** PUBLIC DISCLOSURE COPY **

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)

xcept private foundations) 2020

Department of the Treasury Internal Revenue Service 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
2020
ZUZU
Open to Public
Inspection

A I	For the 2	2020 calendar year, or tax year beginning	and	ending	_								
В	Check if applicable:	C Name of organization			D Employer	identific	cation number						
	Address change	S.V.D.P. MANAGEMENT, INC											
	Name change	Doing business as FATHER JOE'S VILI	AGES		33-04	192304							
	Initial return	Number and street (or P.O. box if mail is not del	E Telephone	number									
	Final return/	3350 E STREET	ivorou to otroot addrood	Room/suite		446-21(
	termin- ated	City or town, state or province, country, and 2	7IP or foreign postal code		G Gross receipts	s \$	23,948,589.						
	Amended return	SAN DIEGO, CA 92102-3332	H(a) Is this a										
F	Application F Name and address of principal officer: DEACON JIM VARGAS, OFS for subordinates?												
	pending	3350 E STREET, SAN DIEGO, CA 92102			1		? Yes X No cluded? Yes No						
$\overline{\Gamma}$	Tax-exen	npt status: X 501(c)(3) 501(c) (or 527	7		list. See instructions						
		: ▶ WWW.NEIGHBOR.ORG			H(c) Group e	xemptior	n number 🕨						
K	Form of o	rganization: X Corporation Trust As	sociation Other >	L Year	of formation: 19	92 M	State of legal domicile: CA						
Pa	art I	Summary											
d)	1 B	riefly describe the organization's mission or most	significant activities: OUR MI	SSION IS	TO HELP OUR	λ							
Governance	N:	EIGHBORS IN NEED BREAK THE CYCLE OF F	IOMELESSNESS AND POVERT	Υ.									
rna	2 C	heck this box 🕨 🔲 if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its	s net ass	ets.						
ove	3 N	3 Number of voting members of the governing body (Part VI, line 1a)											
رى م		umber of independent voting members of the gov	erning body (Part VI, line 1b)				16						
es &	5 To	otal number of individuals employed in calendar y			137								
Ϋ́	6 T	otal number of volunteers (estimate if necessary)			1000								
Activities	7 a To	otal unrelated business revenue from Part VIII, col	umn (C), line 12				0.						
_	b N	et unrelated business taxable income from Form 9	990-T, Part I, line 11			7b	0.						
					Prior Year		Current Year						
ē	8 C	ontributions and grants (Part VIII, line 1h)		16,122		9,489,709.							
Revenue	9 P	rogram service revenue (Part VIII, line 2g)			3,209.	7,492,005.							
3eV	10 In	vestment income (Part VIII, column (A), lines 3, 4,			2,436.	617,631.							
_	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c,			9,406.	923,004.							
_		otal revenue - add lines 8 through 11 (must equal			25,002		18,522,349.						
		rants and similar amounts paid (Part IX, column (A			12,111		210,709.						
	1	enefits paid to or for members (Part IX, column (A	0.	7.007.330									
es	15 S	alaries, other compensation, employee benefits (F		0,320	0,067.	7,007,338.							
Expenses	16a ₽	rofessional fundraising fees (Part IX, column (A), li	376.	0.		0.							
ΩX	b 0	otal fundraising expenses (Part IX, column (D), line	9,123,841.		9,285,087.								
_	" 0	ther expenses (Part IX, column (A), lines 11a-11d,		29,55		16,503,134.							
		otal expenses. Add lines 13-17 (must equal Part I)		2,459.	2,019,215.								
	19 R	evenue less expenses. Subtract line 18 from line	12		ginning of Curre								
ts o	200 -	etal acceta (Part V. line 16)			91111111111111111111111111111111111111		End of Year 113,920,967.						
ASSe Pals	20 To	otal assets (Part X, line 16)otal liabilities (Part X, line 26)			-		27,296,396.						
Net Assets or	22 N	et assets or fund balances. Subtract line 21 from	line 20		27,046,476. 27,296,396 84,323,328. 86,624,571								
P	art II	Signature Block	IIIIe 20		01,02	, , , , ,	00,021,071.						
		es of perjury, I declare that I have examined this return,	including accompanying schedules	and statem	ents, and to the b	est of my	knowledge and belief, it is						
		and complete. Declaration of preparer (other than office			•		oage and zener, it is						
	Í		,										
Sig	ո	Signature of officer	Date										
Her	I .	MELINDA MALLIE, CFO											
		Type or print name and title											
	F	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN						
Paid	d Al	MY A. O'LOUGHLIN	1	1/15/21	if self-employe	ed ₽00869687							
Pre	parer [Firm's name CBIZ MHM, LLC	Firm's	EIN 🛌	34-1884125								
Use	Only	irm's address 4722 N 24TH ST, STE 300		-									
		PHOENIX, AZ 85016			Phone	_{no.} 602-	-264-6835						
Ma	y the IRS	discuss this return with the preparer shown above	/e? See instructions				X Yes No						

33-0492304

Га	Statement of Frogram dervice Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	OUR MISSION IS TO HELP OUR NEIGHBORS IN NEED BREAK THE CYCLE OF	
	HOMELESSNESS AND POVERTY BY PROMOTING SELF-SUFFICIENCY THROUGH A	
	CONTINUUM OF CARE, MULTI-DISCIPLINARY PROGRAMS, AND PARTNERSHIPS THAT	
	COME TOGETHER IN THE SPIRIT OF OUR CREED TO TEACH, (CONT. ON SCH O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b	•
	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 \$381,421. including grants of \$) (Revenue \$)
	VEHICLE DONATION PROGRAM - SVDP MANAGEMENT, INC. SOLICITS AND ACCEPTS	
	DONATED VEHICLES FOR SALE AT AUCTION, VEHICLES ARE CLEANED UP AND	
	ESSENTIAL REPAIRS ARE MADE WHERE AMOUNTS EXPENDED ARE EXPECTED TO	
	RESULT IN HIGHER PRICES AT AUCTION. ALL OF THE NET PROCEEDS GO DIRECTLY	
	TO SUPPORTING THE NEEDS OF THE OTHER PROGRAMS. BY CONTINUALLY	
	MONITORING COSTS, WE ARE ABLE TO INCREASE THE AMOUNTS THAT CAN BE USED	
	TO SUBSIDIZE THE SERVICES PROVIDED TO PARTNER AGENCIES WITH THE MISSION TO SUPPORT PEOPLE EXPERIENCING HOMELESSNESS AND OTHER NEIGHBORS IN	
	NEED.	
	NEED.	
4b	(Code:) (Expenses \$ 210,709. including grants of \$ 210,709.) (Revenue \$	4,090,762.)
40	(Code:) (Expenses \$ 210,709. including grants of \$ 210,709.) (Revenue \$ ADMINISTRATIVE SUPPORT - THE ORGANIZATIONS PROVIDED ACCOUNTING, HUMAN	1,000,1021
	RESOURCES, INFORMATION TECHNOLOGY, AND OTHER ADMINISTRATIVE SERVICES TO	
	PARTNER AGENCIES AT OR BELOW THE COST OF PROVIDING THE SERVICES. BY	
	PROVIDING DISCOUNT RATES TO OTHER NON-PROFIT ORGANIZATIONS, THESE	
	ORGANIZATIONS ARE ABLE TO PROVIDE MORE DIRECT SERVICES TO THOSE IN	
	NEED.	
4c	(Code:) (Expenses \$3,959,850. including grants of \$) (Revenue \$)	3,401,243.
	PROPERTY DEVELOPMENT/RENTAL UNIT MANAGEMENT - THE ORGANIZATION HAS	
	DEVELOPED AND PROVIDES MANAGEMENT SERVICES TO PROPERTIES THAT ARE	
	LEASED TO ST. VINCENT DE PAUL VILLAGE TO PROVIDE TRANSITIONAL HOUSING.	
	IN ADDITION, THE ORGANIZATION IS THE GENERAL PARTNER FOR 8 LIMITED	
	PARTNERSHIPS FORMED TO DEVELOP AND MANAGE AFFORDABLE AND TRANSITIONAL	
	HOUSING.	
4-1	Other pregram continue (Deceribe on Cabadula O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 3,437,206. including grants of \$) (Revenue \$	\
40	7,000,406	
40	Total program service expenses 7,989,186.	Form 990 (2020)
		. 5 (2020)

Form 990 (2020) S.V.D.P. MANAGEMENT, INC 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		х
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	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U		ء ا		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
٨	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	110		_
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	\vdash
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		Х
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	15		Х
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	16		Х
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	17		х
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	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III	20a		x
20a	• •			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۱	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form 990 (2020) S.V.D.P. MANAGEMENT, INC

Part IV Checklist of Required Schedules (continued)

	- (sortinass)		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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		——
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
21	contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· u	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Goriodalo O contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

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Form 990			MANAGEMENT,			
Part V	Statements Re	garding	Other IRS Fil	lings and	Tax Compliance	(continued)

	o c c c c c c c c c c c c c c c c c c c		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	NO
Zu	filed for the calendar year ending with or within the year covered by this return 2a 137			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		Х
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).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ŭ	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40-		
а		13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
_				
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
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?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
		Гокра	990	(2020)

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.

