Form 990

(Rev. January 2020)

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ntarna	al Revenue Service		7/01	19, and ending	6/30	, 20	020
	or the 2019 calend	lar year, or tax year beginning	7/01,20	IV, and chang	D Emplo	yer identification	on number
	a ser ellestates	C			95	-2151829	
	Address change	TWELFTH STEP HOUSE	OF SAN DIEGO, INC.			hone number	
	Name change	UFARTIAND HOUSE			(6:	19) 287	-5460
	Initial return	5855 STREAMVIEW DR	. V <u>r.</u>		<u> </u>	<u> </u>	<u> </u>
	Final return/terminated	SAN DIEGO, CA 92105	,		G Gross	receipts \$	1,728,700.
	Amended return			14/2	is this a group re	urn for subordin	
	Application pending	F Name and address of principal office	er: JOHN PRENDERGAST	. H(P)	Are all subordina	tes included?	Yes No
	Application perions	SAME AS C ABOVE			Are all subordina If "No," attach a l	ist. (see instruct	lons) —
	Tax-exempt status:	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527			
<u>. </u>	18X-exempt status.	W. HEARTLANDHOUSE. OF	RG		Group exemption	Number - State of legal	dominile: CA
<u>. </u>		X Corporation Trust As	sociation Other	L Year of formation:	1960	1 State of legal	detthelle: CA
K	Form of organization:					TOT TOU	
F, a	Summar	y ibe the organization's mission	or most significant activities:	OUR MISSION	IS TO ES	LADDITON	TTTATTON
		THE PART OF THE PA		O	MENT, AN	D KEUVD	177717777777777777777777777777777777777
9	AND MATE	SUFFERING FROM ALCO	HOLISM AND DRUG AB	USE			
區		JOET TRANSCORP			E - 050/ of 1	te not asset	
Governance	2 Check this b	if the organization	discontinued its operations or	disposed of more	than 25% or	3	10
್ಲ	2 Check this b 3 Number of v	ox ► if the organization of the governing members of the governing	ng body (Part VI, line 1a)			4	9
		oting members of the governit ndependent voting members o	f the governing body (Part V	[,][ne 10)		5	12
Activities &	5 Total number	ndependent voting members of er of individuals employed in c	alendar year 2019 (Part V, III	ie Za)		6	0
\$	6 Total number	er of individuals employed in c er of volunteers (estimate if ne	cessary)			7a	16,713.
ŧ	7a Total unrela						15,713.
Q	h Net unrelate	ited business revenue from Pa ed business taxable income fro	om Form 990-1, line 39		Prior Y		Current Year
				i i		0,183.	5,649.
	8 Contribution	ns and grants (Part VIII, line 1	n)	.,	1 35	7,714.	1,706,338.
e H	9 Program se				3	6,929.	16,713.
Revenue						27 3 - 2 - 1	
ě	11 Other rever				1.45	4,826.	1,728,700.
	1	.i.d Dimag O fibrough 3.1 (1	must equal Fall viu, colouiu	V //			
_		Part IX	COMMENTAL MINES L'Obsesse				
		Lite to manhara /Part IX	-column (A), line 41		93	3,752.	918,652.
	_	Harman ancation employee	benefits (Part IX, coluini (A)	, 111100 0 107 1177		3, 1021	
	g 15 - Profession	al fundraising fees (Part IX, co	olumn (A), line 11e)		January College	Tarana and a care as	a en la constanta de la consta
	16a Profession b Total funda	raising expenses (Part IX, colu	ımn (D), line 25) ▶	2,000.			
	b Total fundi	enses (Part IX, column (A), lin	or 11a-11d 11f-24e)			3,200.	667,933.
	[™] 17 Other expe	enses (Part IX, column (A), im inses. Add lines 13-17 (must e	gual Part IX column (A), line	25)	1,54	6,952.	1,586,585.
	18 Total expe	nses, Add lines 13-17 (must e	qualifaction, column (),		-9	2,126.	142,115.
	19 Revenue	ess expenses. Subtract line 18	s from line 12		Beginning of (Current Year	End of Year
_						14,800.	1,755,687.
	20 Total asse	ets (Part X, line 16)				77,515.	746,287.
,	21 Total liabi	its (Part X, line 16) litles (Part X, line 26)			86	57,285.	1,009,400.
	22 Net assets	s or fund balances. Subtract li	ne 21 from line 20			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Ž.	Dart II Signa	ture Block				wiedge and beli	ef. It is true, correct, and
	Talking of parlun	ture Block , I declare that I have examined this retu preparer (other than officer) is based on	rn, including accompanying schedules	and statements, and to to the knowledge.	ne pest of my kno	Micago and rom	
(complete. Declaration of p	preparer (other than officer) is based on	all information of which proparer ride a	.,			
-					Date		
	Sian	gnature of officer			MANACTN	G DIREC	TOR
	Sign J	OHN PRENDERGAST			MANAGIN	G DINEC	1011
	Hele D	pe or print name and title			101	ck X if	PTIN
		ype preparer's name	Preparer's signature	Date	Che	CK M	
			PAULA D. BREWER		self	employed	P01205692
	raiu	LA D. BREWER					00.07407
Preparer Firm's name PAULA D. BREWER, EA Firm's EiN 27-3367485							
	Use Only Firm's	address > 1646 ANNETTE	02020		Pho	one no. <u>(61</u>	
	1	EL CAJON, CA	JZUZU chaya? (can instruct	ions)			X Yes No
	May the IRS discu	ss this return with the prepare	the congrate instructions.	TE	EA0101L 01/21/2	0	Form 990 (2019
			ALL AND OVATO INSTRUCTIONS.				

	OF GAM DIEGO INC	95-2151829	Page 2
n 990 (2019) TWELFTH STEP HOUSE	OF SAN DIEGO, INC.		F'''3
Statement of Program Service	onse or note to any line in this Part III		,
Check if Schedule O contains a response	onse of flote to any fine in the		
Briefly describe the organization's mission:	OPERATE, AND MAINTAIN A REHA	DTITTATION CENTER FOR	THE
OUR WIGGION IS TO ESTABLISH	OPERATE, AND MAINTAIN A REHA	DITTINITION CONTROL	ARTISE
OUR MIDSION IS TO ASSESSED	, OPERATE, AND MAINTAIN A ASSET LITATION OF MEN SUFFERING FROM	_YTCOHOTIZM_WND_DYOG_	<u> </u>
CARE, TREATMENT, AND REHADI	77.77.77.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7		
	program services during the year which were not lis	ted on the prior	
Did the organization undertake any significant	program services during the year transfer and	Yes	X No
Earm 990 or 990-FZ?	61E939311491144111111111		
If "Yes," describe these new services on Scheo	dule O.	nyagram services? Yes	s X No
1 165, addenos tropos cease conducting, or r	dule O. nake significant changes in how It conducts, any	program services	
Billion and a substantial shape changes on Scheolile	U,		u avnancec
If "Yes," describe these citalizes on conference	O. e accomplishments for each of its three largest ons are required to report the amount of grants are reported.	program services, as measured b	expenses.
4 Describe the organization's program service	ons are required to report the amount of grants	and allocations to others, the total	
Section 501(c)(3) and 501(c)(4) organization and revenue, if any, for each program serv	rice reported.		
		d	
	315, 341. including grants of \$) (Revenue \$	
4a (Code:) (Expenses \$1,		Y, EFFECTIVE RESIDENT	
THE TWELFTH STEP HOUSE OF	SAN DIEGO INCLUDE OR DRUGS 58%	OF CLIENTS COMPLETED	. <u></u>
TREATMENT TO 140 MEN ADDIC	TED TO ALCOHOL ON PROSE TO DE	OUTDE LEVEL OF CARE	
PROGRAM OR MADE SATISFACTO	KI PROGRESS - ME COMPANIES AND TO	N SOCIETY OF ADDICTION)N
DESTRIBUTIONS 3.1, 3.3, AND		TA DEDARTMENT OF HEA	\LTH
WEDICINE LICENSED AND CER	3.5 FROM THE FROM THE AMERICA TIFIED BY THE STATE OF CALIFOR LITY OF SERVICES TO OUR VETERA	TO AND COMPLNIES TO F	RECEIVE A
MEDICINE, LICUMDE HIGH OUR	LITY OF SERVICES TO OUR VETER	MS AMA COMITIMORP TO T	76057777
SERVICES, PROVIDE MICH PERPAR) }		
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		) (Davenier &	
Ab (Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
4b (Code:) (Expenses \$			
			<b>_</b>
н н	including grants of \$	) (Revenue \$	
4c (Code:) (Expenses \$			
· —			
4 d Other program services (Describe on	Schedule O.)	) (Revenue \$	>
(Expenses \$	noluding grants of F	/ \	
4 e Total program service expenses ►	1,315,341.		Form <b>990</b> (2
46 Lotal brodiant service expendes	TEEA0102L 07/31/19		V

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

Par	Checklist of Required Schedules (continued)		Yes	No
	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? <i>If 'Yes,' complete Schedule J.</i>	23		X
24 a	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	<b>24</b> a		X
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<del> </del>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X_
	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part l</i>	25b		x
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		<u>X</u>
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		X
	. 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):		16	
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  'Yes,' complete Schedule L, Part IV	288	<del> </del>	X
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	281	-	X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	280	:	X
29		29	+ -	
30	contributions? If 'Vas' complete Schedule M	30		X
31		, <del>, , ,</del>	+-	<del> </del>
32	Schedule N, Part IL	. 32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	. 33	-	Х
	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		X
35	ia Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 53	<u> </u>	- A
	<b>b</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	. 35	b	-
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	. !	X
37	treated as a partnership for federal income tax purposes? If Yes, complete Schedule N, Fait VI	. 37		<u> </u>
3	Note: All Form 990 filers are required to complete Schedule O	. 38	3	X
P	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Check if Schedule O contains a response of note to any line in this fact v		Υe	s N
	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
	<b>b</b> Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.  TEEA0104L 07/31/19	- 1	l c	0 (001
B	TEEA0104L 07/31/19	FC	rm 99	<b>90</b> (201

Form **990** (2019)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... X 3 a X 3 b **b** If 'Yes.' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0...... 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4** a **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). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5 a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5 h c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ 6 a solicit any contributions that were not tax deductible as charitable contributions?.... b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible?.... Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a services provided to the payor?..... 7 h c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Χ 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year..... X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?..... **h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 120 8 organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. 9 a 9 b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from members or shareholders..... **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?..... 12 a **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year...... | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a 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..... c Enter the amount of reserves on hand ..... X 14 a 14a Did the organization receive any payments for indoor tanning services during the tax year?..... **b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O...... 14 b 15 is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year?..... If 'Yes,' see instructions and file Form 4720, Schedule N. M Χ 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.

