

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning _____, and ending _____


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/ terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="text-align: center;">COACHELLA VALLEY RESCUE MISSION</div>		D Employer identification number <div style="text-align: right; font-size: 1.2em;">95-2684844</div>	
	Doing business as		E Telephone number <div style="text-align: right; font-size: 1.2em;">760-347-3512</div>	
	Number and street (or P.O. box if mail is not delivered to street address) <div style="text-align: center;">47-470 VAN BUREN</div>		Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <div style="display: flex; justify-content: space-between;"> INDIO CA 92201 </div>		G Gross receipts\$ <div style="float: right; font-size: 1.2em;">11,089,280</div>	
	F Name and address of principal officer: <div style="text-align: center;"> DARLA BURKETT 47-470 VAN BUREN INDIO </div> <div style="text-align: right; font-size: 1.2em;">CA 92201</div>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: ▶ WWW.CVRM.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1971		
		M State of legal domicile: CA		

Part I Summary

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: THE MISSION IS AN OASIS, A PLACE OF REFUGE FOR THE HOMELESS AND NEEDY IN THE COACHELLA VALLEY. IT IS A SAFE HAVEN, A PLACE OF REST FOR THE WEARY, AND A PLACE WHERE DAILY PHYSICAL AND SPIRITUAL NEEDS MAY BE MET.							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3 Number of voting members of the governing body (Part VI, line 1a)		3	10				
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	10				
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	81				
6 Total number of volunteers (estimate if necessary)		6	58				
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a				0	
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b				0	
		Prior Year		Current Year			
8 Contributions and grants (Part VIII, line 1h)		10,345,319		9,828,864			
9 Program service revenue (Part VIII, line 2g)		140,511		146,007			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		34,224		64,421			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		553,596		772,503			
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,073,650		10,811,795			
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		411,907		223,490			
14 Benefits paid to or for members (Part IX, column (A), line 4)				0			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,561,974		2,438,576			
16a Professional fundraising fees (Part IX, column (A), line 11e)				0			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 674,284							
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		5,741,675		5,418,025			
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		8,715,556		8,080,091			
19 Revenue less expenses. Subtract line 18 from line 12		2,358,094		2,731,704			
		Beginning of Current Year		End of Year			
20 Total assets (Part X, line 16)		16,003,644		18,677,144			
21 Total liabilities (Part X, line 26)		408,827		350,623			
22 Net assets or fund balances. Subtract line 21 from line 20		15,594,817		18,326,521			

Part II Signature Block

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

Sign Here	 Signature of officer		Date 8-17-20	
	DARLA BURKETT Type or print name and title		EXECUTIVE DIR.	
Paid Preparer Use Only	Print/Type preparer's name SHANNON C. MAIDMENT		Preparer's signature	
	Date 08/11/22		Check <input type="checkbox"/> if self-employed PTIN P01426554	
	Firm's name ▶ COACHELLA VALLEY ACCOUNTING & AUDITING 43675 ALBA CT Firm's address ▶ LA QUINTA, CA 92253		Firm's EIN ▶ Phone no. 442-273-5093	

May the IRS discuss this return with the preparer shown above? See instructions

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

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:**TO SERVE THOSE IN NEED BY SHARING THE SAVING GRACE OF JESUS CHRIST THROUGH THE PROVISION OF FOOD, SHELTER, CLOTHING, AND SPIRITUAL RECOVERY.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **6,603,450** including grants of \$ **223,490**) (Revenue \$)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **6,603,450**

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>	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>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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>		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>		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>		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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	26	
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	81		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	10
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

ANGELA REGAN **47-470 VAN BUREN** **CA 92201** **760-347-3512**
INDIO

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, 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 dotted 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) DARLA BURKETT	40.00									
EXECUTIVE DIR.	0.00			X				140,677	0	11,164
(2) ANGELA REGAN	40.00									
FINANCE MANAGER	0.00			X				58,555	0	7,915
(3) JOSEPH HAYES	2.00									
CHAIR	0.00	X		X				0	0	0
(4) MATT LIST	1.00									
VICE CHAIR	0.00	X		X				0	0	0
(5) LARY ROGERS	3.00									
TREASURER	0.00	X		X				0	0	0
(6) JIM SNELLENBERGER	1.00									
SECRETARY	0.00	X		X				0	0	0
(7) JOHN HUSSAR	1.00									
DIRECTOR	0.00	X						0	0	0
(8) DIANE BUSCH	1.00									
DIRECTOR	0.00	X						0	0	0
(9) ERNESTO ROSALES	1.00									
DIRECTOR	0.00	X						0	0	0
(10) FLOYD RHOADES	1.00									
DIRECTOR	0.00	X						0	0	0
(11) GUIDO PORTANTE	1.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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			
(12) JAVIER LOPEZ	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								199,232		19,079
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								199,232		19,079

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 **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
UNITED BROTHERS CONCRETE 41905 PALM DESERT CA 92211	BOARDWALK, STE K CONSTRUCTION	191,078

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,322,053			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,506,811			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,790,209			
	h	Total. Add lines 1a-1f		9,828,864			
	Program Service Revenue	2a	PROGRAM INCOME	Business Code	146,007	146,007	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		146,007			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		61,947		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real 160,310				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c	160,310			
	d	Net rental income or (loss)		160,310	160,310		
	7a	Gross amount from sales of assets other than inventory	(i) Securities 257,295				
	b	Less: cost or other basis and sales exps.	7b	220,348	34,473		
	c	Gain or (loss)	7c	36,947	-34,473		
	d	Net gain or (loss)		2,474	-34,473		36,947
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	151,314			
	b	Less: direct expenses	8b	22,664			
	c	Net income or (loss) from fundraising events		128,650			
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a	451,751				
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory		451,751	451,751			
Miscellaneous Revenue	11a	MISCELLANEOUS	Business Code 624200	28,857	28,857		
	b	VENDING MACHINE	624200	2,935	2,935		
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		31,792			
	12	Total revenue. See instructions		10,811,795	755,387	0	98,894

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	223,490	223,490		
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	218,312	137,536	56,761	24,015
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,915,927	1,207,034	498,141	210,752
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	116,356	79,437	30,253	6,666
10 Payroll taxes	187,981	118,428	48,875	20,678
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	83,058	77,244	3,322	2,492
12 Advertising and promotion				
13 Office expenses	20,539	4,108	2,054	14,377
14 Information technology				
15 Royalties				
16 Occupancy	1,100,982	1,048,726	33,561	18,695
17 Travel	145,349	131,481	6,934	6,934
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,663	30,663		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	615,161	602,858	11,073	1,230
23 Insurance	140,055	105,041	28,011	7,003
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 FOOD SERVICE	2,610,540	2,558,329	52,211	
b DIRECT MAIL AND POSTAGE	344,938			344,938
c PROGRAMS & CASE MANAGEMENT	237,752	237,752		
d OTHER EXPENSES	82,855	41,323	25,028	16,504
e All other expenses	6,133		6,133	
25 Total functional expenses. Add lines 1 through 24e	8,080,091	6,603,450	802,357	674,284
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,208,917	1	3,208,140
	2 Savings and temporary cash investments	2,310,954	2	2,310,954
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	700,258	4	982,494
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	40,921	9	80,735
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,779,918		
	b Less: accumulated depreciation	10b 2,686,113		
	11 Investments—publicly traded securities	10,228,604	10c 10,093,805	
	12 Investments—other securities. See Part IV, line 11	1,493,115	11 1,980,858	
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	20,875	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,003,644	15 20,158		
Liabilities	17 Accounts payable and accrued expenses	408,827	16 18,677,144	
	18 Grants payable		17 350,623	
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	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		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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		24	
	26 Total liabilities. Add lines 17 through 25	408,827	25	
	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.		26 350,623
27 Net assets without donor restrictions		15,594,817	27 18,326,521	
28 Net assets with donor restrictions			28	
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		15,594,817	32 18,326,521	
33 Total liabilities and net assets/fund balances		16,003,644	33 18,677,144	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,811,795
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,080,091
3	Revenue less expenses. Subtract line 2 from line 1	3	2,731,704
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,594,817
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,326,521

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	X	

Form **990** (2021)