Section A. Governing Body and Management 1 Enter the number of voting members of the governing body at the end of the tax year		Check if Schedule O contains a response or note to any line in this Part VI			X							
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 deligated broad authority to air executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body? 7 A Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7 A Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 A X S Section B. Policies (This Section 14 Part VI). Section A, who cannot be reached at the organization's maining address? If Yes, "provide the names and addresses on Schedule O 9 Section B. Policies (This Section 14 Part VI). Section A, who cannot be reached at the organization's maining address? If Yes, "provide the names and addresses on Schedule O 9 Did the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with the organization to review this Form 990 to	Sec											
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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												
			s only)	availa	ble							
1	. =		,		-							
X Own website Another's website X Upon request Other (explain on Schedule O)												
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	19	(***)	l financ	cial								
statements available to the public during the tax year.	.5			-141								
20 State the name, address, and telephone number of the person who possesses the organization's books and records	20											
MELINDA MALLIE - (619) 446-2194	_0											
3350 E STREET, SAN DIEGO, CA 92102-3332												

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

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

X

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 and/or Box 7 of Form 1099-MISC) 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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average			(O Pos	C) ition)		(D) Reportable	(E) Reportable	(F) Estimated
ivanie and title	hours per week	box	not c , unle: cer ar	ss pe	rson i	s both	n an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DEACON JIM F. VARGAS	40.00	1								
PRESIDENT/CEO				Х				226,451.	0.	8,549.
(2) WILLIAM BOLSTAD	40.00	1								
CHIEF STRATEGY OFFICER				Х				140,756.	0.	12,239.
(3) ROBERT DORSEY	40.00	4							_	
CHIEF OPERATING OFFICER				Х				135,420.	0.	1,888.
(4) KRISTEN HESSE	40.00	4							_	
SR DIRECTOR OF DEVELOPMENT	10.00			Х		_		121,386.	0.	11,939.
(5) MICHAEL MILLIGAN	40.00	4								
DIRECTOR OF HUMAN RESOURCES	10.00		_	Х				118,741.	0.	5,152.
(6) RHONDALYNN QUINLAN	40.00	4								
CONTROLLER	10.00			Х				118,153.	0.	1,998.
(7) JOSEPH MARINO SCANTENA	40.00	-		l				105 045		
DIRECTOR OF RETAIL OPERATIONS	40.00			Х				105,047.	0.	7,654.
(8) ANN WIECZOREK	40.00	-						100 600		
GENERAL COUNSEL (9) ROBERT NGADIMAN	40.00	<u> </u>		Х				109,600.	0.	0.
PROGRAMMER	40.00	-		х				107 262	0	1 604
(10) ERIC CASAZZA	1.00			Λ				107,263.	0.	1,604.
CHAIR	1.00	x		Х				0.	0.	_
(11) MIKE SCHLEYHAHN	1.00	^		Λ				0.	0.	0.
VICE CHAIR	1.00	x		x				0.	0.	0.
(12) RICHARD NORLING	1.00	1						· ·	· ·	· · ·
TREASURER	1.00	x		x				0.	0.	0.
(13) JOOST H. VAN ADELSBERG, JR.	1.00	 						•	••	•
SECRETARY	1.00	x		х				0.	0.	0.
(14) BISHOP JOHN DOLAN	1.00									
DIRECTOR		x						0.	0.	0.
(15) MICHAEL FARRELL	1.00							-		
DIRECTOR	-	х						0.	0.	0.
(16) JIM FRANCIS	1.00									
DIRECTOR		х						0.	0.	0.
(17) KEVIN HARKENRIDER	1.00									
DIRECTOR		х						0.	0.	0.
										Earm 990 (2020)

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	Posi heck i ss per	ition more rson is	than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organization below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) BOB LEONE	1.00									
DIRECTOR		Х						0.	0.	0.
(19) BRIAN MULVANEY	1.00	-							0	
DIRECTOR (20) JIM O'HARA	1 00	Х	\vdash					0.	0.	0
(20) JIM O HARA DIRECTOR	1.00	-						0.	0.	0
(21) ISABEL RAFFERTY	1.00	Α.						0.	0.	0,
DIRECTOR	1.00	X						0.	0.	0.
(22) KATHLEEN SELLICK	1.00							-	-	
DIRECTOR		х						0.	0.	0
(23) JAMIE SETTINERI	1.00									
DIRECTOR		х						0.	0.	0
(24) LINC WARD	1.00									
DIRECTOR		Х						0.	0.	0
(25) ED WITT	1.00									
DIRECTOR		Х						0.	0.	0.
(26) AL AGUIRRE	1.00									
DIRECTOR (1/1/20-1/31/20)		Х						0.	0.	0
1b Subtotal								1,182,817.	0.	51,023
c Total from continuation sheets to F	art VII, Section A							0.	0.	0
d Total (add lines 1b and 1c)		<u></u>	<u></u>		<u></u>			1,182,817.	0.	51,023

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

3 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

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

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

5 X

Section B. Independent Contractors

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

Description of services ONSTRUCTION MANAGEMENT ECURITY SERVICES	Compensation 1,139,651.
POIDTMY CPDVICEC	
POTEDTOV CERTITORS	
ECORIII BERVICES	623,012.
DVERTISING	534,318.
NTERNET MARKETING	524,816.
N	

Form **990** (2020)

\$100,000 of compensation from the organization

33-0492304

Form 990 (2020)

S.V.D.P. Mark VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
SΩ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
		Fundraising events 1c					
		Related organizations 1d					
			4,472,823.				
		, , , , , , , , , , , , , , , , , , ,	1,172,025.				
utio	T	All other contributions, gifts, grants, and	5 016 886				
들 된		similar amounts not included above 1f	5,016,886.				
o d		Noncash contributions included in lines 1a-1f	4,787,018.	0 400 700			
Og	r	Total. Add lines 1a-1f	>	9,489,709.			
			Business Code	4 000 750	4 000 750		
Se	2 a		561000	4,090,762.			
e vi	b	RENT INCOME	531190	3,401,243.	3,401,243.		
Program Service Revenue	c	·	_				
eve	C	l	_				
<u>Б</u> О.	e		_				
₫	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		7,492,005.			
	3	Investment income (including dividends, in	erest, and				
		other similar amounts)	>	603,492.			603,492.
	4	Income from investment of tax-exempt bon					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	es (ii) Other				
	, ,	assets other than inventory 7a 638,76					
	L	Less: cost or other basis					
a	L	and sales expenses 7b 624,63	10				
ğ	_						
ther Revenue			•	14,139.			14,139.
ت ح		Net gain or (loss)		14,133.			14,133.
ŧ.	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		,	8a				
		Less: direct expenses	8b				
		Net income or (loss) from fundraising event	s				
	9 a	Gross income from gaming activities. See					
		,	9a				
			9b				
		Net income or (loss) from gaming activities	_				
	10 a	Gross sales of inventory, less returns					
			10a 4,787,018.				
	b	Less: cost of goods sold	10b 4,801,610.				
\Box	C	Net income or (loss) from sales of inventory		-14,592.			-14,592.
ွ			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	900099	937,596.			937,596.
ane	b		_				
e e	c	·					
Λisc B	c	All other revenue					
	e	Total. Add lines 11a-11d	>	937,596.			
	12	Total revenue. See instructions		18,522,349.	7,492,005.	0.	1,540,635.