Form 9	90 (2019) TWELFTH STEP HOUSE OF SAN DIEGO, INC. 95-2151029		1.0	<u>ge 0</u>
Part	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b bel a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	ow, a les or	na ta 1	or
	Schedule O. See instructions. Check If Schedule O contains a response or note to any line in this Part VI			X
	Check if Schedule O contains a response of flore to any line of this a direction.			
Secti	on A. Governing Body and Management	,	/es	No
r	Inter the number of voting members of the governing body at the end of the tax year 1a 10	\$ 7 July 1	00V/2	
	file and and material differences in Voting rights among the UECLES			
Č	of the governing body, or if the governing body delegated broad suthority to an executive committee or similar committee, explain on Schedule O.			
, L E	Enter the number of voting members included on line 1a, above, who are independent 1b 9	2818	Tit.	
200	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer_director, trustee, or key employee?	2		X
(	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 [	Did the organization make any significant changes to its governing documents	ا م		Х
:	since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		$\frac{X}{X}$
6	Did the organization have members or stockholders?	-		
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			district.
	the following:	8 a	X	W (*)
a	The governing body?	8 b	X	;
b	Each committee with authority to act on benair of the governing body:  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	expeniention's mailing address? If 'Yes' provide the names and addresses on Schedule U	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
			Yes	NO
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11 a		Х
, ι α h	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			特學
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
L	Ware officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12b	Х	1
	to conflicts?	120	Λ	_
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Ter Francisco	X
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CFO. Executive Director, or top management official	15 a		
b	Other officers or key employees of the organization	15 b	X	a con estables
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
Ŀ	to not a little to a second to fellow a written policy or proceedure requiring the organization to evaluate its			( ) 注 ( ) 注
	participation in joint venture arrangements under applicable lederal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA	 501/a\	(3)e ~	 nlv)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	JU1(U)	(J)S U	шу)
	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 statements avaithe public during the tax year.  SEE SCHEDULE O			
20	State the name, address, and telephone number of the person who possesses the organization's books and records >	287-	5/160	١
	ROBERT COOK-ADMINISTRATOR 5855 STREAMVIEW DRIVE SAN DIEGO CA 92105 (619)		04 0U	

## 

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

- 1 a 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.

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

BAA

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one box, unless person is both an officer and a director/trustee) (F) (E) (B) (A) Name and title Reportable compensation from related organizations (W-2/1099-M/SC) Reportable compensation from Estimated amount of other compensation from the organization and related Average hours ek any created organizations below dotted line) the organization (W-2/1099-MISC) Officer Institutional trustee lighest compensated employee organizations (1) JOHN PRENDERGAST 5 0. 0. 0 Ó X MANAGING DIR 4 (2) MICHAEL J. MCDANIEL 0. 0. 0. Χ 0 VICE PRESIDENT (3) JASON BUSTAD 4 0. 0 0 0 X TREASURER 4 (4) TIM GOODFELLOW 0. 0. 0 Χ 0 CHAIRMAN 2 (5) ROBERT GESSNER 0. 0. 0 Χ 0 DIRECTOR (6) JAMES HUTZELMAN 4 0. 0. 0. Х 0 SECRETARY 4 (7) FREDERICK TREPTE ٥. 0. 0. Х 0 DIRECTOR 4 (8) JEANNE MCALISTER 0. 0. 0. 0 Х DIRECTOR 4 (9) PAM BURNS 0. 0. 0 0 X DIRECTOR 10 (10) R. SCOTT HOOVER 0. 0. 0. 0 Χ DIRECTOR (11) (12)(13)(14)

TEEA0107L 07/31/19

Form 990 (2019)

Part VII Section A. Officers, Directors, Tr	ustees, l	Key	Em	plo	ye	es, a	anc	Highest Com	pensated Emp	loyees (continued)
	(B)			(0	;)			ļ		
<b>(A)</b> Name and title	Average hours per	(do box offi	not c , unle cer ar	heck ss pe	erson direct	than o is both or/trust	ee)	(D)  Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other
			<del></del> 1	Officer	ξę.	Highest compensated employee	Form	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related
	for related organiza	or director	nstitutional trustee	SE	emplo	998 81 81 81 81	좑			organizations
	tions below datted	truste	il trus		yee	npens				
	(ine)	G.	66			i i i				
(15)										
16)		-								
(717)				<del>-</del>						
(18)										
(19)		-		-						
(20)		_								
(21)		-	1		-					
(22)		_					-			
(23)				-		<del> </del>				
(24)		-								
(25)		_								
1 b Subtotal		, , , , ,					<b>&gt;</b>	0	·	(
c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)								0	. 0	), (
2 Total number of individuals (including but not limi	ted to those	liste	d ab	ove)	) wh	o rece	eive	d more than \$100,0	000 of reportable co	mpensation
from the organization ► 0									<u> </u>	Yes N
3 Did the organization list any former officer, di on line 1a? If 'Yes,' complete Schedule J for s	rector, trus	tee.	key	emp	ploy	ee, o	r hi	ghest compensate	ed employee	3
and the sum	of roports	hla c	omi	nani	satio	n an	d of	ther compensation	n from	
the organization and related organizations gre	alei ulaiik	<b>, , , , ,</b>								4
5 Did any person listed on line 1a receive or ac for services rendered to the organization? If 1	crue comp Yes,' comp	ensa <i>lete</i>	tion Sch	fror edu	n ar <i>le J</i>	iy uni for si	rela uch	ted organization of person	or ind!vidual	5
Section B. Independent Contractors	ancated in	ndene	ande	nt c	ront	ractor	rs ti	hat received more	than \$100,000 of	
compensation from the organization. Report confi	hensarion i	or the	cale	enda	ar ye	ar en	dinç	, 17.11 31 11.11	organization's tax y	ear, (C)
(A) Name and business a	address							Description	n of services	Compensation
			_							
2 Total number of independent contractors (includi	ng but not l	imite	d to	thos	e lis	ted a	bove	e) who received me	ore than	
\$100,000 of compensation from the organiza	tion P 0	T-	E A O 1 /	001	A7121	110				Form <b>990</b> (20

Part	VIII	Statement of I	Revenue	a roena	neo or note to an	y line in this Part V	11		П
		Check is Schedule	O CONTAINS	<u>a 16590</u>	inse or riote to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigr Membership dues Fundraising events. Related organization Government grants (contr All other contributions, gi similar amounts not inclu Noncash contributions in lines 1a-1f	ns	1 f	5,649.				
	2 a	Total. Add lines 1a-	JE		Business Code 523990 523990	5,649. 1,576,387. 129,557.	1,576,387. 129,557.		
Program Service Revenue		PROGRAM FEES-PA			312900	394.	394.		
Progran	g	All other program s Total. Add lines 2a Investment income (i	-2f			1,706,338.			
	4	other similar amount income to other similar amount income from invest Royalties	nts)tment of tax	exempt	bond proceeds			16,713.	
	b	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	Real	(ii) Personal	96	18	Les dig Carlos de Ro Les diges de Ro Carlos de Ro Carlos de Ro	
	7 a	Net rental income of Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Se	ecurities	(II) Other				
	d	Gain or (loss)  Net gain or (loss).  Gross income from fund		,		<u> </u>			
Other Revenue		(not including \$ of contributions reported See Part IV, line 18 Less: direct expens	d on line 1c).	88					
Ş	9 a	Net Income or (los Gross income from gam See Part IV, line 19 Less: direct expen	s) from fund ning activities, ses	9:	a b				
	10 a	: Net income or (los Gross sales of inventory returns and allowances Less: cost of good : Net income or (los	y, less	10 10	a b				
Miscellaneous Revenue	11				Business Code				
Misce Res	12	All other revenue Total, Add lines 1 Total revenue. Se	1a-11d			1,728,700 EADIO9L 07/31/19	. 1,706,338	. 16,713	. 0. Form <b>990</b> (2019)

TWELFTH STEP HOUSE OF SAN DIEGO, INC. 95-2151829 Page 10 Form 990 (2019) Part IX Statement of Functional Expenses (D) (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Fundraising expenses Program service expenses Management and general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22....... 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 .....