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

2021**Open to Public
Inspection**

Name of the organization

COACHELLA VALLEY RESCUE MISSION

Employer identification number

95-2684844**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 non-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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. 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 type="checkbox"/>		
b 33 1/3% support test—2020. 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—2021. 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—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,538,916	7,123,955	8,022,258	10,345,319	9,828,864	41,859,312
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	716,473	694,906	837,757	782,612	941,174	3,972,922
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7,255,389	7,818,861	8,860,015	11,127,931	10,770,038	45,832,234
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				508,961	15,769	524,730
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b				508,961	15,769	524,730
8 Public support. (Subtract line 7c from line 6.)						45,307,504

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	7,255,389	7,818,861	8,860,015	11,127,931	10,770,038	45,832,234
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	66,044	62,019	35,489	37,780	61,947	263,279
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	66,044	62,019	35,489	37,780	61,947	263,279
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.)	48,051	12,684	3,555	3,923	31,792	100,005
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,369,484	7,893,564	8,899,059	11,169,634	10,863,777	46,195,518
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	98.08 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	97.72 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a** 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2021 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME DETAIL

MISCELLANEOUS \$ 67,505

PROPERTY MANAGEMENT \$ 32,500

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

Employer identification number

COACHELLA VALLEY RESCUE MISSION**95-2684844****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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$

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

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

- a ☐ Public exhibition
 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? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ %
 b Permanent endowment ▶ %
 c Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		267,456		267,456
b Buildings		10,402,090	2,686,113	7,715,977
c Leasehold improvements				
d Equipment				
e Other		2,110,372	0	2,110,372
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,093,805

Schedule D (Form 990) 2021

Part VII Investments – Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	10,868,932
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	
3	Subtract line 2e from line 1		3	10,868,932
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	-57,137	
c	Add lines 4a and 4b		4c	-57,137
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	10,811,795

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	8,137,228
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	57,137	
e	Add lines 2a through 2d		2e	57,137
3	Subtract line 2e from line 1		3	8,080,091
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	8,080,091

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 XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

SPECIAL EVENTS EXPENSE IN REVENUE	\$	-22,664
LOSS ON DISPOSAL OF PROPERTY IN REVENUE	\$	-34,473

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENTS EXPENSE IN REVENUE	\$	22,664
LOSS ON DISPOSAL OF PROPERTY IN REVENUE	\$	34,473

Part XIII Supplemental Information *(continued)*

1	Supplemental information	
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**SCHEDULE G
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021Open to Public
Inspection**COACHELLA VALLEY RESCUE MISSION**

Employer identification number

95-2684844**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 ☐ **e** Solicitation of non-government grants
☐ **b** Internet and email solicitations ☐ **f** Solicitation of government grants
☐ **c** Phone solicitations ☐ **g** Special fundraising events
☐ **d** In-person solicitations

2a 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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.

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 BANQUET INCOME (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	151,314			151,314
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	151,314			151,314
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	22,664			22,664
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				22,664
11 Net income summary. Subtract line 10 from line 3, column (d)				128,650

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				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain:

Schedule G (Form 990) 2021

COACHELLA VALLEY RESCUE MISSION**95-2684844**Page **3**

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

Name ▶

Address ▶

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer
 ☐ Employee
 ☐ Independent contractor
17 Mandatory distributions:

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

COACHELLA VALLEY RESCUE MISSION

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
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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) (2021)

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

95-2684844

☐ Yes ☒ No

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FOOD / SHELTER / TRAINING		223,490		PERSONAL E	
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

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

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

Name of the organization

Compensation InformationFor 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

2021Open to Public
Inspection

Employer identification number

95-2684844**COACHELLA VALLEY RESCUE MISSION****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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2021

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	(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				
DARLA BURKETT							
1 EXECUTIVE DIR.	(i) 140,677	0	0	0	11,164	151,841	0
	(ii) 0	0	0	0	0	0	0
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(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.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0074

2021**Open To Public
Inspection**

Employer identification number

95-2684844**COACHELLA VALLEY RESCUE MISSION****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				
6 Cars and other vehicles	X	26	18,600	ACTUAL AMOUNT RECEIVED
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	43	1,447,971	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (VARIOUS ITEMS)	X	1	1,323,638	FMV
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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

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

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

COACHELLA VALLEY RESCUE MISSION

Employer identification number

95-2684844**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

THE COACHELLA VALLEY RESCUE MISSION (CVRM) PROVIDES TEMPORARY FOOD AND SHELTER FOR THE HOMELESS AND ASSISTS IN FINDING PERMANENT HOUSING AND EMPLOYMENT.

CLIENTS WHO LIVE IN THE MISSION RECEIVE FOOD AND SHELTER AND ALSO PARTICIPATE IN JOB SKILLS TRAINING. CVRM IS AN OPERATIONAL MISSION, AND CLIENTS TRAIN IN VARIOUS AREAS SUCH AS FACILITIES, ADMINISTRATION, KITCHEN, CATERING, THRIFT STORE, LANDSCAPING, AND SECURITY. EACH OF THE SEVEN TRAINING AREAS PREPARES CLIENTS TO WORK LOCALLY AT RESTAURANTS, DEPARTMENT STORES, CONSTRUCTION, AND ENTERTAINMENT HERE IN THE DESERT.

THE PUBLIC ALSO RECEIVES HOT MEALS IN OUR PUBLIC BREAKFAST/LUNCH/DINNER SERVICES. IN 2021, THIS MISSION SERVED 219,000 MEALS FOR HUNGRY AND HURTING MEN, WOMEN, AND CHILDREN.

CVRM PREPARED AND DISTRIBUTED 1,749 FOOD BOXES THROUGHOUT THE YEAR, WHICH SERVED OVER 62,964 CHILDREN IN FAMILIES WHO HAD TO CHOOSE BETWEEN FOOD AND RENT.

CVRM PROVIDED CONFORMTABLE AND SAFE SHELTER IN THE FORM OF A BED TO 164,250 HOMELESS INDIVIDUALS.

VOLUNTEERS BLESSED CVRM WITH 3,544 HOURS OF SERVICE HELPING THOSE IN NEED. WITH THE 2021 GRANTS FOR HOUSING, CVRM HAS ASSISTED 63 PEOPLE WITHIN 40

Name of the organization

Employer identification number

COACHELLA VALLEY RESCUE MISSION

95-2684844

HOUSEHOLDS INTO THEIR OWN INDEPENDENT HOMES THROUGH CASE MANAGEMENT FOR BUDGETING, PREPARING FOR THEIR NEW HOME AND FOLLOW UP AFTER PLACEMENT, AND THE PROVISION OF RENTAL DEPOSITS AND FIRST FEW MONTHS' RENT.

IN 2021, CVRM OUTREACH TEAM TRAVELED 5 DAYS A WEEK, SERVED 10,072 INDIVIDUALS, DISTRIBUTED 165,886 HYGIENE, FOOD AND WATER ITEMS, AND ENCOURAGED 13 PEOPLE TO COME TO CVRM FOR PROGRAMS SERVICES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD, AUDIT COMMITTEE AND THE ASSOCIATE DIRECTOR REVIEW THE 990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANNUAL TOPIC OF BOARD MEETINGS AND ANNUAL SIGNED COMMITMENTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL A STAFF HIERARCHY CHART IS COMPILED IN THE ORDER OF STAFF POSITION AND PAY SCALE IS DETERMINED BY MARKET VALUE AND BY COMPARISON TO OTHER MISSIONS THROUGH SHARED INFORMATION MAIL LISTS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS A STAFF HIERARCHY CHART IS COMPILED IN THE ORDER OF STAFF POSITION AND PAY SCALE IS DETERMINED BY MARKET VALUE AND BY COMPARISON TO OTHER MISSIONS THROUGH SHARED INFORMATION MAIL LISTS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC AT

Name of the organization

Employer identification number

COACHELLA VALLEY RESCUE MISSION

95-2684844

REQUEST.