032009 12-23-20

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) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 210,709 210,709 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 1,233,840. 450,609. 500,136. 283,095. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,454,511 1,640,265. 1,772,115. 1,042,131. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 985,399 290,947 571,322 123,130. 9 Other employee benefits 333,588 154,170 83,967 95,451. 10 Payroll taxes Fees for services (nonemployees): 13,570 13,570 Management а 8,837. 14,180. 5,343 Legal 141,400, 22,638, 103,875 14,887. Accounting Lobbying Professional fundraising services. See Part IV, line 17 29,220. 29,220. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,977,191 400,974 1,346,169 230,048. column (A) amount, list line 11g expenses on Sch O.) 890,395 1,330. 63,863 825,202. Advertising and promotion 12 819,414. 156,952. 208,053 454,409. 13 Office expenses 14 Information technology Royalties 15 1,657,598 1,430,872. 224,905 1,821. 16 Occupancy 257,781, 261,298 2,918 599. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,380. 1,235. 1,739. Conferences, conventions, and meetings 6,406. 19 154,932, 154,932 20 Payments to affiliates _____ 21 1,089,358 1,089,358 22 Depreciation, depletion, and amortization 287,057 242,047 43,221 1,789. 23 Other expenses. Itemize expenses not covered 24 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.) PARTNERSHIP EXPENSES 1,382,802. 1,382,802. 310,065 LICENSES & FEES 32,863. 165,958 111,244. CAR PREPARATION EXPENSE 177,146. 177,146. С d 70,081 23,577 169 46,335. All other expenses 7,989,186 16,503,134 5,282,572 3,231,376. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Form 990 (2020) Part X Balance Sheet

Par	tΧ	Balance Sneet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part XI		T	(5)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,173,463.	1	3,319,043		
	2	Savings and temporary cash investments			504,214.	2	866,89
	3	Pledges and grants receivable, net			7,509,975.	3	7,692,65
	4	Accounts receivable, net			2,123,151.	4	169,49
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqu	alified per				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
s.	7	Notes and loans receivable, net			42,569,301.	7	46,104,76
Assets	8	Inventories for sale or use			110,113.	8	95,52
₽	9	B			220,135.	9	289,86
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	36,782,307.			
	b	Less: accumulated depreciation		24,396,192.	13,400,370.	10c	12,386,11
	11	Investments - publicly traded securities			872,335.	11	3,482,93
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin			40,511,044.	13	39,128,24
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	375,703.	15	385,42		
	16	Total assets. Add lines 1 through 15 (must ed			111,369,804.	16	113,920,96
	17	Accounts payable and accrued expenses		3,564,411.	17	2,200,67	
	18	Grants payable				18	
	19	Deferred revenue			17,354,943.	19	17,354,94
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ا ي	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
ਵੱ	23	Secured mortgages and notes payable to unre			2,841,579.	23	2,455,23
	24	Unsecured notes and loans payable to unrela	ed third	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	•				
		of Schedule D	•		3,285,543.	25	5,285,543
	26	Total liabilities. Add lines 17 through 25			27,046,476.	26	27,296,390
		Organizations that follow FASB ASC 958, c					
ès		and complete lines 27, 28, 32, and 33.					
a a	27	Net assets without donor restrictions			74,196,048.	27	83,038,13
ga	28	Net assets with donor restrictions			10,127,280.	28	3,586,430
ը		Organizations that do not follow FASB ASC					
?		and complete lines 29 through 33.					
, P	29	Capital stock or trust principal, or current fund	ls			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			84,323,328.	32	86,624,571
_	33	Total liabilities and net assets/fund balances			111,369,804.	33	113,920,967

Pai	TEXT RECONCILIATION OF NET ASSETS				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	,522,	349.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	,503,	134.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	,019,	215.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84	,323,	328.
5	Net unrealized gains (losses) on investments	5		272,	302.
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		9,	726.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	86,	,624,	571.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

2020

Open to Public Inspection

Employer identification number Name of the organization S.V.D.P. MANAGEMENT INC 33-0492304 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,129,813.	6,575,030.	2,239,175.	16,122,858.	9,489,709.	37,556,585.
2	Tax revenues levied for the organ-						
	ization'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	3,129,813.	6,575,030.	2,239,175.	16,122,858.	9,489,709.	37,556,585.
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)						13,467,064.
6	Public support. Subtract line 5 from line 4.						24,089,521.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	3,129,813.	6,575,030.	2,239,175.	16,122,858.	9,489,709.	37,556,585.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	479,193.	130,347.	441,412.	331,342.	603,492.	1,985,786.
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.)	32,209.	227,656.	69,154.	389,406.	937,596.	1,656,021.
11	Total support. Add lines 7 through 10						41,198,392.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	35,018,175.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publi					г т	
14	Public support percentage for 2020 (li					14	58.47 %
15	Public support percentage from 2019					15	51.37 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	. ,	•				
b	33 1/3% support test - 2019. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		• • •				
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			-	·	VI how the organiz	ation
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	•				•	0% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	_

Schedule A (Form 990 or 990-EZ) 2020

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	ļ					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>
k	33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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Schedule A (Form 990 or 990-EZ) 2020

Page 4

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

- 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")? |f "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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.)

	Yes	No
1		
•		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
_		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b		

1 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 in lines 11b and 11c blowly, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 39% controlled entity of a person described in line 11a above? c A 39% controlled entity of a person described in line 11a above? 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 organizations officers, directions, or functies at all times during the tax year? // /h/o; "described in PRY IV how the supported organizations officers, directions, or functies at all times of during the tax year? // /h/o; "described in PRY IV how the supported organizations of the person and according to reference, or any appoint or elect at least a majority of the organizations of person organization or a purported organization or according to the supported organization and the supported organization or according to the supported organization or according to the supported organization organization or a purported organization organization organization and the person organization organi	Pa	Supporting Organizations (continued)			
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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					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	u		32		
	h	•	Ga		
			3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	· Lg- ·		
1	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 mu		•			
Sect	tion 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				
Sect	tion 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				
е	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				
Sect	tion 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	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see		
	instructions)					

Schedule A (Form 990 or 990-EZ) 2020

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exer	1				
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2020 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
c	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i_	Carryover from 2015 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					
b	Excess from 2017					
С	Excess from 2018					
d	Excess from 2019					
е	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

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.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS REVENUE
2016 AMOUNT: \$ 32,209.
2017 AMOUNT: \$ 27,656.
2018 AMOUNT: \$ 69,154.
2019 AMOUNT: \$ 389,406.
2020 AMOUNT: \$ 937,596.
NONREFUNDABLE DEPOSIT
2017 AMOUNT: \$ 200,000.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2020

	S.V	P. MANAGEMENT, INC	33-0492304				
Organiz	ation type (check or	:					
Filers of	f:	ection:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a	a private foundation				
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a priv	vate foundation				
		501(c)(3) taxable private foundation					
	-	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the Gene	eral Rule and a Special Rule. See instructions.				
General	Rule						
	-	ing Form 990, 990-EZ, or 990-PF that received, during the ye contributor. Complete Parts I and II. See instructions for o					
Special	Rules						
X	sections 509(a)(1) a any one contributor	escribed in section 501(c)(3) filing Form 990 or 990-EZ that if 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 during the year, total contributions of the greater of (1) \$5,0 to 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter he purpose. Don't com	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 9 colusively for religious, charitable, etc., purposes, but no such the total contributions that were received during the year the tete any of the parts unless the General Rule applies to thie etc., contributions totaling \$5,000 or more during the year	ch contributions totaled more than \$1,000. If this box for an exclusively religious, charitable, etc., his organization because it received nonexclusively				
but it m ı	ust answer "No" on	isn't covered by the General Rule and/or the Special Rules art IV, line 2, of its Form 990; or check the box on line H of it filing requirements of Schedule B (Form 990. 990-EZ, or 990	its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

Name of organization	Employer identification number
S.V.D.P. MANAGEMENT, INC	33-0492304

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Nume, address, and Zir + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

S.V.D.P. MANAGEMENT, INC

33-0492304

art II Nor	ncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om ort I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om irt l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		S	1

Name of or	rganization		Employer identification number
S.V.D.P.	MANAGEMENT, INC		33-0492304
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional states.	through (e) and the following line entertable, etc., contributions of \$1,000 c	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	jift
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No.	(In) Down and of wife	(a) Use of wife	(d) Description of how with it hold
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	lift
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of a	aift
	Transferee's name, address, an	(e) Transfer of g	Relationship of transferor to transferee
		1	

