
178	GARAGE DOOR REPAIR (GOLDEN STATE GARAGE DOORS)	02/01/24	SL	5.00		16	6,374.				6,374.	850.		1,275.	2,125.
179	120 ELM ST CHILDREN'S CENTER PLAYGROUND SHADE ROOF	02/29/24	SL	15.00		16	14,859.				14,859.	578.		991.	1,569.
180	CHILLER REPAIR	05/01/24	SL	15.00		16	9,857.				9,857.	274.		657.	931.
181	CONDENSER UNIT #2 REPLACEMENT	05/01/24	SL	15.00		16	9,908.				9,908.	275.		661.	936.
182	1ST AVE PARKING GARAGE	06/19/24	SL	15.00		16	19,854.				19,854.	331.		1,324.	1,655.
183	WALK-IN COOLER UNI-STRT CEILING SUPPORTS	10/28/24	SL	15.00		16	7,224.				7,224.			441.	441.
184	NAT'L CITY EUCLID - RECLASS CIP	01/01/25	SL	39.00		16	4,122,971.				4,122,971.			79,288.	79,288.
185	NATIONAL NEVAGATION CENTER - HVAC PROJECT	03/04/25	SL	15.00		16	12,943.				12,943.			503.	503.
186	NAT'L CITY EUCLID - RECLASS CIP	04/30/25	SL	39.00		16	158,728.				158,728.			1,696.	1,696.
187	CONCRETE POUR AND WOOD FENCE REPAIR- SCL	06/17/25	SL	5.00		16	2,900.				2,900.			145.	145.
188	1840 1ST AVE - PARKING GARAGE DOOR	07/24/25	SL	15.00		16	13,985.				13,985.			155.	155.
189	120 ELM ST -MOTOR FOR THE EXHAUST FANS IN RESTROOMS	08/22/25	SL	15.00		16	5,996.				5,996.			33.	33.
190	120 ELM ST -CHILLED WATER VFD PUMP	08/29/25	SL	15.00		16	5,381.				5,381.			30.	30.
	* 990 PAGE 10 TOTAL BUILDINGS						15749125.				15749125.	5,550,630.		428,953.	5,979,583.
	* 990 PAGE 10 TOTAL - RENOVATION						15749125.				15749125.	5,550,630.		428,953.	5,979,583.
	* GRAND TOTAL 990 PAGE 10 DEPR						42793103.				42793103.	11667969.		1,263,654.	12931623.

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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
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						37455010.			0.	37455010.	11667969.			12743373.
	ACQUISITIONS						5,338,093.			0.	5,338,093.	0.			188,250.
	DISPOSITIONS/RETIRED						29,368.			0.	29,368.	27,396.			28,374.
	ENDING BALANCE						42763735.			0.	42763735.	11640573.			12903249.
	ENDING ACCUM DEPR LESS DISPOSITIONS											12903249.			
	ENDING BOOK VALUE											29860486.			