Form **4562**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2021Attachment
Sequence No. **179**Identifying number
95-2684844**COACHELLA VALLEY RESCUE MISSION**

Business or activity to which this form relates

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

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	615,166

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

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	615,166
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2021)
THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

FYE: 12/31/2021

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
5	1398 6TH ADA RR PLANS	12/09/09	2,050			X	1,025	15	HY 150DB	2,050	0
6	REMODEL TS-1398 6TH STREE	11/01/09	2,091			X	1,045	7	HY 200DB	2,091	0
7	TS TILE FLOOR-1398 6TH ST	11/21/09	8,532			X	4,266	7	HY 200DB	8,532	0
8	MCCLANE POWER REEL MOWER	11/03/09	584			X	292	5	HY 200DB	584	0
Sold/Scrapped: 12/31/21											
9	10 METAL SHELVING UNITS	4/30/09	1,646			X	823	7	HY 200DB	1,646	0
11	100'X 6' CHAINLINK FENCE	3/24/09	1,690			X	845	15	HY 150DB	1,690	0
13	PERMITS FOR BUILDING	3/27/09	23,358			X	11,679	15	HY 150DB	23,358	0
14	ALLEY GATES	4/01/09	2,500			X	1,250	15	HY 150DB	2,500	0
			42,451				21,225			42,451	0
Other Depreciation:											
1	99 Ford Box truck - 1529	6/27/06	10,500				10,500	5	MO S/L	10,349	0
2	LAND 47518	1/01/76	20,000				20,000	0	MO S/L	0	0
3	THRIFT STORE TRASH ENCLOS	1/26/09	4,800				4,800	15	MO S/L	3,520	320
10	LAUNDRY STORAGE BUILDING	4/01/09	268,000				268,000	39	MO S/L	80,746	6,872
12	07 CHEVROLET SILVERADO-79	1/30/09	13,290				13,290	5	MO S/L	13,290	0
15	ROLL UP DOORS-T STORE	5/17/10	13,219				13,219	15	MO150DB	8,841	991
16	LAND - 2.55 AC HOUSING SI	12/29/10	247,455				247,455	0	MO S/L	0	0
17	2011 ISUZU BOX TRUCK	3/10/11	79,610				79,610	5	MO S/L	79,610	0
18	THRIFTSTORE FIXTURE	3/16/11	652				652	7	MO S/L	652	0
19	2012 FORD ECONOLINE VAN	4/16/12	36,931				36,931	5	MO S/L	36,931	0
20	2010 FORD ESCAPE	12/04/12	13,545				13,545	5	MO S/L	13,545	0
Sold/Scrapped: 12/04/21											
21	STACK A BUNK #25 OVRNIGHT	1/17/12	5,421				5,421	5	MO S/L	5,421	0
22	2 ALCO SENSOR III	12/17/12	1,362				1,362	5	MO S/L	1,362	0
23	COMPUTER DEC 2012	12/31/12	1,648				1,648	5	MO S/L	1,648	0
24	FENCING FOR 47518	6/19/12	3,750				3,750	15	MO S/L	2,125	250
25	MOTOR FOR MEN'S DRYER	11/30/12	1,073				1,073	5	MO S/L	1,073	0
26	RUG DOCTOR	12/26/12	430				430	5	MO S/L	430	0
27	VEHICLE WRAPS	4/15/13	16,000				16,000	5	MO S/L	16,000	0
28	2012 FORD E350 VIN 5869	7/03/13	22,107				22,107	5	MO S/L	22,107	0
29	2012 FORD E350 VIN 56414	7/03/13	22,839				22,839	5	MO S/L	22,839	0
30	2011 F450 BOX VIN 0359	7/03/13	33,440				33,440	5	MO S/L	33,440	0
31	ART PIECE - SANDY YOUNG	12/31/13	1,000				1,000	10	MO S/L	700	100
32	CEILING FANS - COACHELLA	4/23/13	552				552	5	MO S/L	552	0
33	4 PICNIC TABLES COURTYARD	5/22/13	3,313				3,313	15	MO S/L	1,676	221
34	AIR CONDITIONER - COACHEL	6/24/13	5,355				5,355	7	MO S/L	5,355	0
35	SERVER UPGRADE	3/31/13	1,043				1,043	5	MO S/L	1,043	0
36	PC KIOSK @ 1398 6TH ST	5/15/13	3,632				3,632	5	MO S/L	3,632	0
37	3 FRONT CAMERAS MISSION	7/06/13	1,386				1,386	5	MO S/L	1,386	0
38	HP LASERJET PRO MONO PRNT	10/25/13	580				580	5	MO S/L	580	0
42	PALO VERDE TREE 48	11/23/13	633				633	5	MO S/L	633	0
43	ALUMINUM DOORS KITCHEN	9/01/14	581				581	5	MO S/L	581	0
44	VINYL TILE	10/07/14	850				850	5	MO S/L	850	0
45	STORE FRONT DOOR NLRB	9/11/14	2,165				2,165	10	MO S/L	1,374	217
46	BANNER INSTALLATION	12/24/14	292				292	5	MO S/L	292	0
47	HEAD GASKET/BOXED THERMO	1/28/14	3,552				3,552	5	MO S/L	3,552	0
48	ART PIECE - SANDY YOUNG	12/31/14	1,200				1,200	5	MO S/L	1,200	0
49	BRUSHED CANVAS TRUCK	11/23/14	1,986				1,986	5	MO S/L	1,986	0
50	CASH REGISTER	12/23/14	794				794	5	MO S/L	794	0
52	COMPUTER	5/31/14	1,010				1,010	5	MO S/L	1,010	0
54	POS/WORKSTATION/MONITOR	11/24/14	9,793				9,793	10	MO S/L	5,956	979
55	PALLET TRUCK	2/17/14	570				570	5	MO S/L	570	0
56	ICE MACHINE	8/06/14	6,300				6,300	10	MO S/L	4,043	630
57	ICE MACHINE FILTER	8/08/14	227				227	2	MO S/L	227	0
58	KITCHEN HOOD MOTOR	8/20/14	945				945	5	MO S/L	945	0
59	Coachella Parking Lot	1/08/15	5,000				5,000	10	MO S/L	3,000	500
60	Coachella Wire Grid Panel	2/24/15	576				576	10	MO S/L	338	58
61	Deluxe Fitness Mats	1/27/15	4,275				4,275	5	MO S/L	4,275	0
62	74 Lockers Annex	2/25/15	8,034				8,034	10	MO S/L	4,685	803
63	Furniture	3/30/15	10,467				10,467	10	MO S/L	6,020	1,047
64	Wire Shelving	4/23/15	654				654	10	MO S/L	369	65
65	2 Computer Systems	4/30/15	862				862	5	MO S/L	862	0
66	Desk Webcam/2 22 Monitor	5/22/15	65,770				65,770	5	MO S/L	65,770	0
67	ShorePhone Lic/Support	3/30/15	2,459				2,459	5	MO S/L	2,459	0
Sold/Scrapped: 12/31/21											