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 Open to Public Inspection

Name of the organization

S.V.D.P. MANAGEMENT, INC

Employer identification number

33 - 0492304

Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Si	milar Funds	or Ac	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor ad	vised	l funds	(b) Fun	ds 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 v	-					
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that	t gra	nt funds can be i	used o	nly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any	other purpose of	conferr	ing	
Da	impermissible private benefit?						
Par				" on Form 990, F	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization		ly).				
	Preservation of land for public use (for example, recreat	tion or education)				-	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space				_		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	of a co	nserva	
	day of the tax year.						Held at the End of the Tax Year
a	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				re		
•	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year ▶ Number of states where property subject to conservation eas	oment is leasted					
5	Does the organization have a written policy regarding the peri		—	on handling of			
3	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing cons			
Ū	b	narialing of violations	, and	a critorollig cons	oi vatio	ii casc	mente daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcing conservat	ion eas	sement	ts during the year
-	> \$			oromig comes rul			is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(า)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	J					
Par	t III Organizations Maintaining Collections of	Art, Historical 1	rea	sures, or Ot	her S	imila	r 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	8, not to report in its	reve	nue statement a	nd bala	ance sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fu	rtheran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	icial statements that	desc	ribes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and b	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furth	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treat	asures, or other simila	ar as	sets for financial	gain, p	orovide	•
	the following amounts required to be reported under FASB AS	SC 958 relating to the	ese i	tems:			
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

032051 12-01-20

Schedule D (Form 990) 2020

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

Sched	dule D (Form 990) 2020 S.V.D.P. M	ANAGEMENT, INC						33-049	2304	P	age 2
Par	rt III Organizations Maintaining C	ollections of Ar	rt, Histo	orical Tre	asures, o	r Other	Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the t	following that	t make si	gnificant u	se of its	•	,	
	collection items (check all that apply):			•							
а	Public exhibition		d 🗌	Loan or exc	hange progra	am					
b	Scholarly research	•			3 1 3						
С	Preservation for future generations										
	Provide a description of the organization's co	ollections and explai	n how th	ev further th	ne organizatio	n's exen	not purpos	e in Part	XIII.		
	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma				•				Yes		No
	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa		1010 11 1110	organizatio	ii anowerea	100 011	1 01111 000,	i aitiv, i			
1a	Is the organization an agent, trustee, custod	· · · · · · · · · · · · · · · · · · ·	diary for o	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?		•						Yes		No
	If "Yes," explain the arrangement in Part XIII										_ 110
D	ii res, explain the arrangement iiii art xiii	and complete the lo	mownig to	abic.					Amoun	+	
•	Poginning halanco						1c		Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								Yes		No
	If "Yes," explain the arrangement in Part XIII.						ιy ?		_ 1es		
Par							n				
	Complete	(a) Current year		rior year	(c) Two yea			are back	(a) Four	r veare	hack
10	Beginning of year balance	(a) Ourrent year	(5)	noi yeai	(C) TWO yea	13 Dack	(u) Tillee ye	bars back	(c) 1 0u	yoars	Dack
	Contributions Not investment earnings gains and lesses										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
	End of year balance		//: 4		<u> </u>						
	Provide the estimated percentage of the cur			j, column (a)) held as:						
	Board designated or quasi-endowment		%								
	Permanent endowment >										
С		_%									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posses.	ession of the organization	ation that	t are held ar	nd administei	red for the	e organiza	tion	ĺ		·
	by:								[- m	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organization								3b		
	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		owment fo	unds.							
Par											
	Complete if the organization answere							. 1			
	Description of property	(a) Cost or o			or other		ccumulate	d	(d) Boo	k valu	е
		basis (investi	ment)		(other)	der	oreciation			04:	
1a	Land				,914,554.					914,	
b	Buildings			30	,961,988.		22,704,1	17.	8	257,	871.
С	Leasehold improvements										

Schedule D (Form 990) 2020

212,536.

12,386,115.

1,154.

e Other

1,424,273.

481,492.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

1,211,737.

480,338.

Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes" of			
(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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	E 000 D 1 N 1 1 1	4 0 5 000 B 1 V II 40	
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value	1c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-	of year market value
	39,128,242.	COST	or-year market value
	39,120,242.		
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	39,128,242.		
Part IX Other Assets.	,,		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	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 Part X Other Liabilities.	15.))	
Complete if the organization answered "Yes" or	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	(la) Da alcuelus
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			5 285 543
(2) FORGIVABLE DEBT		+	5,285,543.
(3)		+	
<u>(4)</u>		+	
<u>(5)</u>		+	
<u>(6)</u>		+	
(7)		+	
(8)		+	
(9) Total. (Column (b) must equal Form 990. Part X. col. (B) line	25 \		5,285,543.
• ••••• (COIUITII ID) ITIUSI EQUAL FORTI 990 PART X COL (B) IINA	ZJ.1		-,,

Schedule D (Form 990) 2020

X

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

33-0492304

Par	T XI Reconciliation of Revenue per Audited Financial Statemen		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				24 204 662
1				1	24,384,663.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما	272 202		
a	Net unrealized gains (losses) on investments		272,302.		
b	Donated services and use of facilities				
C	Recoveries of prior year grants Other (Describe in Part VIII.)		5,619,232.		
d	Other (Describe in Part XIII.)			20	5,891,534.
e	Add lines 2a through 2d			2e 3	18,493,129.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	10,150,125.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,220.		
b	Other (Describe in Part XIII.)		, , , , , ,		
	Add lines 4a and 4b			4c	29,220.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	18,522,349.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per P		, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	24,080,811.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		8,999,018.		
е	Add lines 2a through 2d			2e	8,999,018.
3	Subtract line 2e from line 1			3	15,081,793.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,220.		
b	Other (Describe in Part XIII.)	4b	1,392,121.		
С	Add lines 4a and 4b			4c	1,421,341.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	16,503,134.
	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			; Part X, I	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional inform	ation.		
ם א ס ת	1 V ITME 2.				
PARI	YX, LINE 2:				
g V	D.P. IS EXEMPT FROM INCOME TAXES ON THE BASIS THAT IT QUALIFIE	S HINDER			
<u>5.v.</u>	D.I. IS BABAIT TROM INCOME TAKED ON THE BASTS THAT IT QUARTITE	D ONDER			
SECT	CION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701 (D) OF			
5201	Total State (C) (C) of the Internation Review Copy into Section 15,01 (2, 01			
THE	CALIFORNIA REVENUE AND TAXATION CODE. ALL TAX-EXEMPT ENTITIES	ARE			
SUBJ	ECT TO REVIEW AND AUDIT BY FEDERAL, STATE AND OTHER APPLICABLE	1			
	,				
AGEN	ICIES. SUCH AGENCIES MAY REVIEW THE TAXABILITY OF UNRELATED BUS	SINESS			
INCC	ME, OR THE QUALIFICATION OF THE ORGANIZATION AS A TAX-EXEMPT E	NTITY			
UNDE	R INTERNAL REVENUE CODE 501(C)(3) AND APPLICABLE STATE STATUTE	S. AT			
DECE	MBER 31, 2020, THE FEDERAL STATUTE OF LIMITATION REMAINS OPEN	FOR THE			
2018	THROUGH 2020 TAX YEARS AND THE STATUTE OF LIMITATIONS FOR THE	STATE			
INCC	ME TAX RETURNS REMAINS OPEN FOR THE 2017 THROUGH 2020 TAX YEAR	RS.			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2020 Open to Public

Inspection

Schedule I (Form 990) 2020

Name of the organization **Employer identification number** 33-0492304 S.V.D.P. MANAGEMENT, INC Part I **General Information on Grants and Assistance** 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 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) MARTHA'S VILLAGE AND KITCHEN 83791 DATE AVE 33-0777892 501(C)(3) INDIO, CA 92201 210,709. 0.N/A N/A SERVICES FOR THE HOMELESS Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

S.V.D.P. MANAGEMENT, INC 33-0492304 Schedule I (Form 990) 2020 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (c) Amount of (f) Description of noncash assistance (a) Type of grant or assistance (d) Amount of nonrecipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE STAFF AND LEADERSHIP OF THE ORGANIZATION REVIEW THE OPERATIONS AND FINANCIAL CONDITION OF THE GRANTEES ON A CONTINUAL BASIS. MONTHLY FINANCIALS. ANNUAL BUDGETS AND INFORMATION RETURNS ARE REVIEWED BY THE BUDGET. AUDIT AND FINANCE COMMITTEES. AS WELL AS THE FULL BOARD OF DIRECTORS, OF ALL GRANTORS/GRANTEES.