	Benefits paid to or for members			是《 <b>学</b> 》的《学》。	345
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
_					· · · · · · · · · · · · · · · · · · ·
	Other salaries and wages	707,291.	515,883.	191,408.	
Ū	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	144,128.	144,128.		<u></u>
10	Payroll taxes	67,233.	32,788.	34,445.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17		AND THE RESTAU		
	Investment management fees			29 Section (1984) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (1985) 1 (	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
	• .	: 20 9///	20,816.	128.	
13	Office expenses	20,944.	20,010.	120.	
14					<u> </u>
15	Royalties				
16	Occupancy			-	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest ,	29,016.	29,016.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,296.	320.		
23	Insurance	24,492.	24,492.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	Marine Constitution (Constitution (Constitut	Aberia Service Communication (Communication) Service Communication (Communication)		
a	REPAIRS & MAINTENANCE (BLDG)	97,580.	97,580.		
	PRENT	78,371.	78,371.		
	GROCERIES	73,560.	73,560.		
	OUTSIDE SERVICES	71,058.	71,058.		
	All other expenses. SEE SCH. O	230,616.	227,329.	1,287.	2,000.
	Total functional expenses. Add lines 1 through 24e	1,586,585.	1,315,341.	269,244.	2,000.
		1,300,303.	1,010,041.	400/2111	2,000.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
BAA		TEEA0110L 0	7/31/19		Form 990 (2019)

Page 11 95-2151829 TWELFTH STEP HOUSE OF SAN DIEGO, INC. Form 990 (2019) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... **(B)** End of year (A) Beginning of year 120,661. 70,915. Cash — non-interest-bearing..... 91,762. 2 10,997. Savings and temporary cash investments..... 2 3 Pledges and grants receivable, net..... 3 185,226 4 242,823 Accounts receivable, net ..... 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... 5 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 6 7 Notes and loans receivable, net..... 8 Inventories for sale or use..... 9 23,479 12.523 Prepaid expenses and deferred charges...... 10a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D...... 1,148,820 10 a 10 c 862,628. 904,604 286,192. 11 Investments - publicly traded securities..... 12 Investments - other securities. See Part IV, line 11..... 12 13 Investments - program-related. See Part IV, line 11..... 13 14 8,551. Intangible assets..... 8,871 14 463,380. 15 494,067. Other assets. See Part IV, line 11..... 15 16 1.755,687 Total assets. Add lines 1 through 15 (must equal line 33)..... 1,744,800. 16 29,801 48,581 17 Accounts payable and accrued expenses..... 17 Grants payable ..... 18 18 Deferred revenue ..... 19 19 20 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . . . . . . 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... Liabilities 22 641,131. 23 609,795 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 75,355. 25 25 219,139 746,287. 26 877,515 Total liabilities. Add lines 17 through 25..... Organizations that follow FASB ASC 958, check here ► Balances and complete lines 27, 28, 32, and 33. 1,009,400. 867,285 27 Net assets without donor restrictions ..... 28 Net assets with donor restrictions..... Organizations that do not follow FASB ASC 958, check here ▶ Fund ] and complete lines 29 through 33. 29

Form 990 (2019)

1,009,400

1,755,687.

30

31

32

33

867,285.

1,744,800.

Capital stock or trust principal, or current funds.....

Total net assets or fund balances.....

Paid-in or capital surplus, or land, building, or equipment fund.....

Retained earnings, endowment, accumulated income, or other funds.....

Total liabilities and net assets/fund balances.....

Ö

Net Assets

31

32

Form	990 (2019) TWELFTH STEP HOUSE OF SAN DIEGO, INC. 9	5-215182:	j	⊬ag	je IZ
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,72	28,7	00.
2	Total expenses (must equal Part IX, column (A), line 25)			36, <u>5</u>	
3	Revenue less expenses. Subtract line 2 from line 1		14	12,1	<u> 15.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		8 (	57,2	<u>85.</u>
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	1 0	09,4	00
100	column (B))	10	1,0	J <del>J , 4</del>	00.
rai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			9634.00	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 3		10
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			uis g	
	in Schedule O.		2 a	\$ 150 A)	X
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	rior de S	Variation of the second
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:	ewed on a	0.00	10.5	
	Separate basis, Consolidated basis, Or Both:    Separate basis		35,8150	4376	######################################
	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
J	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se		350	1	
	basis, consolidated basis, or both:			100	
	Separate basis Consolidated basis Both consolidated and separate basis		200		1314
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit,		ļ	
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	awarenad	250 MW
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le	. 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	audit	3 b		
RΔ	TEF 403101 04/01/00			990	(2019)

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#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Name o	f the organiz	atlon TWELFTH ST	EP HOUSE OF SA	N DIEGO, INC.			Employer Identificati		
		HEARTLAND I	HOUSE				95-2151829		
Part	Rea	son for Public Cha	rity Status (All or	ganizations must c	omplet	e this	part.) See instructi	ons.	
		n is not a private found							
1		ch, convention of church					<b>),</b>		
2		ool described in section 1					VIIIN		
3	H A hos	pital or a cooperative h dical research organiza	iospital service organi	zation described in sec	anarihad	(DXIXA) Lib. cast	(川)。 ion 170/トソ1VAV間) ビャ	tor the beenitalic	
4	, ,		tion operated in conju	netion with a nospital e	escribed	IIII Seci	IOII 170(DX1XAXIII). LII	ter the hospitars	
5	ΠAn or	, city, and state: ganization operated for on 170(b <b>)(1)(A)(iv).</b> (Co	the benefit of a collec-	ge or university owned			governmental unit des	scribed in	
6	T								
7	=	ganization that normally r						lic described	
•	X An org	ganization that normally r ction 170(b)(1)(A)(vi)。(	Complete Part II.)	art of its support from a t	JOVEITITIE	iliai uili	or from the general pas.	10 0030/1000	
8		nmunity trust described		<b>A)(vi).</b> (Complete Part í	<b>(.)</b>				
9	An ad	ricultural research organi	zation described in <b>sec</b>	tion 170(b)(1)(A)(ix) opera	ated in co	njunctio	n with a land-grant colleg	ge	
ŭ	or uni unive	versity or a non-land-gra	nt college of agriculture	(see instructions). Enter	the nam	e, city, a	nd state of the college of	r 	
10	An or	ganization that normally activities related to its	receives: (1) more than	33-1/3% of its support fr	om contri	ibutions,	membership fees, and g	ross receipts	
	inves	tment income and unre	lated business taxable	e income (less section :	511 tax)	from bu	isinesses acquired by t	he organization after	
	June	30, 1975, See <b>section</b>	<b>509(a)(2).</b> (Complete F	art III.)					
11		ganization organized a							
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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а	Туре	I. A supporting organizati ization(s) the power to re	on operated, supervise	d, or controlled by its sup	ported or	rganizați	on(s), typically by giving	the supported	
	com	olete Part IV, Sections /	A and B.						
b	Type mana must	II. A supporting organizement of the supporting complete Part IV, Section 11.	zation supervised or c , organization vested in t <b>ions A and C.</b>	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	naving control or on(s). <b>You</b>	
С	Type	III functionally integrated nization(s) (see instruct	I. A supporting organizations). <b>You must com</b>	ion operated in connectionlete Part IV, Sections	n with, ar <b>A, D, an</b> c	nd functio	onally integrated with, its s	supported	
d	□ □ 1 <b>-</b>	III non-functionally integionally integrated. The actions). You must com	wated A cupporting org	anization apprated in con	naction i	with ite c	upported organization(s)	that is not	
е	Chac	k this box if the organia rated, or Type III non-fi	zation received a writt	en determination from :	the IRS t	that it is	a Type I, Type II, Type	III functionally	
f	Enter th	e number of supported	organizations		···	,,,,,,,			
g	Provide	11 4-11	on about the aumorta	d arganization(c)					
	(i) Name of s	supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) I: organizat in your g docun	ian iistea	(v) Amount of monetary support (see Instructions)	(vI) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)					ļ <u> </u>				
(C)									
(D)									
(0)									
(E)					2 54 3 40 h i de l	(4) <b>3</b> 9/8 (18)			
Tota	1								

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.)

	ion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
begin	dar year (or fiscal year ning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	577,247.	574,194.	851,250.	<b>1,416,657</b> .	1,779,747.	5,199,095.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	577,247.	574,194.	851,250.	1,416,657.	1,779,747.	5,199,095.
	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)				316		0.
	Public support. Subtract line 5 from line 4						5,199,095.
Sect	ion B. Total Support				· · · · · · · · · · · · · · · · · · ·	3	
Caler begin	ndar year (or fiscal year ming in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	<b>(f)</b> Total
7	Amounts from line 4	577,247.	574,194.	851,250.	1,416,657.	1,779,747.	5,199,095.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,969.	19,446.	19,711.	18,977.	16,713.	85,816.
	Net income from unrelated business activities, whether or not the business is regularly carried on			_			0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI.	826,699.	13,063.	14,802.	19,192.	394.	874,150.
	Total support. Add lines 7 through 10						6,159,061.
12	Gross receipts from related activ	vities, etc. (see in	structions)		• • • • • • • • • • • • • • • • • • • •		0.
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organizatio	n's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ □
Sect	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 20						
15	Public support percentage from	2018 Schedule A	Part II, line 14			15	80.62 %
1 <b>6</b> a	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	he organization d qualifies as a pu	id not check the b blicly supported o	oox on line 13, ar rganization	nd line 14 is 33-1/	3% or more, chec	k this box ············· ▼
b	<b>33-1/3% support test—2018.</b> If the and <b>stop here.</b> The organization	ne organization di n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16 organization	a, and line 15 is 3	33-1/3% or more,	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	est—2019. If the o meets the 'facts- s-and-circumstand	rganization did no and-circumstance ces' test. The orga	ot check a box on s' test, check this anization qualifies	iline 13, 16a, or 1 s box and <b>stop he</b> s as a publicly su	16b, and line 14 is ere. Explain in Par oported organizati	.10% t VI how on►
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts- id-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	s box and <b>stop he</b> a publicly suppor	e <b>re.</b> Explain in Par ted organization	t VI how the
18	Private foundation. If the organ	ization did not che	eck a box on line	เฮ, 16a, 16b, 17a			structions

95-2151829

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

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 falled to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support		· · · · ·				
Calend	ar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received, (Do not include any 'unusual grants,')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
-	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge				5		
<b>7</b> a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			7			
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🟲	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	<b>(f)</b> Total
_	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	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						12 12
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)			the state of the s	(in) 1	= ====================================	2)
	First five years. If the Form 990 organization, check this box and	stop here		na, mra, iourn,	or min tax year as	a section 501(c)(	o) <u> </u>
	tion C. Computation of Pu			lina 10 calimar 6	£\\		%
	Public support percentage for 20						96
16	Public support percentage from tion D. Computation of Inv						
	•				dumn (f)		96
17	Investment income percentage Investment income percentage						
18 10a	33-1/3% support tests—2019. If						
	is not more than 33-1/3%, check <b>33-1/3%</b> support tests—2018. If	k this box and <b>sto</b>	<b>p here.</b> The orga	nization qualifies	as a publicly supp	oorted organization	1
	line 18 is not more than 33-1/39	%, check this box	and <b>stop here.</b> T	he organization q	jualifies as a public	ciy supported orga	nization 🏲 📋
20	Private foundation. If the organ	ization did not che	eck a box on line	14, 19a, or 19b,	check this box an	d see instructions.	<u> </u>
				07/02/10		. L L L	90 or 990-F7\ 2019

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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).
- 8 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 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.)

