

California Exempt Organization
Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name California corporation number

INTERFAITH SHELTER NETWORK OF SAN DIEGO

0597505

Additional information. See instructions.

FEIN

** - *** 0300

Street address (suite or room)

3530 CAMINO DEL RIO NORTH, NO. 301

PMB no.

City

SAN DIEGO

State

CA

ZIP code

92108

Foreign country name

Foreign province/state/county

Foreign postal code

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 Dissolved Surrendered (Withdrawn) Merged/Reorganized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

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	249,680	00	
	2	Gross dues and assessments from members and affiliates	2		00	
	3	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3.	3	722,861	00	
	4	This line must be completed. If the result is less than \$50,000, see General Information B	4	972,541	00	
	5	Cost of goods sold	5		00	
	6	Cost or other basis, and sales expenses of assets sold	6	144,263	00	
	7	Total costs. Add line 5 and line 6	7	144,263	00	
	8	Total gross income. Subtract line 7 from line 4	8	828,278	00	
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	879,691	00	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-51,413	00	
Filing Fee	11	Total payments	11		00	
	12	Use tax. See General Information K	12		00	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00	
	15	Filing fee \$10 or \$25. See General Information F	15	N/A	00	
	16	Penalties and interest. See General Information J	16		00	
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer	<i>Stephen D. Frank</i>	Title	CHAIR	Date	9-1-20
Paid Preparer's Use Only	Preparer's signature	<i>RD</i>	Date	8/27/20	Check if self-employed <input type="checkbox"/>	
	Firm's name (or yours, if self-employed) and address	JGD & ASSOCIATES LLP 9191 TOWNE CENTRE DR #340 SAN DIEGO, CA 92122-1274	Telephone	(858) 587-1000	Firm's FEIN	P00089202 **-***2551
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name INTERFAITH SHELTER NETWORK OF SAN DIEGO		California corporation number 0597505
Additional information. See instructions.		FEIN ** - ***0300
Street address (suite or room) 3530 CAMINO DEL RIO NORTH, NO. 301		PMB no.
City SAN DIEGO	State CA	ZIP code 92108
Foreign country name	Foreign province/state/country	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	249,680	00
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	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	972,541	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	144,263	00
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	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Information F	15	N/A	00
16 Penalties and Interest. See General Information J	16		00	
17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00	

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

Sign Here	Signature of officer CLIENT'S COPY	Title CHAIR	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature	Date 8/27/20	Check if self-employed <input type="checkbox"/>	• PTIN P00089202
	Firm's name (or yours, if self-employed) and address JGD & ASSOCIATES LLP 9191 TOWNE CENTRE DR #340 SAN DIEGO, CA 92122-1274			• Firm's FEIN ** - ***2551
				• Telephone (858) 587-1000

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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

928951 12-04-19

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	44,501	00		
	2	Interest	•	2	2,677	00		
	3	Dividends	•	3		00		
	4	Gross rents	•	4		00		
	5	Gross royalties	•	5		00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2	•	6	151,180	00	
	7	Other income	SEE STATEMENT 3	•	7	51,322	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	249,680	00	
	9	Contributions, gifts, grants, and similar amounts paid		•	9		00	
	10	Disbursements to or for members		•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4	•	11	65,769	00	
	12	Other salaries and wages		•	12	247,004	00	
	Expenses and Disbursements	13	Interest	•	13	2,335	00	
		14	Taxes	•	14	27,132	00	
		15	Rents	•	15	34,514	00	
		16	Depreciation and depletion (See instructions)		•	16	37,738	00
		17	Other Expenses and Disbursements	SEE STATEMENT 5	•	17	465,199	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	879,691	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		107,533	•	32,557
2 Net accounts receivable		53,797	•	69,549
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments STMT 6		44,819	•	99,672
10 a Depreciable assets	1,037,796		1,037,796	
b Less accumulated depreciation	(624,122)	413,674	(661,860)	375,936
11 Land		382,857	•	382,857
12 Other assets			•	
13 Total assets		1,002,680		960,571
Liabilities and net worth				
14 Accounts payable		37,847	•	39,375
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable		100,013	•	100,013
18 Other liabilities STMT 7		81,454		79,028
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		783,366	•	742,155
22 Total liabilities and net worth		1,002,680		960,571

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

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

1 Net income per books	•	-51,413	7 Income recorded on books this year not included in this return	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year	•		10 Net income per return.		
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6		-51,413
6 Total. Add line 1 through line 5		-51,413			

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
WALTER J. & BETTIE C. ZABLE FOUNDATION	PO BOX 85587 SAN DIEGO, CA 92186	09/12/19	50,000.
CUSHMAN FOUNDATION	10620 TREENA ST SUITE 110 SAN DIEGO, CA 92131	06/21/19	50,000.
PRICE PHILANTHROPIES	7979 IVANHOE AVE, STE 520 LA JOLLA, CA 92037	01/28/19	25,000.
WELLS FARGO FOUNDATION	1350 FASHION VALLEY ROAD SAN DIEGO, CA 92108	09/04/19	15,000.
DOMANICA FOUNDATION	P.O. BOX 338 DENISON, TX 75021	12/05/19	9,000.
CAROLE & JERRY TURK	464 PROSPECT ST #301 LA JOLLA, CA 92037	12/17/19	7,500.
SAMUEL & KATHERINE FRENCH FUND	P.O. BOX 20160 LONG BEACH, CA 90801	11/25/19	10,000.
IN-N-OUT BURGER FOUNDATION	4199 CAMPUS DRIVE, 9TH FLOOR IRVINE, CA 92612	12/13/19	7,500.
SAN DIEGO PRIDE	3620 30TH STREET SAN DIEGO, CA 92104	12/13/19	5,000.
UNION BANK FOUNDATION	530 B ST SUITE 420 SAN DIEGO, CA 92101	12/30/19	7,500.
KATHRYN STARR	6050 HENDERSON DRIVE #12 LA MESA, CA 91942	08/02/19	47,047.
ALLISON & ROBERT PRICE	7777 FAY AVE SUITE 300 LA JOLLA, CA 92037	12/18/19	15,000.
ALLIANCE HEALTHCARE FOUNDATION	5060 SHOREHAM PLACE #350 SAN DIEGO, CA 92122	09/20/19	11,003.
UNITED METHODIST CHURCH, VISTA	490 S MELROSE DR VISTA, CA 92081	02/25/19	10,000.
FRANCES HAMILTON WHITE	2520 SAN ELIJO AVE CARDFE, CA 92007	01/02/19	10,000.
LA JOLLA EVANGELICAL LUTHERAN CHURCH	7111 LA JOLLA BLVD LA JOLLA, CA 92037	12/31/19	7,206.