31

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number S.V.D.P. MANAGEMENT, INC 33-0492304 Part I Questions Regarding Compensation

	·		Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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	7		х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2020

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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) DEACON JIM F. VARGAS	(i)	226,451.	0.	0.	0.	8,549.	235,000.	0.	
	(ii)	0.	0.	0.	0.	0.	0,	0,	
(2) WILLIAM BOLSTAD	(i)	140,756.	0.	0.	0.	12,239.	152,995.	0,	
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0,	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

S.V.D.P. MANAGEMENT, INC

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

Employer identification number 33-0492304

Par	rt 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 de noncash contribu	etermining	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		2,502,038.	ACTUAL SALES		
6	Cars and other vehicles	X	1,619	2,284,980.	ACTUAL SALES		
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						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other • ()						
26	Other						
27	Other						
28	Other ()						
29	Number of Forms 8283 received by the organiz		•			_	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29		0	1
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be u	sed for		
	exempt purposes for the entire holding period?					30a	X
	,						
31	Does the organization have a gift acceptance p					31 X	₩
32a	Does the organization hire or use third parties of		•	, ,			
_	contributions?					32a X	-
	•						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	tor which column (a) is che	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2020

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 M, LINE 32B:
THE ORGANIZATION USES THE SERVICES OF THIRD PARTIES TO CONDUCT ITS
AUCTIONS OF DONATED VEHICLES. THESE COMPANIES ARE RESPONSIBLE FOR
ARRANGING AND CONDUCTING THE AUCTIONS, COLLECTING THE PURCHASE PRICE
FROM THE BUYER AND REMITTING THE PROCEEDS TO THE ORGANIZATION, AFTER
DEDUCTING THEIR FEES AND THE COST OF ANY EXPENSES INCURRED PRIOR TO THE
SALE OF THE VEHICLE. THE NUMBER OF VEHICLES RECEIVED IS REPORTED IN
PART I.

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

S.V.D.P. MANAGEMENT INC

Employer identification number 33-0492304

5.V.B.I. MINISHMINI, INC	33 0432304
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
OUR MISSION IS TO HELP OUR NEIGHBORS IN NEED BREAK THE CYCLE OF	
HOMELESSNESS AND POVERTY BY PROMOTING SELF-SUFFICIENCY THROUGH A	
CONTINUUM OF CARE, MULTI-DISCIPLINARY PROGRAMS, AND PARTNERSHIPS THAT	
COME TOGETHER IN THE SPIRIT OF OUR CREED TO TEACH, LEARN FROM AND	
CHALLENGE OUR NEIGHBORS AND ONE ANOTHER.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
RETAIL PROGRAM: WE COLLECTED DONATED AND PURCHASED FURNITURE, CLOTHING	
AND OTHER ITEMS FOR SALE AT AUCTION AND RETAIL LOCATIONS TO PROVIDE	
OPPORTUNITIES FOR THE POOR TO PURCHASE NEEDED CLOTHING AND HOUSEHOLD	
GOODS AT AN AFFORDABLE PRICE. THIS PROGRAM WORKS CLOSELY WITH THE	
PROGRAMS AND SERVICES FOR THE HOMELESS TO HELP MEET THE NEEDS OF OUR	
CLIENTS. PROCEEDS RECEIVED IN THIS PROGRAM ARE USED TO FUND OPERATIONS	
CONTINUE THE TEMPORARY HOUSING PROGRAMS.	
EXPENSES \$ 3,437,206. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT OF THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO FILING.	
THE COMMITTEE MAY RECOMMEND CORRECTIONS OR CHANGES, AFTER WHICH A FINAL	
VERSION OF THE FORM IS CIRCULATED TO ALL BOARD MEMBERS PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST ENFORCEMENT - ANY BOARD MEMBER WHO HAS THE POTENTIAL	
FOR ANY TANGENTIAL CONFLICT IS EXCLUDED FROM VOTES THAT ARE RELATED TO THE	
CONFLICT. UNDER CERTAIN CIRCUMSTANCES, THE BOARD MEMBER MAY BE ASKED TO	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) 2020

16461115 143399 4864AN

Name of the organization S.V.D.P. MANAGEMENT, INC	Employer identification number 33-0492304
LEAVE THE ROOM DURING ANY DISCUSSION AND WOULD BE EXCLUDED FROM THE	
DISTRIBUTION OF ANY MATERIALS RELATED TO THE ISSUE. ADDITIONALLY, WHILE IT	
IS JUST A SMALL PART OF ANY POTENTIAL CONFLICT, BOARD MEMBER ROSTERS THAT	
ARE DISTRIBUTED TO ALL BOARD MEMBERS AND TO KEY STAFF MEMBERS INCLUDE THE	
EMPLOYMENT AFFILIATION OF EACH BOARD MEMBER TO HELP IDENTIFY INSTANCES	
WHERE THE POTENTIAL FOR CONFLICT MAY BE PRESENT. BOARD MEMBERS COMPLETE AND	
SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION HAS AN ANNUAL REVIEW PROCESS FOR EACH INDIVIDUAL AND ANY	
SALARY ACTION IS BASED UPON THAT EVALUATION. THE HUMAN RESOURCES DEPARTMENT	
COLLECTS INFORMATION TO DETERMINE THE SALARY RANGES OF SIMILAR POSITIONS AT	
COMPARABLE ORGANIZATIONS AND PROVIDES THAT RESEARCH WHEN SALARY	
DELIBERATIONS ARE BEING MADE. THE COMPENSATION COMMITTEE OF THE BOARD WORKS	
WITH THE DIRECTOR OF HUMAN RESOURCES TO REVIEW AND MAKE RECOMMENDATIONS	
REGARDING THE COMPENSATION OF THE LEADERSHIP TEAM.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED	
ANNUALLY TO ITS WEBSITE. ARTICLES OF INCORPORATION, BY-LAWS, AND CONFLICT	
OF INTEREST POLICY ARE AVAILABLE TO THE GENERAL PUBLIC UPON RECEIPT OF A	
WRITTEN REQUEST.	
FORM 990, PART VII, LINE 1A:	
THE OFFICERS REPORTED IN PART VII WORK AT LEAST 40 HOURS PER WEEK.	
THEIR TIME IS ALLOCATED BETWEEN S.V.D.P. MANAGEMENT AND THE UNRELATED	
ORGANIZATION ST. VINCENT DE PAUL VILLAGE WITH WHOM THE ORGANIZATION HAS	
AN ADMINISTRATIVE SERVICES AGREEMENT. IN 2020, THE OFFICERS SPENT 50%	Schodulo O (Form 990 or 990 E7) 2020

Name of the organization S.V.D.P. MANAGEMENT, INC		Employer identification number 33-0492304
OF THEIR TIME AT S.V.D.P. MANAGEMENT AND 50% OF THEIR TIME E	PROVIDING	
MANAGEMENT SERVICES TO ST. VINCENT DE PAUL VILLAGE. THE COM	MPENSATION	
REPORTED IN PART VII IS THEIR TOTAL COMPENSATION. A PORTION	OF THEIR	
COMPENSATION IS REIMBURSED BY ST. VINCENT DE PAUL VILLAGE TH	ROUGH THE	
ADMINISTRATIVE SERVICES AGREEMENT.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES	145,356.	
MANAGEMENT AND GENERAL EXPENSES	569,255.	
FUNDRAISING EXPENSES	114,805.	
TOTAL EXPENSES	829,416.	
CONTRACTOR SERVICES:		
PROGRAM SERVICE EXPENSES	112,896.	
MANAGEMENT AND GENERAL EXPENSES	722,614.	
FUNDRAISING EXPENSES	115,243.	
TOTAL EXPENSES	950,753.	
SECURITY SERVICES:		
PROGRAM SERVICE EXPENSES	142,722.	
MANAGEMENT AND GENERAL EXPENSES	54,300.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	197,022.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,977,191.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

S.V.D.P. MANAGEMENT, INC

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2020

33-0492304

(a)	(b)	(c)	(c) (d)			(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea	r assets	Direct controlli entity		g
	-							
	_							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	itions. Complete if the organizat	ion answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more r	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	conti	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
NATIONAL AIDS FOUNDATION, INC 33-0781710	_							
3350 E STREET SAN DIEGO, CA 92102	CHARITABLE	CALIFORNIA	501(C)(3)	PF	N/A			х
	-							
	-							