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Sched	lule A (Form 990 or 990-EZ) 2019 TWELFTH STEP HOUSE OF SAN DIEGO, INC. 95-215162	g rage 3
Parl	Supporting Organizations (continued)	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	
а	A person who directly or indirectly controls, entire of together with posterior and person who directly or indirectly controls, entire of together with posterior and person who directly or indirectly controls, entire of together with posterior and person who directly or indirectly controls, entire of together with posterior and person who directly or indirectly controls, entire of together with posterior and person who directly or indirectly controls, entire of together with posterior and person who directly or indirectly controls, entire of together with posterior and person who directly or indirectly controls, entire of together with posterior and person who directly or indirectly controls, entire of together with posterior and person who directly or indirectly controls.	11a
Ь	A family member of a person described in (a) above?	11b
c	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c
	tion B. Type I Supporting Organizations	
		Yes No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in or elect at least a majority of the organization's directors or trustees, or controlled the organization's activities. Part VI how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sec	tion C. Type II Supporting Organizations	Yes No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1
Sec	ction D. All Type III Supporting Organizations	N. N.
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	(i) appointed or elected by the supported	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3
Se	ection E. Type III Functionally Integrated Supporting Organizations	
_	the state of the state of the state of the state of the satisfy the Integral Part Test during the year (see instructions).	
	a The organization satisfied the Activities Test. Complete line 2 below.	
	b The organization is the parent of each of its supported organizations. Complete line 3 below.	on inetructions)
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	
	2 Activities Test. Answer (a) and (b) below.	Yes No
,	2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported supported organization was organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
	<ul> <li>Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of the organization.</li> </ul>	3a
	<ul> <li>a Did the organization have the power to power to be a did the organization have the power to be a did the organization of each of its supported organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.</li> </ul>	3b
	euphorred Ordanizations: U 100, ugodrido ni i wit i i district production of	

Sch	edule A (Form 990 or 990-EZ) 2019 TWELFTH STEP HOUSE OF SAN DIEGO	ı T	NC. 95-21	51829 Page (
	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>', ⊥</u> miza	ntions	31029 Fayer
1			·	Part VI). <b>See</b> through E.
Sec	ction 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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction 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		
ı	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoverles of prior-year distributions	7		
. 8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Property and the second	
2	Enter 85% of line 1.	2		\
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	CALCULATION OF THE	
4	Enter greater of line 2 or line 3.	4		
5	1 . 1 3	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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Schedule A (Form 990 or 990-EZ) 2019

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

	dule A (rolling 990 of 990-E2) 2019 TWELFTH STEP HOUSE OF TWELFTH STEP HOUSE OF TWELFTH STEP HOUSE OF			1829 Pag		
-174 -115	tion D — Distributions	porting Organia	zations (continueu)	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purp	oses				
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	supported organizati	ons,			
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organization	S			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions.	n is responsive (provi	de details			
9	Distributable amount for 2019 from Section C, line 6					
0	Line 8 amount divided by line 9 amount					
iec	tion F — Distribution Allocations (see instructions)	(i) Excess	(ii) Underdistributions	(iii) Distributable		

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6	The second second		
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			¥ .
a From 2014			
<b>b</b> From 2015		Marin Harris	
© From 2016			
<b>d</b> From 2017		THE STATE OF STREET	The second second
<b>e</b> From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years	eng GK		Santa de Companya de la companya de
h Applied to 2019 distributable amount		A STATE OF THE STA	
i Carryover from 2014 not applied (see instructions)			美国政治学 医线线
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		Programme Company	
4 Distributions for 2019 from Section D, line 7: \$		P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a Applied to underdistributions of prior years			and the second
<b>b</b> Applied to 2019 distributable amount	4,44		
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:		A Section 2 Topological	with a second second
a Excess from 2015,			
<b>b</b> Excess from 2016			
c Excess from 2017		表现1200mm (1200mm)	
d Excess from 2018		100 年 104 年 10 日 10	
e Excess from 2019			

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

TWELFTH STEP HOUSE OF SAN DIEGO, INC. 95-2151829

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

### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2019	 2018	 2017	 2016		2015
HEALTH INSURANCE CREDIT FROZE ESTATE TRUST PROCEED	S		\$ 3,707.		\$	826,699.
CASH REWARDS UNREALIZED GAINS SODA MACHINE \$ MISCELLANEOUS AA GROUP DONATION SERVICES RENTAL INCOME	276. 118.	\$ 17,952. 828. 205. 207.	1,059. 224. 342. 1,182. 4,200.	\$ 445. 10,842. 527. 564. 685.	1	,
REALIZED GAINS INVESTMENTS	3		4,088.			
TOTAL §	394.	\$ 19,192.	\$ 14,802.	\$ 13,063.	\$	826,699.

#### SCHEDULE D (Form 990)

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.lrs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization TWELFTH STEP HOUSE OF SAN DIEGO, INC. 95-2151829 HEARTLAND HOUSE Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year..... 1 2 Aggregate value of contributions to (during year)..... Aggregate value of grants from (during year) . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a a Total number of conservation easements..... **b** Total acreage restricted by conservation easements..... 2 h c Number of conservation easements on a certified historic structure included in (a)...... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1...... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, Itne 1......

Part III Organizations Maintai	ning Collection	ns of Art High	rical Treasures or C	other Similar Asse		red)
						,5uj
3 Using the organization's acquisition items (check all that apply):	, accession, and ot			e significant use of its co	ollection	
a Public exhibition		<b>—</b>	or exchange program			
b Scholarly research	-1:	e Other				
c Preservation for future gener		برمطة بينمط متماسية المست	further the argentization's o	warmst nurnaga in		
4 Provide a description of the organiz Part XIII.						
5 During the year, did the organiza to be sold to raise funds rather th	nan to be maintair	ned as part of the o	rganization's collection?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
Part IV Escrow and Custodia line 9, or reported an	l <mark>Arrangement</mark> amount on For	i <b>s.</b> Complete if t m 990, Part X,	he organization ansv line 21.	vered 'Yes' on For	m 990, Par	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or	other intermediary	for contributions or other	assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement						
<b>2</b> 11 , 00, 01, 01, 01, 11, 11, 11, 11, 11			•	F	Amount	
c Beginning balance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 1c		
d Additions during the year						
e Distributions during the year				. 1e		
f Ending balance						
2a Did the organization include an a	mount on Form 9	90, Part X, line 21,	for escrow or custodial a	ccount liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Ched	k here if the explar	nation has been provided	on Part XIII		
Part V Endowment Funds. C		1				
	(a) Current year	(b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships					-	
e Other expenditures for facilities and programs						
f Administrative expenses					<del></del>	<del></del> -
g End of year balance		11.	4 1 (2) (-1)		<u> </u>	
2 Provide the estimated percentag		ear end balance (lit	ne ig, column (a)) held a	s:		
a Board designated or quasi-endown						
<b>b</b> Permanent endowment ►	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
c Term endowment	⁸					
The percentages on lines 2a, 2b, a	nd 2c should equal	100%.				
3 a Are there endowment funds not in	the possession of t	he organization that	are held and administered t	for the	Yes	No
organization by:  (i) Unrelated organizations					3a(i)	110
(ii) Unrelated organizations (iii) Related organizations					\ '\	+
						-
<b>b</b> If 'Yes' on line 3a(ii), are the rela					30	
4 Describe in Part XIII the intende		anization's endowm	ent runus.			
Part VI Land, Buildings, and Complete if the organ	Equipment. ization answer	ed 'Yes' on For	m 990, Part IV, line	11a. See Form 99	0, Part X, I	line 10
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	value
1 a Land			228,327.	1. 10 To 1.		8,327.
<b>b</b> Buildings	.,.,		437,226.	92,722.		<b>4,</b> 504
c Leasehold improvements			247,690.	32,750.		4,940.
d Equipment	<del>,</del>		193,741.	137,177.		6,564
<b>e</b> Other			41,836.	23,543.		8 <u>,293</u> .
Total. Add lines 1a through 1e. (Colur	nn (d) must equal	Form 990, Part X,	column (B), line 10c.)			2,628.
DAA					ule D (Form 9	90) 2019