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Federal Asset Report

FYE: 12/31/2021

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
68	MS Computer Licenses	3/24/15	1,746				1,746	5 MO S/L	1,746	0
69	Washer & Dryer + Install	1/01/15	12,753				12,753	10 MO S/L	7,650	1,275
70	Annex Bldg 84110 Manila	5/01/15	2,310,693				2,310,693	30 MO S/L	436,464	77,023
71	SHELF RACKS	12/23/14	1,225				1,225	5 MO S/L	1,225	0
72	Coachella Wld Trash Cover	6/08/15	1,100				1,100	15 MO S/L	408	73
73	Fence Installation	8/27/15	700				700	15 MO S/L	251	47
74	Coachella Electric Panel	12/08/15	1,300				1,300	15 MO S/L	442	87
75	Security Lights	12/24/15	674				674	15 MO S/L	225	45
76	Fence Installation	2/03/15	4,500				4,500	15 MO S/L	1,775	300
77	Add'l 8' Chain Link Fence	10/29/15	1,175				1,175	15 MO S/L	403	78
78	Fingerprint Time Attend	1/01/15	675				675	5 MO S/L	675	0
79	Workstation WES Win 8	1/01/15	1,616				1,616	5 MO S/L	1,616	0
80	3 Workstations	11/06/15	3,327				3,327	5 MO S/L	3,327	0
81	Shoretel 2x Phone + RB3	1/01/15	936				936	5 MO S/L	936	0
Sold/Scrapped: 12/31/21										
82	Shoretel Phone + RB1	1/01/15	1,642				1,642	5 MO S/L	1,642	0
Sold/Scrapped: 12/31/21										
83	Oct 15 - Donated Computer	10/31/15	1,000				1,000	5 MO S/L	1,000	0
84	Nov 15 - Miscellaneous	11/30/15	735				735	5 MO S/L	735	0
85	Water Barrels	6/01/15	982				982	5 MO S/L	982	0
86	Dock Canopies 47470	6/24/15	849				849	5 MO S/L	849	0
87	Donor Reimb. Shed	7/22/15	2,846				2,846	10 MO S/L	1,544	285
88	Volleyball System	11/24/15	768				768	5 MO S/L	768	0
89	Intake Benches	4/23/15	798				798	10 MO S/L	453	80
90	Annex Benches Outside	6/24/15	1,762				1,762	10 MO S/L	968	176
91	Annex Restroom Benches	8/23/15	661				661	10 MO S/L	352	66
92	Office Mat, Clock, Boards	8/31/15	1,075				1,075	10 MO S/L	576	108
93	A Coil / Condenser	6/18/15	2,836				2,836	10 MO S/L	1,562	284
94	Pressure Washer	4/23/15	647				647	5 MO S/L	647	0
Sold/Scrapped: 12/31/21										
95	AED Device	4/23/15	1,684				1,684	10 MO S/L	952	168
96	Curb Repairs	3/17/16	1,600				1,600	10 MO S/L	760	160
97	Kitchen Swamp Cooler	6/30/16	4,150				4,150	10 MO S/L	1,868	415
98	Dining Room Mural	8/31/16	625				625	10 MO S/L	273	63
99	F-150 Pickup (2010)	1/25/16	22,711				22,711	5 MO S/L	22,332	379
100	Dodge Wrap (2008)	1/26/16	1,000				1,000	5 MO S/L	983	17
Sold/Scrapped: 12/31/21										
101	2015 12 Passenger Van	1/22/16	28,472				28,472	5 MO S/L	27,996	476
102	Trailer	8/23/16	3,494				3,494	5 MO S/L	3,029	465
103	Car Trailer/Hitch	10/01/16	1,509				1,509	5 MO S/L	1,283	226
Sold/Scrapped: 12/31/21										
104	WFS - 3 Beds	12/09/16	1,598				1,598	5 MO S/L	1,307	291
105	162 Chairs	12/30/16	20,250				20,250	10 MO S/L	8,100	2,025
106	Grid Panels Boutique (B)	11/23/16	486				486	5 MO S/L	396	90
107	Emergency Water Barrels B	3/01/16	882				882	5 MO S/L	851	31
108	Steel Shelving Rack B	11/23/16	881				881	5 MO S/L	719	162
109	Meat Slicer	1/24/16	1,599				1,599	5 MO S/L	1,573	26
110	Workstation/Monitor	2/29/16	1,616				1,616	5 MO S/L	1,561	55
111	Vizio 55 TV	10/01/16	543				543	5 MO S/L	463	80
112	Workstation	11/01/16	2,019				2,019	5 MO S/L	1,683	336
113	2 Admin Phones	12/08/16	1,023				1,023	5 MO S/L	837	186
114	AXIS Camera/Workstation	8/31/16	10,657				10,657	5 MO S/L	9,234	1,423
115	Camera License	11/03/16	1,882				1,882	5 MO S/L	1,567	315
116	Fridge Priscilla House	8/18/16	400				400	5 MO S/L	347	53
117	Ice Machine	10/01/16	1,954				1,954	5 MO S/L	1,662	292
118	Food Warmer	10/01/16	1,296				1,296	5 MO S/L	1,101	195
119	Washer/Dryer Priscilla Hs	10/23/16	513				513	5 MO S/L	429	84
120	TV Priscilla House	10/23/16	542				542	5 MO S/L	450	92
Sold/Scrapped: 12/31/21										
121	Clinic Buildout in Annex	10/25/17	111,791				111,791	39 MO S/L	9,076	2,866
122	Annex Bike Pad	4/28/17	1,490				1,490	5 MO S/L	1,093	298
123	Showers	9/23/17	6,742				6,742	10 MO S/L	2,191	674
124	Airlift Kit for 2010 F150	6/23/17	1,577				1,577	5 MO S/L	1,103	315
125	Lateral Files	1/13/17	2,309				2,309	5 MO S/L	1,848	461
126	Utility Table	2/23/17	797				797	5 MO S/L	610	159
127	Mail Box	4/23/17	1,303				1,303	5 MO S/L	957	261
128	7 - 4 Drawer Chests	5/08/17	3,955				3,955	5 MO S/L	2,900	791
129	Install Switches/Fans Men	5/26/17	1,600				1,600	5 MO S/L	1,147	320
130	Install Switches/Fans Wom	6/02/17	1,200				1,200	5 MO S/L	860	240
131	Annex Benches	4/05/17	813				813	5 MO S/L	611	163
132	Annex Fans	7/23/17	2,914				2,914	5 MO S/L	1,992	583

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Federal Asset Report

FYE: 12/31/2021

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
133	Annex Playground	12/29/17	5,270			5,270	5 MO S/L	3,162	1,054
134	Turbo 14 Combi Blender	2/23/17	858			858	5 MO S/L	659	172
135	1G Var Speed Food Blender	2/23/17	1,232			1,232	5 MO S/L	943	246
136	Stand Mixer/Stand	2/23/17	2,450			2,450	5 MO S/L	1,878	490
137	Gas Griddle - Mobile	2/23/17	2,627			2,627	5 MO S/L	2,013	525
138	Food Processor	2/23/17	3,689			3,689	5 MO S/L	2,829	738
139	Griddle	3/17/17	3,115			3,115	5 MO S/L	2,336	623
Sold/Scrapped: 12/31/21									
140	Donated Server	12/31/17	22,284			22,284	5 MO S/L	13,371	4,457
141	Install Network Cameras	7/06/17	4,783			4,783	5 MO S/L	3,349	957
142	Install N Park Lot Camera	1/18/17	954			954	5 MO S/L	748	191
143	Trimmer/Blower/Shredder	4/23/17	1,132			1,132	5 MO S/L	829	226
144	Pressure Washer	5/28/17	716			716	5 MO S/L	513	143
Sold/Scrapped: 12/31/21									
145	Climate Control	5/30/17	11,530			11,530	5 MO S/L	8,263	2,306
146	Men's Washer Replac Motor	6/06/17	2,623			2,623	5 MO S/L	1,881	525
147	Low Volt Lighting	11/23/17	1,592			1,592	5 MO S/L	981	318
148	AC Compressor 1398 6th St	9/15/17	2,842			2,842	5 MO S/L	1,893	568
149	2012 Refrigerator Truck	2/13/17	59,222			59,222	5 MO S/L	46,389	11,844
150	NEW LIFE BOUTIQUE SIGN Re	7/18/13	3,457			3,457	15 MO S/L	1,709	230
151	DISPLAY CASES/BASKET/RACK	9/05/13	488			488	10 MO S/L	359	49
152	Building	9/11/18	8,433,968			8,433,968	39 MO S/L	1,968,894	216,256
153	Locks & Keys	9/11/18	655			655	10 MO S/L	588	66
154	A/C Unit Improvement	9/11/18	768			768	10 MO S/L	674	77
155	Water Valves	9/11/18	708			708	10 MO S/L	621	71
156	Drains/Easements	9/11/18	8,460			8,460	10 MO S/L	7,403	846
157	Electric Improvements	9/11/18	399			399	10 MO S/L	350	40
158	Civil Engineering Service	9/11/18	9,280			9,280	39 MO S/L	2,043	238
159	Signs & Bldg Construction	9/11/18	19,371			19,371	10 MO S/L	17,197	1,937
160	Tile/Carpet Install	9/11/18	3,945			3,945	10 MO S/L	3,390	395
161	Signage on Building	9/11/18	5,758			5,758	39 MO S/L	1,269	148
162	Signage on Building	9/11/18	1,102			1,102	39 MO S/L	236	28
163	Donor Wall	9/11/18	10,000			10,000	39 MO S/L	2,155	256
164	Signage Acrylic Sliders	9/11/18	1,102			1,102	39 MO S/L	236	28
165	New Cross On Building	9/11/18	2,700			2,700	39 MO S/L	615	69
166	Bldg Renovations - Flood	9/11/18	7,818			7,818	10 MO S/L	3,975	782
167	Televisions	9/11/18	26,130			26,130	7 MO S/L	26,130	0
168	Computer - Remittance	9/11/18	517			517	4 MO S/L	517	0
169	Donor Perfect Database	9/11/18	3,062			3,062	4 MO S/L	3,062	0
170	Computer Equipment	9/11/18	45,753			45,753	5 MO S/L	45,753	0
171	Audio Visual Equipment	9/11/18	57,447			57,447	7 MO S/L	57,447	0
172	Security Cameras	9/11/18	27,425			27,425	7 MO S/L	27,425	0
173	Phone System	9/11/18	19,034			19,034	10 MO S/L	17,286	1,748
174	Study Center Setup/Server	9/11/18	1,525			1,525	5 MO S/L	1,525	0
175	Printer For Exec Director	9/11/18	684			684	2 MO S/L	684	0
176	2 Intel Workstations	9/11/18	2,172			2,172	5 MO S/L	2,172	0
177	Computer Volunteer Kiosk	9/11/18	8,671			8,671	10 MO S/L	6,647	867
178	Security Cameras	9/11/18	9,695			9,695	5 MO S/L	9,695	0
179	Shortel Support 1 Year	9/11/18	696			696	1 MO S/L	696	0
180	Printer - Heather Frizzel	9/11/18	746			746	5 MO S/L	746	0
181	HP LaserJet 500 Color	9/11/18	881			881	5 MO S/L	881	0
182	8 Library Computers	9/11/18	9,846			9,846	5 MO S/L	9,846	0
183	Server Software Upgrades	9/11/18	8,278			8,278	5 MO S/L	8,278	0
184	Camera Kitchen Hall	9/11/18	1,012			1,012	5 MO S/L	1,012	0
185	Server	9/11/18	46,092			46,092	5 MO S/L	46,092	0
186	Wifi Intake Area	9/11/18	594			594	5 MO S/L	535	59
187	3 Bike Racks	9/11/18	155			155	5 MO S/L	155	0
188	Painting Gunnar Bernard	9/11/18	267			267	5 MO S/L	267	0
189	Ultimate Cabinets 7 Piece	9/11/18	497			497	7 MO S/L	497	0
190	2x Butcher Block Tables	9/11/18	362			362	5 MO S/L	362	0
191	ED Office Chairs	9/11/18	406			406	5 MO S/L	406	0
192	Chapel Chairs	9/11/18	1,254			1,254	5 MO S/L	1,254	0
193	Storage Racks	9/11/18	57			57	2 MO S/L	57	0
194	Bed & Mattress	9/11/18	104,157			104,157	7 MO S/L	104,157	0
195	Storage Racks	9/11/18	34			34	2 MO S/L	34	0
196	Furniture	9/11/18	117,071			117,071	10 MO S/L	106,388	10,683
197	Cabinets	9/11/18	7,780			7,780	10 MO S/L	7,067	713
198	Artwork	9/11/18	25,071			25,071	15 MO S/L	15,184	1,671
199	Cots	9/11/18	10,075			10,075	10 MO S/L	9,156	919
200	Overnight/Play Benches	9/11/18	1,749			1,749	5 MO S/L	1,749	0
201	Table Top Lecturn	9/11/18	167			167	5 MO S/L	167	0