032161 10-28-20 LHA

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(l	າ)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	allocations		Code V-UBI amount in box 20 of Schedule	managi partne	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	_										
VILLAGE PLACE APARTMENTS, LP			S.V.D.P.								
- 33-0743914, 3350 E STREET,	LOW INCOME		MANAGEMENT,								
SAN DIEGO, CA 92102	HOUSING	CA	INC.	RELATED	18.	925,080.		x	N/A	х	.01%
VILLAGE PLACE APARTMENTS, LP			S.V.D.P.								
- 33-0743914, 3350 E STREET,	LOW INCOME		MANAGEMENT,								
SAN DIEGO, CA 92102	HOUSING	CA	INC.	RELATED	184,523.	972,224.		x	N/A	х	99.98%
VILLA HARVEY MANDEL, LP -											
33-0984128, 3350 E STREET,	LOW INCOME										
SAN DIEGO, CA 92102	HOUSING	CA		RELATED	-64.	1,615,288.		x	N/A	х	.01%
16TH AND MARKET, LP -											
20-8691922, 3350 E STREET,	LOW INCOME										
SAN DIEGO, CA 92102	HOUSING	CA		RELATED	-144.	31,406,508.		x	N/A	х	.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		o)(13) olled
		country)		,				Yes	No
BISHOP MAHER CENTER, LLC - 45-4458867	_		S.V.D.P.						
3350 E STREET			MANAGEMENT,						
SAN DIEGO, CA 92102	LOW INCOME HOUSING	CA	INC.	C CORP	13,241.	8,922,166.	100%		Х
C14 TOWER, LLC - 84-3474136			S.V.D.P.						
3350 E STREET	1		MANAGEMENT,						
SAN DIEGO, CA 92102	LOW INCOME HOUSING	CA	INC.	C CORP	0.	10.	100%		Х
C14 VHHP, LLC - 84-3487376			S.V.D.P.						
3350 E STREET			MANAGEMENT,						
SAN DIEGO, CA 92102	LOW INCOME HOUSING	CA	INC.	C CORP	0.	10.	100%		X
BENSON PLACE, LLC - 84-3088524			S.V.D.P.						
3350 E STREET	1		MANAGEMENT,						
SAN DIEGO, CA 92102	LOW INCOME HOUSING	CA	INC.	C CORP	0.	-85.	100%		Х
	-								
			ĺ				l		

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

Schedule R (Form 990)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	portion-	Code V-UBI	Genera	or Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate allo	cations?	Code V-UBI amount in box 20 of Schedule	partne	or Percentage ownership
		country)		sections 512-514)		a55015	Yes	No	K-1 (Form 1065)	Yes N	lo
-	_										
3137 EL CAJON BOULEVARD, LP -											
26-0866737, 3350 E STREET,	LOW INCOME										
SAN DIEGO, CA 92102	HOUSING	CA		RELATED	-58,846.	1,931,272.		Х	N/A	Х	.01%
15TH & COMMERCIAL, LP -	-										
·	TOW THOOME										
27-1332154, 3350 E STREET,	LOW INCOME	G3		D. II. 3. III. D.	2 625 006	15 252 010		.,	27 / 2	,,	1008
SAN DIEGO, CA 92102	HOUSING	CA		RELATED	-2,635,996.	15,253,818.		X	N/A	Х	100%
14TH & COMMERCIAL CIC, LP	-										
3350 E STREET	LOW INCOME										
SAN DIEGO, CA 92102	HOUSING	CA		RELATED	0.	0.		X	N/A	x	1.00%
,									,		
14TH & COMMERCIAL CIC - VHHP,											
LP, 3350 E STREET, SAN DIEGO,	LOW INCOME										
CA 92102	HOUSING	CA		RELATED	0.	0.		x	N/A	х	1.00%
BENSON PLACE, LP - 84-2431643											
3350 E STREET	LOW INCOME										
SAN DIEGO, CA 92102	HOUSING	CA		RELATED	-85.	2,201,236.		x	N/A	Х	1.00%
	_										
										\vdash	
-	-										
	-										
	-										
							-			++	
	1										
	-										
	1										
	1	l	l .	I.					l .	\perp	

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х			
	Gift, grant, or capital contribution to related organization(s)	1b		Х			
С	Gift, grant, or capital contribution from related organization(s)	1c		Х			
	d Loans or loan guarantees to or for related organization(s)						
	Loans or loan guarantees by related organization(s)	1e		Х			
f	Dividends from related organization(s)	1f		Х			
g	Sale of assets to related organization(s)	1 g		Х			
	Purchase of assets from related organization(s)	1h		Х			
i	Exchange of assets with related organization(s)	1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х				
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х				
	Sharing of paid employees with related organization(s)	10		Х			
р	Reimbursement paid to related organization(s) for expenses	1p		Х			
	Reimbursement paid by related organization(s) for expenses	1q	Х				
r	Other transfer of cash or property to related organization(s)	1r	Х				
s Other transfer of cash or property from related organization(s)							
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						
	(a) (b) (c) (d)						

Name of related organization Transaction Amount involved Method of determining amount involved type (a-s) (1) 14TH & COMMERCIAL CIC, LP D 2,000,000. PER NOTE RECEIVABLE (2) VILLA PLACE APARTMENTS, LP L 81,814. PER CONTRACT (3) VILLA PLACE APARTMENTS, LP R 152,986. PER INVOICE AND CONTRACT (4) BENSON PLACE, LP R 1,101,043. PER INVOICE AND CONTRACT (5) BENSON PLACE, LP S 53,042. PER NOTE RECEIVABLE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													
37	BUILDINGS	01/01/94	SL	39.00	MM17	6,013,665.			2	6,013,66518	,361,960.		657,8951	9,019,855.
38	BUILDING IMPROVEMENTS	01/01/94	SL	39.00	MM17	4,948,323.				4,948,323.3	,403,498.		280,764.	3,684,262.
	* 990 PAGE 10 TOTAL BUILDING	S				961,988.			3	0,961,9882:	.,765,458.		938,6592	2,704,117.
	FURNITURE & FIXTURES													
42	FURNITURE & FIXTURES	01/01/92	200DB	7.00	НУ17	481,492.				481,492.	453,536.		26,802.	480,338.
	* 990 PAGE 10 TOTAL FURNITUR	E & FIXTU	RES			481,492.				481,492.	453,536.		26,802.	480,338.
	MACHINERY & EQUIPMENT													
39	COMPUTERS & EQUIPMENT	01/01/92	200DB	5.00	НУ17	423,489.				423,489.	298,985.		60,149.	359,134.
41	MACHINERY & EQUIPMENT	01/01/92	200DB	5.00	ну17	801,854.				801,854.	623,321.		55,930.	679,251.
	* 990 PAGE 10 TOTAL MACHINER	Y & EQUIF	MENT			,225,343.				1,225,343.	922,306.		116,079.	1,038,385.
	TRANSPORTATION EQUIPMENT													
40	CARS & TRUCKS	01/01/92	200DB	5.00	НУ17	198,930.				198,930.	165,534.		7,818.	173,352.
	* 990 PAGE 10 TOTAL TRANSPOR EQUIPMENT	TATION				198,930.				198,930.	165,534.		7,818.	173,352.
	LAND													
36	LAND	01/01/92	L			3,914,554.				3,914,554.			0.	
	* 990 PAGE 10 TOTAL LAND					3,914,554.				3,914,554.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DE	PR				36,782,307.			3	6,782,3072:	,306,834.		1,089,3582	4,396,192.

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

CARRYOVER DATA TO 2021

Name S.V.D.P. MANAGEMENT, INC	Employer Identification Number 33-0492304	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL PRE-2018 NET OPERATING LOSS		282,033.
THEFT AND AND ADDRESS OF THE STATE OF THE ST		
FEDERAL AMT NET OPERATING LOSS		296,339.
		,

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2020

MS. MELINDA MALLIE
S.V.D.P. MANAGEMENT, INC
3350 E STREET
SAN DIEGO, CA 92102-3332

PREPARED BY:

PREPARED FOR:

CBIZ MHM LLC

	4722 N 24TH ST, STE 300 PHOENIX, AZ 85016			
TO BE SIG	NED AND DATED BY:			
	NOT APPLICABLE			
AMOUNT	OF TAX:			
	TOTAL TAX LESS: PAYMENTS AND CREDITS PLUS: OTHER AMOUNT PLUS: INTEREST AND PENALTIES NO PAYMENT IS REQUIRED	\$ \$ \$ \$	0 0 0 0	
OVERPAY	MENT:			
	CREDITED TO YOUR ESTIMATED TAX	\$	0	

CREDITED TO YOUR ESTIMATED TAX	\$ 0
OTHER AMOUNT	\$ 0
REFUNDED TO YOU	\$ 0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