INTERFAITH SHELTER NETWORK OF SAN DIEGO

** - ***0300

LAUREL LEE HYDE	5055 VIA PAPEL SAN DIEGO, CA 92122	12/20/19	5,145.
CHRISTINE AND DAVID BAGLEY	6502 LINDA LN. SAN DIEGO, CA 92120	10/22/19	5,030.
BOYS AND GIRLS FOUNDATION	2730 HISTORIC DECATUR RD STE 201 SAN DIEGO, CA 92106	04/10/19	5,000.
TOTAL INCLUDED ON LINE 3			<u>301,931.</u>

CA 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
STOCK SALES	12/17/12	12/31/19	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	144,263.	0.	0.	151,180.
TOTAL TO FORM 199, PAGE 2, LN 6	144,263.	0.	0.	151,180.

CA 199	OTHER INCOME	STATEMENT	3
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DESCRIPTION	AMOUNT
RENTS & LAUNDRY	51,322.
TOTAL TO FORM 199, PART II, LINE 7	51,322.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
RICHARD GORDON 3530 CAMINO DEL RIO NORTH, NO. 301 SAN DIEGO, CA 92108	DIRECTOR 5.00	0.	
REV. DR. RICHARD FREEMAN 3530 CAMINO DEL RIO NORTH, NO. 301 SAN DIEGO, CA 92108	CHAIR 2.00	0.	
LAUREL HYDE 3530 CAMINO DEL RIO NORTH, NO. 301 SAN DIEGO, CA 92108	SECRETARY 2.00	0.	
KEVIN B AUFMANN 3530 CAMINO DEL RIO NORTH, NO. 301 SAN DIEGO, CA 92108	TREASURER 5.00	0.	
DOROTHY LEONARD 3530 CAMINO DEL RIO NORTH, NO. 301 SAN DIEGO, CA 92108	DIRECTOR 2.00	0.	
TRISHA BRERETON 3530 CAMINO DEL RIO NORTH, NO. 301 SAN DIEGO, CA 92108	EXECUTIVE DIRECTOR 40.00	65,769.	
SAM LEWIS 3530 CAMINO DEL RIO NORTH, NO. 301 SAN DIEGO, CA 92108	DIRECTOR 2.00	0.	
NEIL MARMOR 3530 CAMINO DEL RIO NORTH, NO. 301 SAN DIEGO, CA 92108	DIRECTOR 2.00	0.	
BARBARA STEWERT 3530 CAMINO DEL RIO NORTH, NO. 301 SAN DIEGO, CA 92108	VICE CHAIR 2.00	0.	
IMAM TAHA HASSANE 3530 CAMINO DEL RIO NORTH, NO. 301 SAN DIEGO, CA 92108	DIRECTOR 2.00	0.	
CHRIS RADER 3530 CAMINO DEL RIO NORTH, NO. 301 SAN DIEGO, CA 92108	TREASURER 5.00	0.	

INTERFAITH SHELTER NETWORK OF SAN DIEGO

-*0300

ROSE HARRIS	DIRECTOR	0.
3530 CAMINO DEL RIO NORTH, NO. 301	2.00	
SAN DIEGO, CA 92108		
DAVID MERK	DIRECTOR	0.
3530 CAMINO DEL RIO NORTH, NO. 301	2.00	
SAN DIEGO, CA 92108		
REV. DR. MARVIN THREATT	DIRECTOR	0.
3530 CAMINO DEL RIO NORTH, NO. 301	2.00	
SAN DIEGO, CA 92108		
TOTAL TO FORM 199, PART II, LINE 11		<u>65,769.</u>

CA 199 OTHER EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
IN-KIND SUPPLIES AND FO	112,254.
MISCELLANEOUS	80,875.
UTILITIES	45,642.
REPAIRS AND MAINTENANCE	30,907.
DIRECT EXPENSES OF FUNDRAISING EVENTS	9,966.
OTHER EMPLOYEE BENEFITS	53,556.
OTHER PROFESSIONAL FEES	20,238.
OFFICE EXPENSES	7,448.
TRAVEL	8,786.
INSURANCE	20,088.
ALL OTHER EXPENSES	75,439.
TOTAL TO FORM 199, PART II, LINE 17	<u>465,199.</u>

CA 199 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SAGE POINT (SECURITIES)	44,819.	99,672.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	<u>44,819.</u>	<u>99,672.</u>

CA 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCRUED INTEREST	69,342.	72,393.	
TENANT DEPOSITS	5,112.	6,635.	
LINE OF CREDIT	7,000.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	81,454.	79,028.	