TOTAL OTHER OTHER SECURITIES	OF SAN DIEGO,	N/A	- 12 בי
t VII Investments – Other Securities. Complete if the organization answered	'Yes' on Form 990	D, Part IV, line 11b. See Form 990, Part X, line (c) Method of valuation: Cost or end-of-year market value	IE 12.
<ul> <li>Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Methed of Valuation, cost of end-of-your market rates	
Financial derivatives			
Closely held equity interests			
Other			
al. (Column (b) must equal Form 990, Part X, column (B) line 12.)	<u> </u>	Miles Miles Contract	
art VIII Investments - Program Related.	d 'Yes' on Form 9	N/A 90, Part IV, line 11c. See Form 990, Part X, I (c) Method of valuation: Cost or end-of-year market	ine 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value_
(a) Description of Kineekins.			
2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)  otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  art 1X* Other Assets.	ad 'Yos' on Form 9	Part IV. line 11d. See Form 990, Part X,	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.1  Tart IX  Other Assets.  Complete if the organization answer  (a)	ed 'Yes' on Form S	990, Part IV, line 11d. See Form 990, Part X,	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.1  Other Assets.  Complete if the organization answer  (a)  (1) EMPLOYEE ADVANCES	ed 'Yes' on Form	· · · · · · · · · · · · · · · · · · ·	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.1  Other Assets.  Complete if the organization answer  (a)  (1) EMPLOYEE ADVANCES  (2)	ed 'Yes' on Form	· · · · · · · · · · · · · · · · · · ·	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.1  Other Assets.  Complete if the organization answer  (1) EMPLOYEE ADVANCES  (2)  (3)	ed 'Yes' on Form	The profit of the first to the first the first to the fir	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.1  Other Assets. Complete if the organization answer  (1) EMPLOYEE ADVANCES (2) (3) (4)	ed 'Yes' on Form	The profit of the first to the first the first to the fir	
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otal. (Column (b) must equal Form 990, Part X, column (B) line 13.1  Other Assets. Complete if the organization answer  (a)  (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8)	ed 'Yes' on Form	The profit of the first to the first the first to the fir	
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otal. (Column (b) must equal Form 990, Part X, column (B) line 13.1  Other Assets. Complete if the organization answer  (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9)	ed 'Yes' on Form 9	990, Part IV, line 11d. See Form 990, Part X, (b) Book	line 1
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otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets. Complete if the organization answer  (a)  (B)  Other Assets. Complete if the organization answer  (a)  (b)  (c)  (c)  (d)  (c)  (d)  (d)  (d)  (e)  (f)  (g)  (h)  (h)  (h)  (h)  (h)  (h)  (h	ed 'Yes' on Form S Description  on (B) line 15.)	990, Part IV, line 11d. See Form 990, Part X, (b) Book	line 1st
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Complete if the organization answer  (1) EMPLOYEE ADVANCES  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Complete if the organization answered 'Yes' (Complete if the organization answered 'Yes' (Column (B) must equal Form 990, Part X, column (B) must equal Form 990, Part X, column (B) line 13.1  Other Liabilities.  Complete if the organization answered 'Yes' (Column (B) line 13.1  (a) Deliver 13.1	ed 'Yes' on Form 9 Description  an (B) line 15.)	990, Part IV, line 11d. See Form 990, Part X, (b) Book	line 1 value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.1  Complete if the organization answer  (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10)  Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.1  Complete if the organization answered 'Yes' (a) December 1. (b) must equal Form 990, Part X, column (B) line 13.1  (a) December 13.1  Complete if the organization answered 'Yes' (C) Pederal income taxes	ed 'Yes' on Form S Description  on (B) line 15.)	990, Part IV, line 11d. See Form 990, Part X,  (b) Book  11e or 11f. See Form 990, Part X, line 25.  (b) Book	line 1 value
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otal. (Column (b) must equal Form 990, Part X, column (B) line 13.1  Complete if the organization answer  (a)  (b) EMPLOYEE ADVANCES  (c)  (d)  (d)  (d)  (e)  (f)  (f)  (g)  (10)  (g)  (10)  (g)  (10)  (g)  (h)  (o)  (o)  (o)  (o)  (o)  (o)  (o	ed 'Yes' on Form S Description  on (B) line 15.)	990, Part IV, line 11d. See Form 990, Part X,  (b) Book  11e or 11f. See Form 990, Part X, line 25.  (b) Book	Value 1,02 63,18 7,66
Other Assets. Complete if the organization answer  (1) EMPLOYEE ADVANCES  (2) (3) (4) (5) (6) (7) (8) (9) (10)  Fotal. (Column (b) must equal Form 990, Part X, column Part X  Other Liabilities. Complete if the organization answered 'Yes' of the organization answered 'Yes' of the organization answered 'Yes' of the Other Liabilities. (1) Federal income taxes (2) HOME DEPOT CC (3) PAYROLL TAX PAYABLE (4) SECURITY DEPOSITS	ed 'Yes' on Form S Description  on (B) line 15.)	990, Part IV, line 11d. See Form 990, Part X,  (b) Book  11e or 11f. See Form 990, Part X, line 25.  (b) Book	value  1,02 63,18 7,66
Other Assets. Complete if the organization answer  (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column Part X  Other Liabilities. Complete if the organization answered 'Yes' (1) Federal income taxes (2) HOME DEPOT CC (3) PAYROLL TAX PAYABLE (4) SECURITY DEPOSITS (5) VISA CC	ed 'Yes' on Form S Description  on (B) line 15.)	990, Part IV, line 11d. See Form 990, Part X,  (b) Book  11e or 11f. See Form 990, Part X, line 25.  (b) Book	Value 1,02 63,18 7,66
Other Assets. Complete if the organization answer  (1) EMPLOYEE ADVANCES  (2) (3) (4) (5) (6) (7) (8) (9) (10)  Fotal. (Column (b) must equal Form 990, Part X, column Part X  Other Liabilities. Complete if the organization answered 'Yes' of the organization answered 'Yes' of the organization answered 'Yes' of the Other Liabilities. (1) Federal income taxes (2) HOME DEPOT CC (3) PAYROLL TAX PAYABLE (4) SECURITY DEPOSITS	ed 'Yes' on Form S Description  on (B) line 15.)	990, Part IV, line 11d. See Form 990, Part X,  (b) Book  11e or 11f. See Form 990, Part X, line 25.  (b) Book	value  1,02 63,18 7,66
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.1  Complete if the organization answer  (a)  (b) EMPLOYEE ADVANCES  (c)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X Other Liabilities.  Complete if the organization answered 'Yes'  (a) December 1. (a) December 2. (b) PAYROLL TAX PAYABLE  (4) SECURITY DEPOSITS  (5) VISA CC  (6)  (7)  (8)	ed 'Yes' on Form S Description  on (B) line 15.)	990, Part IV, line 11d. See Form 990, Part X,  (b) Book  11e or 11f. See Form 990, Part X, line 25.  (b) Book	Value 1,02 63,18 7,66
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Other Assets. Complete if the organization answer  (a)  (b) EMPLOYEE ADVANCES  (c)  (d)  (d)  (5)  (6)  (7)  (8)  (9)  (10)  Fotal. (Column (b) must equal Form 990, Part X, column (c)  Fotal. (Column (b) must equal Form 990, Part X, column (c)  (a)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (e)  (e)  (f)  (f)  (g)  (g)  (h)  (g)  (h)  (g)  (h)  (h	ed 'Yes' on Form S Description  on (B) line 15.)  on Form 990, Part IV, li escription of liability	990, Part IV, line 11d. See Form 990, Part X,  (b) Book  11e or 11f. See Form 990, Part X, line 25.  (b) Book	value 1,02 63,18 7,66 3,48
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.1  Complete if the organization answer  (a) EMPLOYEE ADVANCES  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column  Part X  Other Liabilities.  Complete if the organization answered 'Yes'  (a) December 1. (a) December 2. (b) PAYROLL TAX PAYABLE  (4) SECURITY DEPOSITS  (5) VISA CC  (6)  (7)  (8)  (9)	ed 'Yes' on Form Secription  on (B) line 15.)  on Form 990, Part IV, liescription of liability	990, Part IV, line 11d. See Form 990, Part X,  (b) Book  ne 11e or 11f. See Form 990, Part X, line 25.  (b) Book	value  1,02 63,18 7,66 3,48

Schedule D (Form 990) 2019 TWELFTH STEP HOUSE OF SAN DIEGO, I	NC.	95-2151829	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemen		r Return. N/A	
Complete if the organization answered 'Yes' on Form 990, F	art IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2 a		
<b>b</b> Donated services and use of facilities	<del></del>		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	l.	
<b>b</b> Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	*111414444444	5	
Part XII Reconciliation of Expenses per Audited Financial Stateme			
Complete if the organization answered 'Yes' on Form 990, F			
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1 m m m m m m m m m m m m m m m m m m m	
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments			
c Other losses.			
d Other (Describe in Part XIII.)			

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4 b

e Add lines 2a through 2d.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....

3 Subtract line 2e from line 1.....

a Investment expenses not included on Form 990, Part VIII, line 7b.....b Other (Describe in Part XIII.)

c Add lines 4a and 4b.....

4 Amounts Included on Form 990, Part IX, line 25, but not on line 1:

Schedule D (Form 990) 2019

2 e

4 c

5

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

Open to Public Inspection

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

Name of the organization TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE

Employer Identification number

95-2151829

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

ORGANIZATION HAS COMPLETED SCHEDULE O.

### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ORGANIZATION HAS COMPLETED SCHEDULE O.

#### FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
AUTOMOBILE EXPENSES		23,042.	23,042.		
BAD DEBT BANK FEES		278. 10,117.	278. 10,005.	112.	
BANQUET EXPENSES COMPUTER & INTERNET SERVICES	S	20,252. 23,677.	18,252. 23,677.		2,000.
CONTINUING EDUCATION	•	15,149.	14,574.	575.	
DUES & SUBSCRIPTIONS EOUIPMENT EXPENSE		1,907. 7,758.	1,907. 7,758.		
EQUIPMENT RENTAL		11,326.	11,326.		
INCOME TAXES INVESTMENT FEES		7,569.	7,569.		
LAUNDRY & LINEN MISCELLANEOUS EXPENSE		770. -5,531.	770. -5,531.		
ORGANIZATIONAL DEVELOPMENT		•	·		
PRINTING AND PUBLICATIONS RECREATION/GIFTS		4,533. 703.	4,533. 103.	600.	
START-UP EXPENSES					
SUPPLIES TAXES & LICENSES		25,750. 12,643.	25,750. 12,6 <b>4</b> 3.		
TRAVEL		230.	230.		
URINALYSIS TESTING UTILITIES		7,155. 63,288.	7,155. 63,288.		
	TOTAL	\$ 230,616.	\$ 227,329.	\$ 1,287.	\$ 2,000.

#### FORM 990, PAGE 6 PART VI, LINE 11B

PART VI SEC B - LINE 11B - REVIEW OF FORM 990. THE FORM IS REVIEWED BY THE MANAGING DIRECTOR AND THE TREASURER.