TAXABLE YEAR **2020**

California Exempt Organization Annual Information Return 028941 12-22-20 FORM

199

Cal	endar Year	2020 or fiscal year beginning (mm/dd/yyyy)		, and ending	(mm/dd/yyy	y)		
					Cali	fornia corpora	tion number	
s.	V.D.P.	MANAGEMENT, INC				1818787		
Add	ditional inform	nation. See instructions.			FE	IN		
_						33-049	2304	
Stre	eet address (s	suite or room)				PMB no.		
33	50 E ST	REET						
City	′				State	ZIP code		
SA	N DIEGO				CA	92102-33	332	
For	eign country	name Foreign	province/state/county			Foreign post	tal code	
_								
A	First retu							
В								Yes X No
								📆
D								
				-	-		· —	Yes 🔼 No
_				· -	-			Vac Y No
								res [A] NO
Г								Yes X No
G	. ,							163 [] 110
S.V.D.P. MANAGEMENT, INC Additional information. See instructions. Street address (suite or room) 33 - 0 49 230 Street address (suite or room) 33 - 0 49 230 Street address (suite or room) PMB no. 33 - 0 49 230 Street address (suite or room) PMB no. 33 - 0 49 230 Street address (suite or room) PMB no. SAN DIEGO A FIRST return Persign province/state/county Foreign province/state/county			Yes X No					
								Yes X No
S. V. D. P. MANAGEMENT, INC 1818787 Solid Processes Section 1918								
		1 Gross sales or receipts from other sources. From S	ide 2, Part II, line 8				1 14,	,458,880 00
								00
		3 Gross contributions, gifts, grants, and similar amou	nts received		STMT 1	• <u> </u>	3 9,	,489,709 ₀₀
	Dogointo	4 Total gross receipts for filing requirement test. Add	line 1 through line 3.					
							4 23,	948,589 00
R								
	CVCIIGOS							
_								
Е	xpenses							
_	•							i
								00
		12 Use tax. See General Information K	uhtraat lina 10 fram li			·····		00
_	iling Eoo					_		00
Г	illily Fee							00
								00
_		Under penalties of perjury, I declare that I have examined this return,	including accompanying	schedules and stateme	ents, and to the	e best of my k	nowledge and belief,	
		into 440, contoot, and complete. Declaration of preparer (other than to		ormation of which pre	-	mowieuge.	I ● Telenhone	
не	re	Signature of officer			Date		• relephone	
_		0.0.000		Date	Check	if	● PTIN	
		Preparer's signature		11/15/21		_	P00869687	
Pa	id			-	•		Firm's FEIN	
		(or yours, CRT7. MHM T.T.C					34-188412	<u>.</u> 5
Us	e Only	employed) 4722 N 24TH ST, STE 300					Telephone	
_		PHOENIX, AZ 85016					602-264-68	35
		May the FTB discuss this return with the preparer shown	above? See instruction	ns		• X	Yes No	

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

028951	12-22-20

SEE PART II SHRSTITHE ATTACHMENT

						SEE PART II S	SUBSTITUTE ATTACH	WENT	•	
	1	Gross sales or receipts from all I	ousiness acti	vities. See instructio	ions		•	1		00
	2	Interest						2		00
	3	Dividends						3		00
Receipts	4	Gross rents						4		00
from	5	Gross royalties						5		00
Other	6	Gross amount received from sale					•	6	1	00
Sources	7	±	,	•			•	7	,	00
	8	Total gross sales or receipts from						8	1	00
	9	Contributions, gifts, grants, and			-			9		00
	10	Disbursements to or for member						10		00
	11	Compensation of officers, direct	ors, and trus	tees			•	11		0 00
	12	Other salaries and wages						12		00
Expenses	13	Interest						13		00
and	14	Taxes						14		00
Disburse-	15	Rents						15		00
ments									1	00
	17	Other expenses and disburseme	nts				•	17		00
	18	Total expenses and disbursemen						18		00
Sched				Beginning of tax				d of ta	xable year	
Assets				(a)		(b)	(c)		(d)	
1 Cash									•	
		s receivable							•	
		ceivable							•	
									•	
		state government obligations							•	
6 Inves	tments	in other bonds							•	
7 Inves	Investments in other bonds Investments in stock								•	
8 Mort	gage loa	ans							•	
9 Other	invest	ments							•	
10 a De	preciab	le assets								
b Le	ss accu	mulated depreciation	()			()		
11 Land									•	
12 Other	assets								•	
13 Total	assets									
Liabilities										
14 Acco	unts pa	yable							•	
		s, gifts, or grants payable							•	
		otes payable							•	
		ayable							•	
		es								
		or principal fund							•	
		tal surplus. Attach reconciliation							•	
		nings or income fund							•	
		ies and net worth								
Sched	ule M	I-1 Reconciliation of income p Do not complete this sched				13. column (d), is les	ss than \$50,000.			
1 Notin	י ממחטר	per books		20.100010 E	,5		d on books this year			
		me tax			-	not included in t			•	
		pital losses over capital gains			\dashv		his return his return not charged			
		recorded on books this year			\dashv		come this year		•	
		corded on books this year not				9 Total. Add line 7				
		this return	•			10 Net income per i				
		ne 1 through line 5				•	rom line 6			

Side 2 Form 199 2020 022

3652204

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1				
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT			
CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT	2020 WEST EL CAMINO AVENUE SACRAMENTO, CA 95833		2,987,762.			
US SMALL BUSINESS ADMINISTRATION	409 THIRD STREET SW WASHINGTON, DC 20416		1,485,061.			
P. GREGORY ZIMMER	524 PACIFIC AVE SOLANA BEACH, CA 92075-1122		5,000.			
TOTAL INCLUDED ON LINE 3			4,477,823.			

FORM 199		_	GOODS SOLD PART I, LINE 5		STATEMENT 2
COST OF GOODS SOLD					
1. INVENTORY AT BEGINNIN	G OF YEAR				110,113
 MERCHANDISE PURCHASED COST OF LABOR MATERIALS AND SUPPLIE OTHER COSTS 	 S			4,787,018	
6. ADD LINES 1 THROUGH 5					4,897,131
7. INVENTORY AT END OF Y	EAR				95,521
8. COST OF GOODS SOLD (L	INE 6 LESS	5 L]	INE 7)		4,801,610

Attach to Form 100 or Form 1	00W.			Form 19	9				FEI	N	33-049	2304
Corporation name										Califo	rnia corporatio	on number
S.V.D.P. MANAGEMENT	, INC										1818787	
Part I Election To Expense (Certain Proper	y Under IRC S	ection 179									
1 Maximum deduction unde	r IRC Section	79 for Californ	a							1		\$25,000
2 Total cost of IRC Section	179 property pl	aced in service								2		
3 Threshold cost of IRC Sec												\$200,000
4 Reduction in limitation. Su	ıbtract line 3 fr	om line 2. If zer	o or less, ente	r -0						4		
5 Dollar limitation for taxable	e year. Subtrac	t line 4 from lin	e 1. If zero or	less, enter -0-						5		
(a) [Description of p	roperty		(b) Cost (b	usiness use o	nly)	(c) Ele	ected co	st	4		
6										_		
	200 1: 170											
7 Listed property (elected IF												
8 Total elected cost of IRC S												
9 Tentative deduction. Enter	une smaller o	illie 5 Ul Illie 6								10		
10 Carryover of disallowed de11 Business income limitation	n Enter the em	aller of busines	als	loce than zoro)	or ling 5					11		
12 IRC Section 179 expense												
13 Carryover of disallowed de							3			12		
Part II Depreciation and Ele							<u> </u>					
(a) Description of property	(b) Date acquire (mm/dd/yyy	d Co	(c) est or r basis	(d Depreciation allowable in e) allowed or	(e) Depreciati	on	(f) Life or rate			(g) eciation nis year	(h) Additional first year depreciation
14												depreciation
117												
SEE STATEMENT 3		36	,782,307.	23	,306,834.							
15 Add the amounts in colum	ın (g) and colu	mn (h). The tota	al of column (h	n) may not exce	ed \$2,000.							
See instructions for line 14	4, column (h)							·	5	:	L,089,358	
Part III Summary												
16 Total: If the corporation is IRC Section 179 expense, Additional first year depre Depreciation (if no election	add the amour	&TC Section 24	1356, add the a	amounts on line	e 15, columns	(g) and (h)	or			16	:	1,089,358
17 Total depreciation claimed										1 4-	1	1,089,358
18 Depreciation adjustment. I	f line 17 is gre	ater than line 16	6, enter the dif	ference here an	d on Form 100	or Form 1	00W, S	ide 1, lin	e 6.			
If line 17 is less than line	16, enter the di	fference here ar	nd on Form 10	0 or Form 100V	V, Side 2, line	12. (If Calif	ornia d	epreciati	on			
amounts are used to deter	mine net incon	ne before state	adjustments o	n Form 100 or f	Form 100W, n	o adjustme	nt is ne	cessary.)	. 18		0
Part IV Amortization									1			
(a) Description of prope	, ,	(b) Date acquired mm/dd/yyyy)	Co	(c) st or r basis	Amortization allowable in		<u>'</u> s S	(e) R&TC Section instructions	Peri	f) od or entage	(g Amort for thi	ization
19												
							_					
									<u> </u>			
00 Tabal A 1111										1		
20 Total. Add the amounts in	(0)									20		
21 Total amortization claimed	-	-			d on Form 100					21		
22 Amortization adjustment. Side 1, line 6. If line 21 is	-									. 22		

CA 3885		DEPRE	STATEMENT 3				
	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
36 LAND							
	01/01/92	3,914,554.		L		0.	
37 BUILDINGS	01/01/94	26,013,665.	18,361,960.	CT	39.00	657,895.	
	ROVEMENTS	20,013,003.	18,301,300.	рп	39.00	037,033.	
	01/01/94	4,948,323.	3,403,498.	SL	39.00	280,764.	
39 COMPUTERS &	EQUIPMENT 01/01/92	423,489.	298,985.	200DB	5.00	60,149.	
40 CARS & TRUCK	•						
	01/01/92	198,930.	165,534.	200DB	5.00	7,818.	
	EQUIPMENT 01/01/92	801,854.	623,321.	200DB	5.00	55,930.	
	FIXTURES 01/01/92	481,492.	453,536.	200DB	7.00	26,802.	
TOTAL TO FORM 3885	_	36,782,307.	23,306,834.		-	1,089,358.	