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FYE: 12/31/2021

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerCony Meth	Prior	Current
202	Files/Desk/36 Round Table	9/11/18	3,651			3,651	5 MO S/L	3,651	0
203	The Art Office	9/11/18	4,475			4,475	10 MO S/L	3,919	448
204	Beds/Wardrobe/Chests	9/11/18	16,745			16,745	7 MO S/L	16,745	0
205	Smokers HD Supply	9/11/18	673			673	5 MO S/L	673	0
206	Mattress	9/11/18	998			998	7 MO S/L	998	0
207	Wardrobe/Drawers	9/11/18	7,124			7,124	7 MO S/L	7,124	0
208	Platinum Series 2 Drawer	9/11/18	7,811			7,811	5 MO S/L	7,811	0
209	Historical Picture Wall	9/11/18	3,963			3,963	5 MO S/L	3,963	0
210	Signage Historical Wall	9/11/18	306			306	5 MO S/L	306	0
211	Bike Rack	9/11/18	1,101			1,101	5 MO S/L	1,101	0
212	Blank Photo Wall/Framing	9/11/18	3,606			3,606	10 MO S/L	2,526	361
213	Oscil Wall Mount Fans	9/11/18	1,291			1,291	10 MO S/L	710	129
214	Patio Picnic Tbl Rd Metal	9/11/18	1,104			1,104	15 MO S/L	530	74
215	Shower Curtains	9/11/18	4,054			4,054	5 MO S/L	2,974	811
216	Signage On Buildings	9/11/18	12,324			12,324	39 MO S/L	2,870	316
217	Pavers	9/11/18	1,044			1,044	15 MO S/L	635	70
218	Flagpole	9/11/18	1,370			1,370	7 MO S/L	1,370	0
219	Land Improvements	9/11/18	118,160			118,160	15 MO S/L	71,550	7,877
220	Fencing And Gates	9/11/18	40,800			40,800	15 MO S/L	24,707	2,720
221	Janitor Closet Doors	9/11/18	353			353	10 MO S/L	287	35
222	Shed	9/11/18	3,117			3,117	15 MO S/L	1,629	208
223	Chapel Soundboards	9/11/18	16,793			16,793	15 MO S/L	8,585	1,120
224	Courtyard Pergola	9/11/18	1,386			1,386	15 MO S/L	715	92
225	Donor Wall	9/11/18	4,312			4,312	15 MO S/L	2,082	287
226	Install Ceiling Fans	9/11/18	1,305			1,305	10 MO S/L	688	131
227	Install 4 Circulating Fan	9/11/18	973			973	10 MO S/L	501	97
228	Admin Offices	9/11/18	9,441			9,441	15 MO S/L	2,622	629
229	Admin Remodel	9/11/18	2,862			2,862	15 MO S/L	748	191
230	Auto Shamm Food Cabinet	9/11/18	842			842	5 MO S/L	842	0
231	4 Washers/5 Dryers	9/11/18	34,682			34,682	7 MO S/L	34,682	0
232	AED Emerg. Defibulator	9/11/18	1,003			1,003	3 MO S/L	1,003	0
233	Convection Oven - Double	9/11/18	1,028			1,028	5 MO S/L	1,028	0
234	40# Commercial Washer	9/11/18	1,688			1,688	5 MO S/L	1,688	0
235	30# Commerical Washer	9/11/18	1,284			1,284	5 MO S/L	1,284	0
236	73# Gas Dryer	9/11/18	931			931	5 MO S/L	931	0
237	Auto Scrub Floor Machine	9/11/18	4,202			4,202	7 MO S/L	4,202	0
238	Kitchen Equipment	9/11/18	127,074			127,074	7 MO S/L	127,074	0
239	Walk In Fridge Freezer	9/11/18	35,290			35,290	39 MO S/L	8,220	905
240	A/C Units	9/11/18	204,000			204,000	10 MO S/L	185,300	18,700
241	Exhaust Fans	9/11/18	20,000			20,000	10 MO S/L	18,167	1,833
242	Hot Water Heaters	9/11/18	29,500			29,500	10 MO S/L	26,796	2,704
243	Buffing Machine	9/11/18	1,175			1,175	5 MO S/L	1,175	0
244	Bestway Laundry Reimburse	9/11/18	12,276			12,276	7 MO S/L	12,276	0
245	Stack Washer/Dryer	9/11/18	2,121			2,121	7 MO S/L	2,121	0
246	Janitorial Equipment	9/11/18	2,952			2,952	7 MO S/L	2,952	0
247	A/C Kitchen Office	9/11/18	1,450			1,450	10 MO S/L	798	145
248	4 Oscil Wall Mount Fans M	9/11/18	1,290			1,290	10 MO S/L	677	129
249	Parking Lot Pencil - Stop	3/23/18	696			696	5 MO S/L	382	139
250	Housing Office remodel	8/24/18	5,883			5,883	10 MO S/L	1,372	588
251	Admin Tile Lobby	10/03/18	1,950			1,950	15 MO S/L	293	130
252	Courtyard Annex Gate	10/09/18	2,175			2,175	15 MO S/L	326	145
253	Concrete Work Sidewalks	12/30/18	7,005			7,005	15 MO S/L	934	467
254	Annex Men's Shower	10/03/18	1,750			1,750	15 MO S/L	263	117
255	2012 Int'l	3/23/18	2,641			2,641	5 MO S/L	1,452	528
256	2012 Ford E350	6/07/18	9,679			9,679	5 MO S/L	5,001	1,936
257	2016 Ford Transit Connect	7/09/18	25,000			25,000	5 MO S/L	12,500	5,000
258	2012 Int'l Refrig #2 Head	9/23/18	4,579			4,579	5 MO S/L	2,061	916
259	2017 Ford Escape	11/15/18	19,500			19,500	5 MO S/L	8,450	3,900
260	2011 Isuzu Truck Repair	11/16/18	19,590			19,590	5 MO S/L	8,163	3,918
261	WFS day room furniture	9/23/18	13,795			13,795	5 MO S/L	6,208	2,759
262	Storage Bins	9/23/18	1,282			1,282	5 MO S/L	576	256
263	Blue Carts for Dock	11/23/18	1,569			1,569	5 MO S/L	654	314
264	Rolling Carts	12/23/18	1,155			1,155	5 MO S/L	462	231
265	Freezer Condensing Coils	2/09/18	7,732			7,732	5 MO S/L	4,510	1,546
266	Motorola Radios x 14	3/19/18	5,426			5,426	5 MO S/L	2,984	1,085
267	Laptop for Board Room	3/23/18	518			518	5 MO S/L	286	104
268	MS Exchange Server Upgrad	3/31/18	4,032			4,032	5 MO S/L	2,217	806
269	Workstation Updgrades	5/01/18	4,196			4,196	5 MO S/L	2,237	839
270	Adm Door	5/25/18	2,500			2,500	5 MO S/L	1,292	500
271	4 Workstation Updgrades	6/20/18	4,277			4,277	5 MO S/L	2,138	855
272	2 PCs donated W10 Housing	7/31/18	2,646			2,646	5 MO S/L	1,279	529