#### FORM 990, PAGE 6, PART VI, LINE 12C

PART VI, SEC B - LINE 12C - CONFLICT OF INTEREST COMPLIANCE. THIS IS DONE IN THE REGULAR COURSE OF THE BOARD OF DIRECTORS MEETINGS.

#### FORM 990, PAGE 6, PART VI, LINE 15A

PART VI, SEC B - LINE 15A - COMPENSATION OF MANAGEMENT. DETERMINATION IS MADE BY

Name of the organization TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE

Employer identification number 95-2151829

REVIEW OF COMPENSATION OF COMPARABLE ORGANIZATIONS.

## FORM 990, PAGE 6, PART VI, LINE 15B

PART VI, SEC B - LINE 15B - COMPENSATION OF MANAGEMENT. DETERMINATION IS MADE BY REVIEW OF COMPENSATION OF COMPARABLE ORGANIZATIONS.

# FORM 990, PAGE 6, PART VI, LINE 19

FORM 990, PAGE 6, PART VI LINE 19 - DOCUMENTS ARE AVAILABLE TO PUBLIC ON ORGANIZATIONS WEBSITE.

	T NOO	Ex	empt Organization B	uşi	ness Incom	e Ta	x Returr	1		OMB	No. 1545-0047
F	orm <b>990-T</b>	<u>.</u>	(and proxy tax u			, ,,	6/20	20	20	2	019
			r 2019 or other tax year beginning					<u>, 20</u>	40		013
Depa	rtment of the Treasury al Revenue Service		o to www.lrs.gov/Form990T for		· ·			-> (2)	1	open to Pu	blic Inspection for rganizations Only
	al Revenue Service  Check box if	P Do not	enter SSN numbers on this form as it		e made public it your changed and see instru	<u>.</u>	zation is a buil				rganizations Only httf://cation.number
Α			1 1		<del>-</del>				(En	nployees' tr	ust, see
	xempt under section	Print	TWELFTH STEP HOUSE HEARTLAND HOUSE	Or	SAN DIEGO,	TMC.				5-215	
Ė	501( C )(3)	-	LOCE OMPHANTANT TOT	VE				-			エロムラ siness activity code
-	408(e) 220( 408A 530)	(6)	SAN DIEGO, CA 92105	·					(S	ee Instruction	ons.)
ŀ		(a)						:			
C	look value of all assets t end of year	F Group	L exemption number (See instructi	ions.)	<u> </u>			i.			
a		O Ohra	k organization type ► 🗓			501	(c) trust	<u></u>	1(a) t	rust	Other trust
11	1,755,687	. •	's unrelated trades or businesses.		► 1	<u> </u>	escribe the or	<del></del>			<u> </u>
	trade or business he	-	s unrelated trades of businesses.	•		— Đ	escribe are or				lete Parts∃–V.
			t in the blank space at the end	of th	e previous senter	ice, co	mplete Part				
			ess, then complete Parts III–V.								
			oration a subsidiary in an affilia			subsidi	ary controlle	d grou	ъ?	· ► 🔲 ,	Yes X No
			fying number of the parent corp		ion 🟲						
			RT COOK-ADMINISTRATO	)R			elephone nu				87 <b>-</b> 5460
1 6-10-14	12 ( pre-26) ( 12-2)		Business Income		(A) Income	•	(B) Exp	enses	V357.8694.331	1996 authoriza de l'Ad	(C) Net
	a Gross receipts or										
	b Less returns and allow		<b>c</b> Balance►	10			design of the late				CONTRACTOR
	=	-	line 7)	2		,					
3	•		1 line 1c	3							
		•	Schedule D)	4a 4b			1000		27.3		
			7) (attach Form 4797)	40							
	Income (loss) from		r an S corporation	40	· i		And Company	4114			
_	(attach statement	)		5							
6	Rent income (Sch	edule C)		6							
7	Unrelated debt-fin	anced income	(Schedule E)	7							
8	Interest, annuities, roy	alties, and rents fr	om a controlled organization (Schedule F)	8							
9	Investment income of a	a section 501(c)(7)	, (9), or (17) organization (Schedule B)	9			<u></u>				
10	· ·	•	e (Schedule I)	10							
11	-		)	11			In Name of the Control of the State of	Contract contracts	******* E.		
12	Other income (Se	e instructions;	attach schedule)				100000000000000000000000000000000000000	ries i	NAME		
				12					(2,000,104) **		16,713.
			12			713.			0.		1 <u>6,713.</u>
Pa			en Elsewhere (See instru			ns on	deduction	ıs.) (	Dedu	uctions	must be
1.4			th the unrelated business ors, and trustees (Schedule K)					1	14		
14 15	,		ors, and trustees (Schedule Ty.					1	15		
16	-								16		
17	•		114,2,4,111,111,111,4,7,1,4,4,111						17		-
18			nstructions)					ŀ	18		
19	•	, ,							19		
20			}						413 3		
21			chedule A and elsewhere on ret						21 b		
22									22		
23	•		ensation plans						23		
24									24		
25			dule I)						25	<b> </b>	
26	· · · · · · · · · · · · · · · · · · ·		ule J)						26		
27			ıle)						27		
28			through 27						28		
29			me before net operating loss de						29		16,713.
30			n tax years beginning on or after Januar						30	ļ	76 675
31	Unrelated busines	ss taxable inco	me, Subtract line 30 from line 2	۷					31	L	<u> 16,713.</u>

No

X

Yes

May the IRS discuss this return with

X Yes

252-2834

Form 990-T (2019)

he preparer shown below (s

P01205692

95-2151829

32

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At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a

Report of Foreign Bank and Financial Accounts, If 'Yes,' enter the name of the foreign country here

If 'Yes,' see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year

PAULA D. BREWER, EA

EL CAJON, CA 92020

Firm's address - 1646 ANNETTE WAY

financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114,

Date

PAULA D. BREWER

Preparer's signature

During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?.

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

TEEA0202L 02/21/20

MANAGING DIRECTOR

Check X if

se'f-employed

Phone no.

Firm's EIN 27-3367485

(619)

Title

Date

TWELFTH STEP HOUSE OF SAN DIEGO, INC.

Total of unrelated business taxable income computed from all unrelated trades or businesses (see

Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.).

instructions)....

Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from

the sum of lines 32 and 33.....

Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions).....

Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,

enter the smaller of zero or line 37.

Part III Total Unrelated Business Taxable Income

Amounts paid for disallowed fringes.....

Form 990-T (2019)

34

36

37

38

59

Sian

Here

Paid

Pre-

parer

Use

Only

BAA

Signature of officer

Print/Type preparer's name

Firm's name

PAULA D. BREWER

Schedule A — Cost of Good	c Sold Enter method of inv	entory valuation				
		6 Inventor	y at end of year	6		
1 Inventory at beginning of yea			ost of goods sold. Subtract ne 6 from line 5. Enter here			
2 Purchases		line 6 fro				
3 Cost of labor		and in P	art I, line 2	7		
4 a Additional section 263A costs (attach	_			Yes No		
4 p	\	8 Do the r	ules of section 263A (with	respect to		
b Other costs (attach sch),	4b	property	produced or acquired for a ganization?	resale) apply X		
5 Total. Add lines 1 through 4b		1	_			
Schedule C — Rent Income	(From Real Property ar	d Personal Property	Leased With Real Pro	pperty) (see instructions)		
1 Description of property						
(1)						
(2)						
(3)				<u></u> -		
(4)	<u> </u>					
	2 Rent received or accrued		3(a) Deductions	directly connected with		
(a) From personal prope (if the percentage of rent for property is more than 10% more than 50%)	personal (if the per	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		columns 2(a) and 2(b) ch schedule)		
(1)						
(2)						
(3)						
(4)						
Total	Total		41. F 1. 1. 1. 1. 1	1		
(c) Total income. Add totals of col here and on page 1, Part I, line 6,	umns 2(a) and 2(b). Enter	•	(b) Total deductions. En here and on page 1, Part 1, line 6, column (B)			
Schedule E - Unrelated De	bt-Financed Income (se	e instructions)				
		2 Gross income from	<b>3</b> Deductions directly con debt-finan	nected with or allocable to ced property		
1 Description of debt	-financed property	or allocable to debt- financed property	(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)		
(1)						
(2)						
(3)						
(1) (2) (3) (4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of allocable to debt-finance property (attach schedule)	d divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
		%				
(1) (2) (3)		%				
(3)		ી				
(4)		%				
			Enter here and on page Part I, line 7, column (A)	1, Enter here and on page 1 ). Part I, line 7, column (B)		
Totals,						
Total dividends-received deducti	ions included in column 8	, e , s ( z ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				
BAA		TEEA0203L 09/19/19		Form <b>990-T</b> (2019		