Date Accepted

TAXABLE YEAR

California e-file Return Authorization for

FORM

202	20	Exe	mpt Organizat	tions						8	8453-EO
Exempt Orga	anization nam	е							Identifying	number	
S.V.D.F	. MANAG	EMENT, IN	IC						33-04	492304	
Part I	Electron	ic Return Ir	nformation (whole dollars	s only)							
1 Tota	al gross re	ceipts (Form	n 199, line 4)						1_		23,948,589
	U	come (Form	, , ,						2 _		18,522,349
3 Tota	al expense	s and disbu	rsements (Form 199, line	9)					3_		16,503,134
Part II	Settle Yo	our Accoun	t Electronically for Taxa	ble Year 2020							
4	Electroni	c funds with	ndrawal 4a Amount		4b Wit	thdrawal c	date (mr	m/dd/yy	ууу)		
Part III	Banking	Information	n (Have you verified the e	xempt organization's b	anking information	on?)					
5 Rout	ing numbe	er				_					
6 Acco	unt numb	er			7 Type of ac	count:	Ch	ecking		Savings	
Part IV		ion of Offic									
I authorize on line 4a.		t organization	's account to be settled as d	esignated in Part II. If I ch	eck Part II, Box 4,	l authorize	an electr	onic fun	ıds withdr	awal for th	ne amount listed
organization statements	on will rema s be transm	ain liable for the itted to the Fi	that if the Franchise Tax Boa he fee liability and all applical IB by the ERO, transmitter, o sclose to the ERO or interme	ble interest and penalties. r intermediate service pro	I authorize the exervider. If the proces	mpt organi: ssing of the	zation re	turn and	l accompa	anying sch	edules and
Here	Signat	ure of officer		Date	Title						
Part V	Declarat	ion of Elect	tronic Return Originator	(ERO) and Paid Prepa	ırer.						
am only ar accurately provided t 1345, 202 the exemp I declare the	n intermedia reflects the he organiza O Handbool ot organizati hat I have e	ate service prometed at a data on the retion officer was for Authoriz on return is fixamined the a	bove exempt organization's rovider, I understand that I an return.) I have obtained the o ith a copy of all forms and in ed e-file Providers. I will keeled, whichever is later, and I above exempt organization's this declaration based on all	n not responsible for revie rganization officer's signa formation that I will file w o form FTB 8453-EO on fil will make a copy available return and accompanying	wing the exempt of ture on form FTB 8 ith the FTB, and I h e for four years fro to the FTB upon ro schedules and stat	rganization 3453-EO be ave followe om the due equest. If I	's return fore tran ed all oth date of am also	. I decla smitting er requi the retur the paid	re, howev this retul rements c n or four preparer	er, that for rn to the F lescribed i years fror , under pei	m FTB 8453-EO TB; I have n FTB Pub. n the date nalties of perjury,
	ERO's- signature	CBIZ MI	HM, LLC		Date	Check if also paid preparer	х	Check if self- employe	ed	ERO's PTII	
Must	Firm's name	or yours	CBIZ MHM, LLC		1				Firm's FE		L884125
	if self-employ and address	red)	4722 N 24TH ST, S	TE 300					1		
•	4114 4441000		PHOENIX, AZ						ZIP code	85016	
			e that I have examined the ab					tements.	, and to th	ne best of r	ny knowledge
Paid	Paid	er's			Date		Check if self-	_	_ Paid	d preparer's	PTIN
Prepar Must	er signat						employ	ed		· IN I	
IVIUƏL	1 11111 3	name (or yours							Firm's FE	IN	

For Privacy Notice, get FTB 1131 ENG/SP.

if self-employed)

and address

FTB 8453-EO 2020

Sign

Firm's FEIN

ZIP code

Underpayment of Estimated Tax by Corporations

CALIFORNIA FORM

2	2020 by Corporation	on	S						58	306
For ca	llendar year 2020 or fiscal year beginning (mm/dd/	уууу)			and endin	g (mm/dd/yy	/y)			
Corpora	ation name							Calif	ornia corporation r	number
	S.V.D.P. MANAGEMENT, INC									
Part								Т.	1	
1 C	urrent year's tax. See instructions							1	<u> </u>	
0.1			(a)	(t	0)	(c)		d)
	nstallment due dates. See instructions	3	200/		700/ 16	oo 1ot	700/ 10		1000/ 1	
	ercentage required. See instructions	4	30% (not le	ess than min.)	70% le	55 151	7 0 % 16	ss prior	100% 1	ess prior
	mount due. See instructions Amount paid or credited for each installment	5a								
	Overpayment from previous installment	5b								
	dd line 5a and line 5b	6								
	Inderpayment (subtract line 6 from line 4). See									
in	nstructions.									
0	verpayment (subtract line 4 from line 6).									
lf	line 7 shows an underpayment for any install-									
	nent, go to Part IV, Exceptions Worksheets	7								
Part	Exceptions to the Penalty. See instruction met, for any installment, attach form FTB 5	s. If E	xception A, li	ne 8a is met f	or all four insta	allments, do r	not attach this	form to the i	eturn. If Excep	tion B or C is
	(check the applicable boxes)	330 1	Yes	No	Yes	No	Yes	No	Yes	No
8 a	Exception A - Regular Corporations, line 26, met?	8a	103	140	163	NO	103	NO	103	NO
	Exception A - Large Corporations, line 30, met?	8b								
	xception B (line 42) met?	9								
	xception C (line 64) met?	10								
Part	Figure the Penalty. If line 7 shows an und			installment ar	nd none of the	three exception	ons is met, figi	ure the penal	ty for that	
	installment by completing line 11 through I	line 22	2.							
11 En	nter the earlier of the payment date, or the 15th day of the 3rd month									
	ter the close of the taxable year. Form 109 filers, see instr.	11								
	umber of days from date shown on line 2 to date shown on line 11	12								
	lumber of days on line 12 before 7/01/20, or the	40								
	ayment date, whichever is earlier umber of days on line 12 after 6/30/20 and before	13								
	/01/21, or the payment date, whichever is earlier	14								
	lumber of days on In. 12 after 12/31/20 and	17								
	efore 7/01/21, or the payment date, whichever is									
	arlier. Calendar yr corps., see instr.	15								
	or fiscal yr corps. only. Number of days on line									
1:	2 after 6/30/21 and before 1/01/22. See inst	16								
17 F	or fiscal year corps. only. Number of days on									
	ne 12 after 12/31/21 and before 2/15/22	17								
18 <u>N</u>	umber of days on line 13 umber of days in taxable year x 5% x line 7									
	ambor or days in taxable your	18								
19 N	umber of days on line 14 umber of days in taxable year x 5% x line 7									
		19								
20 <u>N</u>	umber of days on line 15 umber of days in taxable year x 3% x line 7									
	\	20								
21 <u>N</u>	umber of days on line 16 x % (see instr.) umber of days in taxable year x line 7	21								
	umber of days on line 17 x % (see instr.)	41								
<u>N</u>	umber of days in taxable year x line 7	22								
22a /	Add amounts for each column from line 18									
	through line 22	22a								
	Total estimated penalty due. Add line 22a, colum		through colu	mn (d). Enter	here and on Fo	orm 100, line	43a;			
	Form 100W, line 40a; Form 100S, line 42a; or Form							221)	0

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FTB 5806 2020 **Side 1**