95-2684844

Federal Asset Report

FYE: 12/31/2021

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
273	6 Shoretel Phones/3 Lics Sold/Scrapped: 12/31/21	8/24/18	994				994	5 MO S/L	464	199
274	Intel Workstations	12/12/18	5,755				5,755	5 MO S/L	2,398	1,151
276	Camera Replacement Annex	6/07/18	3,449				3,449	5 MO S/L	1,782	690
277	2 TVs for Annex/Breakroom	6/07/18	1,912				1,912	5 MO S/L	987	382
279	New Fire Extinguishers	3/16/18	805				805	5 MO S/L	443	161
280	Evap for Warehouse	7/27/18	721				721	5 MO S/L	348	144
281	Washer/Dryer	11/29/18	4,280				4,280	5 MO S/L	1,783	856
282	Washer/Dryer	11/29/18	9,079				9,079	5 MO S/L	3,783	1,816
283	Men's Gateway Sleep Tile	2/14/19	13,695				13,695	10 MO S/L	2,625	1,370
284	Men's New Life Tile	2/14/19	13,575				13,575	10 MO S/L	2,602	1,358
285	Family Room Gateway Tile	4/01/19	14,730				14,730	10 MO S/L	2,578	1,473
286	Gas Regulator for BBQ	4/12/19	1,155				1,155	5 MO S/L	404	231
287	Dog Ear Fence	4/29/19	2,300				2,300	15 MO S/L	255	153
288	Annex Dog Run	4/29/19	1,800				1,800	15 MO S/L	200	120
289	Raised Planters	4/29/19	640				640	15 MO S/L	71	43
290	Above Ground Planters	4/29/19	2,850				2,850	15 MO S/L	317	190
291	Veterans Rock Garden	4/29/19	1,200				1,200	15 MO S/L	133	80
292	MP Murals	4/29/19	5,000				5,000	10 MO S/L	833	500
293	Mulch-5 pallets	4/30/19	4,229				4,229	7 MO S/L	1,007	604
294	Sign-Men's Office Bldg	8/27/19	6,133				6,133	7 MO S/L	1,168	876
295	Women's Gateway Tile	5/22/19	7,960				7,960	10 MO S/L	1,260	796
296	Women's Dorm Office Tile	5/22/19	9,100				9,100	10 MO S/L	1,441	910
297	Front Parking Lot Lights	6/14/19	2,010				2,010	5 MO S/L	637	402
298	Reading Room-Fam Shelter	10/31/19	11,906				11,906	15 MO S/L	926	794
299	WFS Office Building	10/31/19	4,248				4,248	10 MO S/L	496	425
300	Window Film-3 Exec Office	12/06/19	975				975	7 MO S/L	151	139
301	Facility/Transport Office	12/11/19	5,920				5,920	10 MO S/L	641	592
302	Playground Area	12/11/19	54,759				54,759	15 MO S/L	3,955	3,651
303	River Rock	12/30/19	18,000				18,000	15 MO S/L	1,200	1,200
304	Annex Parking Lot Lights	6/25/19	1,364				1,364	5 MO S/L	409	273
305	Annex Concrete Planter Fi	10/23/19	3,500				3,500	15 MO S/L	272	233
306	Annex Back Lights	11/27/19	3,100				3,100	5 MO S/L	672	620
307	24' Freightliner Truck	9/01/19	128,093				128,093	5 MO S/L	34,159	25,619
308	24' Box Truck Wrap	2/19/19	5,696				5,696	5 MO S/L	2,088	1,139
309	E450 Box Truck Engine	2/23/19	8,155				8,155	5 MO S/L	2,990	1,631
310	Van 1 Transmission	5/22/19	3,995				3,995	5 MO S/L	1,265	799
311	2017 Ford Transconnect	12/06/19	24,896				24,896	5 MO S/L	5,394	4,979
312	2019 Silverado	12/12/19	51,678				51,678	5 MO S/L	11,197	10,336
313	Transit - Full Wrap	12/16/19	2,773				2,773	5 MO S/L	555	555
314	Admin Desks/File Cabinets	1/14/19	5,871				5,871	7 MO S/L	1,678	839
315	Mattresses x 25 M GTW	1/23/19	4,844				4,844	7 MO S/L	1,326	692
316	Mattress Pads x 20 M GTW	1/23/19	956				956	7 MO S/L	262	137
317	5 beds w/Mattresses	2/23/19	1,354				1,354	7 MO S/L	354	193
318	2 x GTW Desk/Cabinet	2/27/19	7,094				7,094	7 MO S/L	1,858	1,013
319	3 Benches, 2 playhouses	4/29/19	790				790	7 MO S/L	188	113
320	Annex-2 benches w/shade	4/29/19	2,400				2,400	7 MO S/L	572	343
321	Medocino Benches x 18	4/29/19	3,600				3,600	7 MO S/L	857	514
322	Picnic Tables x 8	4/29/19	3,488				3,488	7 MO S/L	830	498
323	Planter Benches x 3	4/29/19	1,041				1,041	7 MO S/L	248	149
324	Trash Can Surrounds	4/29/19	480				480	7 MO S/L	115	69
325	Tahoe Tuff Sheds x5	4/29/19	15,763				15,763	7 MO S/L	3,753	2,252
326	Planter Gazebo Seat x 2	4/29/19	900				900	7 MO S/L	215	129
327	Chairs-LCV Project	9/01/19	4,005				4,005	7 MO S/L	763	572
328	Dining Tables-LCV Project	9/01/19	7,287				7,287	7 MO S/L	1,388	1,041
329	Hot Dog Grill	3/19/19	539				539	7 MO S/L	135	77
330	Tilt Skillet Braising Pan	7/10/19	18,150				18,150	7 MO S/L	3,889	2,593
331	Double Commerical Oven	7/11/19	9,763				9,763	7 MO S/L	2,092	1,395
332	Mitel Upgrade Sold/Scrapped: 12/31/21	12/02/19	752				752	5 MO S/L	163	150
333	W10 Workstation	1/31/19	1,523				1,523	5 MO S/L	584	305
334	HP Switch	3/19/19	899				899	5 MO S/L	315	180
335	Gateway Workstation	3/22/19	3,346				3,346	5 MO S/L	1,171	669
336	Camera Install/Replacemen	4/23/19	3,911				3,911	5 MO S/L	1,303	782
337	Windows 10 Kiosk Replacem	9/04/19	1,502				1,502	5 MO S/L	400	300
338	32 Montiors x2-Program D	10/01/19	957				957	5 MO S/L	239	191
339	W10 Upgrade x20 PCs	11/21/19	25,820				25,820	5 MO S/L	5,594	5,164
340	Surface Tablet - Darla	11/26/19	1,542				1,542	5 MO S/L	334	308
341	Color Laser Printer	12/23/19	470				470	5 MO S/L	94	94
342	Laptop	12/23/19	1,248				1,248	5 MO S/L	250	250
343	Laptop	12/23/19	745				745	5 MO S/L	149	149