Schedule F – Interest, A	iniuitie				nts Fro trolled Or			rga!	nzations	(see ins	structions	)
1 Name of controlled organization	ident	nployer ification mber	<b>3</b> No	et unr	rolled Or elated (loss) actions)	i –	nizations 4 Total of speci payments mad	fied de	<b>5</b> Part of that is in the con organiz	cluded itrolling :ation's	in co	eductions directly onnected with ome in column 5
1)							· · · · · - · · · · · · · · · · · · · ·					
1) 2) 3) 4)												
3)												
4)											:	
onexempt Controlled Organiza												
<b>7</b> Taxable Income	inco	unrelated me (loss) nstructions)			f specified its made	İ	<b>10</b> Part of included in organization	i the d	ontrolling		connected	tions directly I with income Iumn 10
1)												
2)												
1) 2) 3) 4)												
4)					**							
a tala							Add columns here and on p 8, co		, Part I, line	- Add here	and on p	6 and 11. Enter age 1, Part I, line umn (B).
chedule G — Investmen	t Incon	ne of a Se	ction !	501(	c)(7), (9)	), (	or (17) Orgai	nizati	ion (see ins	truction	าร)	
1 Description of income		2 Amount			3 direc	De :tly	ductions connected schedule)		<b>4</b> Set-aside ttach sched	s	<b>5</b> Tota	l deductions and sides (column 3 us column 4)
1) 2) 3)												
otalschedule I — Exploited E	▶	Enter here and Part I, line 9,	column	ī (A).		<u> </u>	Advertising	ncor	<b>10</b> (see ins		Part I, li	re and on page ne 9, column (B
Description of exploited a		2 Gross unrelate business income fro trade or business	d s om	Expen conne proc of u	ses directly cted with luction prelated	4 I fro or 2 r	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	5 Gros activ	s income from ity that is not ated business income	<b>6</b> Exp	penses utable to umn 5	7 Excess exempt expenses (column minus column 5, b not more than column 4).
1)												-
2) 3)												
4⟩ otals.	<b>.</b>	Enter here on page Part I, line column (	1, 10,	on p Part I	here and age 1, , line 10, nn (B).							Enter here and on page 1, Part II, line 25
chedule J – Advertising		l <b>16</b> (see instr	uctions	:)		1992		no seedyle	80.000 (100.000) 80.000 (100.000)			1
Part I Income From Per		<del></del>			nsolidat	ter	l Basis	····-				
1 Name of periodical		2 Gross advertisir income	: 1	<b>3</b> Dadve	Pirect ertising ests	4.	Advertising gain or oss) (col. 2 minus col. 3). If a gain, compute cols. 5		irculation ncome		adership osts	7 Excess readershi costs (col. 6 minu col. 5, but not mor than col. 4).
1)							tnrough /.					uidit (01. 4).
(2) (3) (4)												
otals (carry to Part II, line (5))	<b>&gt;</b>				EA0204 L (							Form <b>990-T</b> (2019

Form 990-T (2019) TWELFTH STEP HOUSE OF SAN DIEGO, INC. 95-2151829 Page

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1					
Enter here and on page 1, Part I, line 11, column (A)	on page 1,			12.00	Enter here and on page 1, Part II, line 26.
Officers, Dire	ctors, and Tr	<b>ustees</b> (see instr	uctions)	1	
	on page 1, Part I, line 11, column (A)	on page 1, Part I, line 11, column (A) Part I, line 11, column (B).	on page 1, Part I, line 11, column (A) Part i, line 11, column (B).	on page 1, Part I, line 11, column (A) Part I, line 11, column (B).  Officers, Directors, and Trustees (see instructions)	on page 1, Part I, line 11, column (A) Column (B).

1 Name	<b>2</b> Title	<b>3</b> Percent of time devoted to business	Compensation attributable to unrelated business
		કૃ	
		9	
		%	
		00	
Total. Enter here and on page 1, Part II, line 14			

BAA

TEEA0204 L 09/19/19

Form 990-T (2019)

# Form **2220**

Department of the Treasury Internal Revenue Service Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

**20**19

Employer identification number TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE 95-2151829 Note: Generally, the corporation is not required to file Form 2220 (see Part !! below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. Required Annual Payment 3,300. Total tax (see instructions)..... 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included 2a b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method ..... 2 b 2 c c Credit for federal tax paid on fuels (see instructions)..... 2 d d Total. Add lines 2a through 2c..... 3 Subtract line 2d from line 1, if the result is less than \$500, do not complete or file this form. The corporation 3 does not owe the penalty. 3,300. Enter the tax shown on the corporation's 2018 income tax return. See instructions, Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5. . 4 3,775. Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4. 3,300. Reasons for Filing — Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions. 6 The corporation is using the adjusted seasonal installment method. The corporation is using the annualized income installment method. 7 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. Part III Figuring the Underpayment (d) (a) (b) (c) **Installment due dates.** Enter in columns (a) through (d) the 15th day of the 4th (*Form 990-PF filers:* Use 5th month), 6th, 9th, and 12th months of the corporation's 9 10/15/19 12/15/19 3/15/20 6/15/20 tax vear... 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column...... 10 825 825. 825 825. Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15, See instructions..... 11 Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column . . . . . . 12 13 **13** Add lines 11 and 12 ..... 14 Add amounts on lines 16 and 17 of the preceding column . . . . . . . . 14 825 1,650 2,475. 15 Subtract line 14 from line 13. If zero or less, enter -0-..... 15 0 0 0 0 If the amount on line 15 is zero, subtract line 13 from 16 825 line 14. Otherwise, enter -0-..... 16 1,650 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of 17 825 825 825 the next column. Otherwise, go to line 18 ..... 825 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column. 18

	NV Figuring the Penalty				93-213102	
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ( <i>C corporations with tax years ending June</i>		(a)	(b)	(c)	(d)
	30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	. 19	11/15/20	11/15/20	11/15/20	11/15/20
20	Number of days from due date of installment on line 9 to the date shown on line 19	. 20	397	336	245	153
21	Number of days on line 20 after 4/15/2019 and before 7/1/2019	. 21				
22	Underpayment x Number of days on line 17 Number of days 365 X 6% (0.4)	)6) <b>22</b>				
23	Number of days on line 20 after 6/30/2019 and before 10/1/2019	. 23				
24	Underpayment on line 17 Number of days on line 23 × 5% (0.0	05) <b>24</b>		;		
25	Number of days on line 20 after 9/30/2019 and before 1/1/2020.	. 25	7.7	16		
26	Underpayment x Number of days on line 17 Number of days 365 × 5% (0.0	)5) <b>26</b>	8.70	1.81		
27	Number of days on line 20 after 12/31/2019 and before 4/1/2020.	. 27	91	91	16	
28	Underpayment on line 17  Number of days on line 27  366	)5) <b>28</b>	10.26	10.26	1.80	
29	Number of days on line 20 after 3/31/2020 and before 7/1/2020.	29	91	91	91	15
30	Underpayment on line 17  Number of days on line 29 x 5 *%.	30	10.26	10.26	10.26	1.69
<b>3</b> 1	Number of days on line 20 after 6/30/2020 and before 10/1/2020	31	92	92	92	92
32	Underpayment on line 17  Number of days on line 31 × 3 *%.	32	6.22	6.22	6.22	6.22
33	Number of days on line 20 after 9/30/2020 and before 1/1/2021	33	46	46	46	46
34	Underpayment on line 17  Number of days on line 33 x 3 *%.	34	3.11	3.11	3.11	3.11
35	Number of days on line 20 after 12/31/2020 and before 3/16/2021	35				
36	Underpayment on line 17  Number of days on line 35 x ***************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************************	36				
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	38.55	31,66	21.39	11.02
38	<b>Penalty.</b> Add columns (a) through (d) of line 37. Ent comparable line for other income tax returns				i	103.

^{*}Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

CPCZ0312 01/14/20

# 2019

## **FEDERAL STATEMENTS**

PAGE 1

TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE

95-2151829

STATEMENT 1 FORM 990-T, PART I, LINE 12 OTHER INCOME

DIVIDENDS AND INTEREST FROM SECURITIES	\$ 6,466.
INTEREST ON SAVINGS AND CASH INVESTMENTS	10,247.
TOTAL	\$ 16,713.

2019

# **FEDERAL WORKSHEETS**

PAGE 1

TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE

95-2151829

### FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990 SOURCE	
TOTAL EXPENSES	1,315,341.	1,315,341. PART IX, LINE 25, COL. B	
GRANTS	0.	0. PART IX, LINES 1-3, COL. B	
REVENUE	0.	1,706,338. PART VIII, LINE 2, COL. A	

6/30/20		7019 F	2019 FEDERAL	4L B	Š	( DEP	BOOK DEPRECIATION SCHEDULE	TION	SCHE	:DULE				<u>а</u>	PAGE 1
	1		TWEL	LFTH	STEP HEA	HOUSE	FTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE	DIEGO,	INC.					81	95-2151829
NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD .	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD_ LIFE	当一	RAIE	CURRENT
FORM 990/990-PF															
AMORTIZATION			p 103							9,591	720	1/S	. 30		320
15 LOAN FEES - 5889 STREAM TOTAL AMORTIZATION	4/ 13/ 1/		165,6	•	0	0		0 0	0	9,591	720			•	320
AUTO / TRANSPORT EQUIPMENT															
	9/01/06		32,998							32,998	32,998			വവ	0
8 2009 CHEVY TRAVERSE 28 2019 FORD TRANSIT	9/15/09 3/09/19		50,403					]		50,490	5,049	T/S	¥	5 ,20000	10,098
TOTAL AUTO / TRANSPORT EQUIP			110,897				0	0	0 0	110,897	43,529	æ			10,098
BUILDINGS															
1 BUILDING 13 RIII DING-5869 STREAMVIEW	7/01/76		47,226	, c. –						390,000	47,226 31,316	S/L	S/L 25 MM 27.5	5 ,03636	14,180
TOTAL BUILDINGS			437,226	, ,,,,	0				0	437,226	78,542	2			14,180
FURNITURE AND FIXTURES															
	8/28/17		9,402.	۸						9,402	3,647	7 2000B HY	높 높	7 .17490	1,644 420
19 FURNITURE & EQUIPMENT 20 FURNITURE & EQUIPMENT	12/04/17		20,028	. ~						20,028	7,767	7 200DB HY	<u></u>	7 .17490	3,503
21 HVAC 22 BEDS/FRAMES/LAMPS	72/75/77 712/75/77		5,598 4,408	∞ ×						4,408			:	7 .17490	777
			41,836	ر ا	0			0	0 0	41,836	16,226	9			7,317
						ı							ĺ		