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Federal Asset Report

FYE: 12/31/2021

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
344	Windows 10 Workstation	10/14/19	1,618			1,618	5 MO S/L	405	324
345	Drum Snake Clean Machine	2/28/19	554			554	5 MO S/L	203	111
346	Auto Scuber	6/23/19	1,553			1,553	5 MO S/L	466	311
347	Warehouse A/C	6/28/19	760			760	10 MO S/L	114	76
348	Clinic Water Heater	3/19/19	737			737	10 MO S/L	129	74
349	2019 Ford Transit Connect	5/19/20	28,228			28,228	5 MO S/L	3,293	5,646
350	2018 Ford Escape S	6/22/20	19,618			19,618	5 MO S/L	1,962	3,924
351	2015 Ford F-150 XL	6/22/20	24,976			24,976	5 MO S/L	2,498	4,995
352	2017 Ford Transit Connect	9/14/20	25,989			25,989	5 MO S/L	1,733	5,198
353	2017 Ram Loughorn Mega Ca	11/17/20	55,515			55,515	5 MO S/L	925	11,103
Sold/Scrapped: 12/17/21									
354	Cabinets - Kitchen & Kite	1/13/20	9,816			9,816	10 MO S/L	982	982
355	Food Service Gate w/ Emer	1/21/20	5,588			5,588	10 MO S/L	512	559
356	Pantry Remodel in Kitchen	2/18/20	29,000			29,000	10 MO S/L	2,417	2,900
357	Glass wall/doors for Acct	12/31/20	6,562			6,562	10 MO S/L	0	656
358	Forklift	4/29/20	11,400			11,400	5 MO S/L	1,520	2,280
359	Telephone & Software Upgr	12/31/20	4,495			4,495	5 MO S/L	0	899
360	Axis Computer Replacement	1/03/20	3,911			3,911	5 MO S/L	782	782
361	Water Heater Replacement	4/03/20	5,950			5,950	5 MO S/L	893	1,190
362	Refrigerator in WFS	3/23/20	4,081			4,081	5 MO S/L	612	816
363	Bunk Beds (Qty 62)	11/30/20	63,088			63,088	7 MO S/L	751	9,013
364	2020 Ford Transit Connect	6/22/21	35,852			35,852	5 MO S/L	0	3,585
365	2020 Ford Transit Connect	6/22/21	38,040			38,040	5 MO S/L	0	3,804
366	2021 Ford F-250SD XL	6/22/21	62,988			62,988	5 MO S/L	0	6,299
367	Wall/Gate - Annex	11/23/21	188,488			188,488	5 MO S/L	0	3,141
368	Sidewalk - Front Bldg	8/10/21	6,500			6,500	5 MO S/L	0	542
369	2020 Ford Transit Connector XL	12/17/21	38,735			38,735	5 MO S/L	0	0
370	Hot Food Tables (4)	3/23/21	2,826			2,826	5 MO S/L	0	424
371	Freezer Expansion	12/23/21	50,361			50,361	5 MO S/L	0	0
372	Phone System	1/13/21	32,144			32,144	5 MO S/L	0	6,429
373	Server	10/22/21	25,392			25,392	5 MO S/L	0	846
374	Conference Room Chairs (12)	6/23/21	3,864			3,864	5 MO S/L	0	386
375	Portable shower	1/01/21	95,505			95,505	10 MO S/L	0	9,551
376	concrete shower pad & set up	9/30/21	16,420			16,420	15 MO S/L	0	274
Total Other Depreciation			<u>15,124,616</u>			<u>15,124,616</u>		<u>4,497,570</u>	<u>615,166</u>
Total ACRS and Other Depreciation			<u>15,124,616</u>			<u>15,124,616</u>		<u>4,497,570</u>	<u>615,166</u>
Grand Totals			15,167,067			15,145,841		4,540,021	615,166
Less: Dispositions and Transfers			83,956			83,664		26,930	12,553
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>15,083,111</u>			<u>15,062,177</u>		<u>4,513,091</u>	<u>602,613</u>

Federal Statements**Taxable Interest on Investments**

<u>Description</u>						
	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
TAXABLE INTEREST	\$ 61,947		14			
TOTAL	\$ 61,947					

Federal Statements

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 83,058	\$ 77,244	\$ 3,322	\$ 2,492
TOTAL	\$ 83,058	\$ 77,244	\$ 3,322	\$ 2,492

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
BAD DEBT EXPENSE	\$ 6,133	\$	\$ 6,133	\$
TOTAL	\$ 6,133	\$ 0	\$ 6,133	\$ 0

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Schedule A, Part III, Line 1(e)

Description	Amount
GOVERNMENT GRANTS	
OTHER CONTRIBUTIONS	
OTHER CONTRIBUTIONS	\$ 1,323,638
OTHER CONTRIBUTIONS	1,632,468
CITY OF INDIO	
CASH CONTRIBUTION	24,989
CITY OF RANCHO MIRAGE	
CASH CONTRIBUTION	42,000
CITY OF LA QUINTA	
CASH CONTRIBUTION	100,000
CITY OF INDIO PROFESSIONAL SERVICES	
CASH CONTRIBUTION	299,890
CITY OF PALM DESERT	
CASH CONTRIBUTION	39,977
CATHEDRAL CITY	
CASH CONTRIBUTION	102,803
COUNTY OF RIVERSIDE	
CASH CONTRIBUTION	852,381
ANDERSON CHILDREN'S FOUNDATION	
CASH CONTRIBUTION	25,771
FEDERAL HUD	
CASH CONTRIBUTION	1,860,013
FIESTA FORD-LINCOLN MERCURY	
CASH CONTRIBUTION	5,000
HN & FRANCES BERGER FOUNDATION	
CASH CONTRIBUTION	16,000
INLAND EMPIRE COUMMUNITY FOUNDATION	
CASH CONTRIBUTION	5,000
CV WELLNESS FOUNDATION	
CASH CONTRIBUTION	15,000
MICKELSON FOUNDATION	
CASH CONTRIBUTION	75,000
AB109	
CASH CONTRIBUTION	36,025
BIGHORN CARES	
CASH CONTRIBUTION	10,000
STAUFFER FOUNDATION	
CASH CONTRIBUTION	6,000

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Schedule A, Part III, Line 1(e) (continued)

Description	Amount
TRILOGY LA QUINTA	
CASH CONTRIBUTION	
RALPH'S GROCERY	\$ 10,000
FOOD	
ALBERTSON'S	27,000
FOOD	
FOOD	115,863
FOOD	109,223
FOOD	100,000
FOOD	89,622
FOOD	58,692
FOOD	72,000
FOOD	87,664
FOOD	69,505
FOOD	73,872
FOOD	60,608
FOOD	68,217
BRISTOL FARMS	
FOOD	8,858
FOOD	11,000
COSTCO	
FOOD	15,114
FOOD	23,844
FOOD	15,047
FOOD	21,300
FOOD 4 LESS	
FOOD	7,552
FOOD	8,550
FOOD	8,390
FOOD	7,668
GROCERY OUTLET	
FOOD	7,225
MORONGO BAND OF INDIANS	
FOOD - TURKEYS	10,000
TARGET	
FOOD	26,333
FOOD	24,561
FOOD	21,960
FOOD	31,083

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Schedule A, Part III, Line 1(e) (continued)

Description	Amount
TRADER JOE'S	
FOOD	23,230
FOOD	19,560
FOOD	17,523
FOOD	16,788
VON'S	
FOOD	16,258
FOOD	14,000
FOOD	30,624
FOOD	20,817
FOOD	21,736
FOOD	19,645
FOOD	22,897
WHOLE FOODS	
FOOD	11,163
FOOD	10,056
FOOD	9,570
FOOD	13,353
MATTHEW ACUFF	
CASH CONTRIBUTION	5,175
ROBERT ADAMS	
CASH CONTRIBUTION	8,776
AMERIPRISE FINANCIAL	
CASH CONTRIBUTION	5,000
JOHN ANDERSON	
CASH CONTRIBUTION	5,175
BARNABAS PARTNERS FOUNDATION	
CASH CONTRIBUTION	5,000
JOSEPH BARTUSH	
CASH CONTRIBUTION	15,000
LINDA BEAL	
CASH CONTRIBUTION	5,000
THOMAS BECKER	
CASH CONTRIBUTION	5,000
MICHAEL BEEMER	
CASH CONTRIBUTION	20,000
MICHAEL BITTNER	
CASH CONTRIBUTION	5,000

Federal Statements

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
JAMES BLAIR	
CASH CONTRIBUTION	
GRADY BRUCE	10,000
CASH CONTRIBUTION	
DAVID BRYNES	10,000
CASH CONTRIBUTION	
BETH MACK CASTLE	5,175
CASH CONTRIBUTION	
STEVEN CICCARELLI	11,856
CASH CONTRIBUTION	
CMJR & DJM CHARITABLE TRUST	20,000
CASH CONTRIBUTION	
MELVIN CURCI	50,000
CASH CONTRIBUTION	
CLARK DAVIS	15,000
CASH CONTRIBUTION	
HELMUT DUECK	68,000
CASH CONTRIBUTION	
JOHN EARLE	5,000
CASH CONTRIBUTION	
EVERI PAYMENTS INC	5,000
CASH CONTRIBUTION	
PATSY FALOCNER	9,087
CASH CONTRIBUTION	
PAULA FARHA	25,000
CASH CONTRIBUTION	
GEORGE FAWRUP	5,000
CASH CONTRIBUTION	
FIESTA FORD	10,000
CASH CONTRIBUTION	
JOHN FLYNN	5,000
CASH CONTRIBUTION	
FRIENDSHIP CHURCH	10,000
CASH CONTRIBUTION	
SARAH GAGAN	27,150
CASH CONTRIBUTION	
CLAIRE GAGAN	5,175
CASH CONTRIBUTION	
	135,000

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Schedule A, Part III, Line 1(e) (continued)

Description	Amount
J RICHARD GIACOLETTO CASH CONTRIBUTION	\$ 5,000
MICHAEL GOODMAN CASH CONTRIBUTION	5,000
AL GUEDEL CASH CONTRIBUTION	6,000
HADLEY DATE GARDENS CASH CONTRIBUTION	20,000
WILLIAM HAINES CASH CONTRIBUTION	10,000
JIM HANSEN CASH CONTRIBUTION	5,000
HEALTH TO HOPE CLINIC CASH CONTRIBUTION	26,382
BARBARA HEIMBURGER CASH CONTRIBUTION	31,000
CATHERYN HOEHN CASH CONTRIBUTION	25,000
JOHN HOWELL CASH CONTRIBUTION	5,000
JACQUELINE HUGHES CASH CONTRIBUTION	15,769
ICWGROUP CASH CONTRIBUTION	7,230
LRONSMITH, INC CASH CONTRIBUTION	7,000
BILL AND ANN IWATA CASH CONTRIBUTION	20,000
PEGGY JACOBS CASH CONTRIBUTION	10,000
JOHN & BEVERLY STAUFFER FOUNDATION CASH CONTRIBUTION	6,000
JOHN AND MAURINE COX FOUNDATION CASH CONTRIBUTION	5,000
JOHN W & MARGARET G BERTSCH CHARITAB CASH CONTRIBUTION	10,000
KATHY JONES CASH CONTRIBUTION	6,452

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Schedule A, Part III, Line 1(e) (continued)

Description	Amount
LARRY JONES	
CASH CONTRIBUTION	
ROBERT KAIN	\$ 15,000
CASH CONTRIBUTION	
GARY KAISER	5,000
CASH CONTRIBUTION	
ALBERT KECK	10,000
CASH CONTRIBUTION	
RETHA KEENAN	10,000
CASH CONTRIBUTION	
ROBERT KEITH	6,000
CASH CONTRIBUTION	
WANDA LAHN	7,747
CASH CONTRIBUTION	
HARRY LINES	15,000
CASH CONTRIBUTION	
LINKS PLAYERS INTERNATIONAL, INC	23,050
CASH CONTRIBUTION	
FRANCES MARSH	8,000
CASH CONTRIBUTION	
LOUISE MATHEUS	156,490
CASH CONTRIBUTION	
STEVEN MATHISON	5,000
CASH CONTRIBUTION	
JON MATHISON	12,000
CASH CONTRIBUTION	
ELIZABETH MCELFIN	15,000
CASH CONTRIBUTION	
DAVID MCNAIR	5,000
CASH CONTRIBUTION	
JAMES MEES	10,000
CASH CONTRIBUTION	
GARY MILLER	10,000
CASH CONTRIBUTION	
STEVE MIRAGLIA	10,250
CASH CONTRIBUTION	
ROY MOORE	10,000
CASH CONTRIBUTION	
	10,000

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Schedule A, Part III, Line 1(e) (continued)

Description	Amount
KURT MOSER	
CASH CONTRIBUTION	
NATIONAL CHRISTIAN FOUNDATION CA	\$ 5,000
CASH CONTRIBUTION	
EDWARD OEHLER	60,000
CASH CONTRIBUTION	
PACIFIC WESTERN BANK	10,000
CASH CONTRIBUTION	
PALM DESERT COMMUNITY PRESBYTERIAN C	5,000
CASH CONTRIBUTION	
JAMES PARRY	8,000
CASH CONTRIBUTION	
PATRICK M. MCCARTHY FOUNDATION	10,000
CASH CONTRIBUTION	
JOHN PINHORN	50,000
CASH CONTRIBUTION	
DAVID PRICE	15,000
CASH CONTRIBUTION	
RON AND LILY GLOSSER FOUNDATION	10,000
CASH CONTRIBUTION	
MARILYN SANTOIANI	10,000
CASH CONTRIBUTION	
DOUGLAS SCHMALZ	10,000
CASH CONTRIBUTION	
MARY SCHULZ	50,000
CASH CONTRIBUTION	
KENT SHODEEN	5,000
CASH CONTRIBUTION	
GARY SMITH	15,000
CASH CONTRIBUTION	
SOLA-LITE COACHELLA VALLEY	10,000
CASH CONTRIBUTION	
TOM R SPATES	20,000
CASH CONTRIBUTION	
STEPHEN PHILIBOSIAN FOUNDATION	15,000
CASH CONTRIBUTION	
DARRELL STARKSON	12,500
CASH CONTRIBUTION	
	20,000

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Schedule A, Part III, Line 1(e) (continued)

Description	Amount
TED STORLIE	
CASH CONTRIBUTION	
JEFF TAYLOR	\$ 20,500
CASH CONTRIBUTION	
THE GILBERT J MARTIN FOUNDATION	5,000
CASH CONTRIBUTION	
THE JOHN H GRACE FOUNDATION	40,000
CASH CONTRIBUTION	
THE MICKELSON FOUNDATION, INC.	20,000
CASH CONTRIBUTION	
THE SIRPUHE & JOHN CONTE FOUNDATION	75,000
CASH CONTRIBUTION	
TISBEST PHILANTHROPY	47,500
CASH CONTRIBUTION	
L.E. TOKARSKI	27,079
CASH CONTRIBUTION	
UNIVERSAL NOTARY	25,000
CASH CONTRIBUTION	
VALLEY CHRISTIAN ASSEMBLY	8,000
CASH CONTRIBUTION	
VANGUARD CHARITABLE	10,500
CASH CONTRIBUTION	
GERALD VOGT	5,000
CASH CONTRIBUTION	
HELEN WILLIAMS-YEANY	105,000
CASH CONTRIBUTION	
FRANCIS WOODWARD	21,320
CASH CONTRIBUTION	
NANCY AND CHARLES YAZEL	10,000
CASH CONTRIBUTION	
SANDI YOUNG	10,000
CASH CONTRIBUTION	
MATTHEW ZITO	25,000
CASH CONTRIBUTION	
AUTOS DONATED	5,000
VARIOUS AUTOS	18,600

Federal Statements

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
TOTAL	\$ 9,828,864

Schedule A, Part III, Line 2(e)

Description	Amount
PROGRAM INCOME	\$ 146,007
VENDING MACHINE	2,935
MISCELLANEOUS	28,857
BOUTIQUE SALES	451,751
BANQUET INCOME	151,314
FACILITY USE/REIMBURSEMENTS	160,310
TOTAL	\$ 941,174

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2017	2018	2019	2020	2021
JACQUELINE HUGHES	\$	\$	\$	\$ 247,314	\$ 15,769
DONNIE SCHAFFER				261,647	
TOTAL	\$ 0	\$ 0	\$ 0	\$ 508,961	\$ 15,769

Schedule A, Part III, Line 10a(e)

Description	Amount
TAXABLE INTEREST	\$ 61,947
TOTAL	\$ 61,947