6/30/20	2	019 F	2019 FEDERAL	\   	00 K	DEP	BOOK DEPRECIATION SCHEDULE	TION	SCHE	DULE				PAGE	E 2
	:	į	TWE	LFTH	STEP   HEAI	HOUSE	TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE	DIEGO,	    -					95-2151829	1829
NO. DESCRIPTION	DATE	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD_ LIFE	UPE RATE	CURRENT E DEPR.	ENT R.
IMPROVEMENTS															
4 REMODELING	6/20/08		2,070							2,070	1,307	S/L MM	39 .02	.02564	53
	4/15/09		15,602							15,602	8,203	S/L	15		1,040
16 REMODEL - NEW HOUSE	8/28/17		86,044							86,044	5,867	S/L MM	27.5 .03	98980	3,129
	5/31/18		16,300							16,300	667	S/L MM	27.5 .03	.03636	593
24 REMODELING NEW BLDG	8/28/17		53,824							53,824	3,699			.03636	1,957
25 REMODELING - NEW BLDG	11/16/17		34,700							34,700	2,051		•	.03636	1,262
26 IMPROVEMENTS	5/31/18		5,450					•		5,450	223	S/L	· ·	.03636	198
27 IMPROVEMENTS	6/29/18		33,700		!					33,700	1,276	S/L MM	27.5 .03	.03636	1,225
TOTAL IMPROVEMENTS		'	247,690		0	0	0	0	0	2,47,690	23,293				9,457
LAND															
<u> </u>										1					c
2 LAND	7/10//6		18,327							18,327					<b>&gt;</b>
14 LAND-5869 STREAMVIEW	4/13/17	•	210,000	·	[					210,000					0
TOTAL LAND			228,327		0	0	0	0	0	228,327	0				0
MACHINERY AND EQUIPMENT															
3 FIXTURES & EQUIPMENT	6/20/08		13,014							13,014	13,014	200DB HY	7		0
6 KITCHEN EQUIPMENT	4/15/09		19,797							19,797	19,797		ഹ		0
9 IT SYSTEM	6/15/11		19,619							19,619	21,712	700DE			0
10 AELOIT HVAC	5/20/15		24,980							24,980	24,980	-		.02564	0
11 PROJECTOR & SCREEN	6/30/15		340							340	340			.05760	0
12. LAPTOP COMPUTER	6/30/15		279							279	279			.05760	0
23 IT SERVER	3/05/18		4,815	·	ĺ	ļ				4,815	2,504	200DB HY	5. .13	.19200	924
TOTAL MACHINERY AND EQUIPME	ME		82,844		0	0		0	0	82,844	82,626				924

059						, <b>-</b>	c cor	M TO THE ETP
Date Accepted					O NOT MAI	L TH	SFOR	M TO THE FTB
TAXABLE YEA	R California	e-file Return	Authorization	n tor				FORM OAE2 EO
2019	Exempt O	rganizations				- Tr.		8453-EO
Exempt Organization	n name					-	ntifying nu 5–215	
TWELFTH S	STEP HOUSE OF SAM	1 DIEGO, INC.				9.	3-213	1.029
Part I Ele	ectronic Return Informoss receipts (Form 199, lin	nation (whole dollars on	ly)				1	1,728,700.
ο T-1-1	Imagena (Form 100 line	۸ عام م						1,728,700.
2 Total gro 3 Total ext	penses and disbursement	s (Form 199, Line 9)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				. 3 _	1,586,585.
	ettle Your Account E							
	tronic funds withdrawal			Withdraw	al date (mm/d	d/yyyy)	)	
Part III Ba	anking Information (	Have you verified the ex	xempt organization's	panking inf	ormation?)			
5 Routing					<del></del>	i	Sav	ingo
6 Account			<b>7</b> Type o	f account:	Checking		Sav	1195
Part IV D	eclaration of Officer			If I aboak i	Part II Boy /	Lauth	orize an	electronic funds
ومع أصبيم والمطالب	ectaration of Officer e exempt organization's a r the amount listed on line	9.4a.						
return origina corresponding organization's Tax Board (F for the fee lia	is of perjury, I declare that I tor (ERO), transmitter, or g lines of the exempt orgateurn is true, correct, and TB) does not receive full shillity and all applicable intransmitted to the FTB by tand is delayed, I authorize	intermediate service pranization's 2019 Californ complete. If the exempt cand timely payment of taterest and penalties.	ing electronic return, in a electronic return, in a electronic return, in ganization is filing a buther exempt organization are the exempt of the exempt in the exempt of the exempt in the exempt in the exempt of the exempt in	To the best alance due on's fee lia organizatio	of my knowle return, I unders bility, the exern return and a	dge an tand the npt organization to the npt organizati	d belief, at if the ganization panying empt org	, the exempt Franchise on will remain liable schedules and anization's
Cian	<b>&gt;</b>		!	MANAG:	ING DIREC	IOR_		
Sign Here	Signature of officer		Date	Title				
Part V D	Declaration of Electro	onic Return Origina	ator (ERO) and Pa	aid Prepa	rer. See insti	uction	S.	
I declare that the best of morganization officer's sign forms and in Authorized exempt organunder penalt statements,	t I have reviewed the about the control of the cont	ve exempt organization by an intermediate server, that form FTB 8453 EO before transmitting lith the FTB, and I have of form FTB 8453-EO on never is later, and I will many the server is later.	's return and that the ice provider, I unders -EO accurately reflectibles return to the FTB followed all other received a copy available to the received and the received acceptance of	entries on tand that I is the data; I have propulate ments on the due of the FTB up	am not respor on the return.; vided the orga described in F date of the ret ten and acco	nsible to a line	for revieue obtain on office b. 1345, four years the parting schelling schel	ed the organization or with a copy of all 2019 Handbook for ars from the date the address and
			Date		Check if	Check	if [	ERO's PTIN
	ERO's signature PAULA D	. BREWER			also paid X	self+ employ	17/ 1	P01205692
ERO	P.	AULA D. BREWER,	EA				Firm's FEI	
Must	Firm's name (or yours 16 f self-employed)	646 ANNETTE WAY					ZIP code	27-3367485 92020
Sign	and address E3 s of perjury, I declare that I have e	L CAJON	who weburn and accompanyin	n echadules an	d statements, and	CA to the b	est of my l	knowledge and belief, they
Under penalties are true, correc	s of perjury, I declare that I have e ct, and complete. I make this dec	xamined the above organization laration based on all informat	ion of which I have knowled	igo.	I statesmonte, and		,	
	Paid			Date	Check	cif		Paid preparer's PTIN
Paid	preparer's signature				j self-e	mployed	Firm's FE	<u> </u>
Preparer Must	Firm's name							
Sign	(or yours if self- employed) and address						ZIP code	

FTB 8453-EO 2019

Firm's name (or yours if self-employed) and address

For Privacy Notice, get FTB 1131 ENG/SP.

#### Voucher at bottom of page.

## DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

> FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.

> S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** 

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

____ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER

_ _ DETACH HERE _ .

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR 2019

### **Payment Voucher for Corporations** and Exempt Organizations e-filed Returns

CALIFORNIA FORM

3586 (e-file)

0392388

95-2151829 TWEL

00000000000

19

FORM 3

07-01-19 TYB

TYE

06-30-20

TWELFTH STEP HOUSE OF SAN DIEGO INC HEARTLAND HOUSE

ROBERT COOK-ADMINISTRATOR

5855 STREAMVIEW DRIVE

SAN DIEGO

CA92105

(619) 287-5460

AMOUNT OF PAYMENT

10.

# 2019 California Exempt Organization Annual Information Return

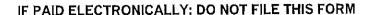
FORM

199

	r 2019 or fiscal year beginning (mm/dd/yyyy) 7/01/2019, and ending (mm/dd/yyyy) 6/30/2	2020 ·
Corporation/Orga	TWELFTH STEP HOUSE OF SAN DIEGO, INC.	California corperation number
Additional inform	HEARTLAND HOUSE lation. See instructions.	0392388
Additional Intern	INDIONI, OGG INGRAGIONI	95-2151829
Street address (		PMB no.
	REAMVIEW DRIVE State	Zip code
City SAN DIE	GO CA	92105
Foreign country		Foreign postal code
B Amended I C IRC Section D Final Infor Infor Infor Check acct Check acct Infor Ca F Federal ret Infor Ca G Is this a gr	Yes   X   No   Xes   If the organization exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.    Yes   X   No   Xes   X	Yes X No  1 23701g? • Yes X No
H is this organized in "Yes," w	anization in a group exemption Yes X No O Is the organization under audit by the IRS or hat is the parent's name?  P Is federal Form 1023/1024 pending?	• ∐Yes XNc
Did the or	ganization have any changes to its guidelines and to the FTB? See instructions	
Part I	Complete Part I unless not required to file this form. See General Information B and C.	
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1 1,723,051.
D!to	2 Gross dues and assessments from members and affiliates	<b>3</b> 5,649.
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received	<b>3</b> 5,649.
Revenues	4 Total gross receipts for filling requirement test. Add line 1 through line 3.  This line must be completed. If the result is less than \$50,000, see General Information B	4 1,728,700.
	5 Cost of goods sold	
	6 Cost or other basis, and sales expenses of assets sold 6	
	7 Total costs. Add line 5 and line 6	7
1	8 Total gross income. Subtract line 7 from line 4	8 1,728,700.
_	Total expenses and disbursements. From Side 2, Part II, line 18	9 1,586,585.
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10 1 <u>42,115</u> .
	11 Total payments	11
	12 Use tax, See General Information K	12
!	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13
Filing	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●	14
Fee	15 Filing fee \$10 or \$25. See General Information F	15 10.
	16 Penalties and Interest, See General Information J	16
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17 10.
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	st of my knowledge and belief, it is true,
Here	Signature Title Date	Telephone
	of officer MANAGING DIRECTOR    Date   Check if	(619) 287-5460
Paid _	Preparer's ► self- signature PAULA D. BREWER self- employed ►	P01205692
Preparer's Use Only	Firm's name PAULA D. BREWER, EA	
,	(or yours, if self-employed) and address FT CATON CA 92020	27-3367485 • Telephone
	and address EL CAJON, CA 92020	(619) 252-2834
	May the FTB discuss this return with the preparer shown above? See instructions	• X Yes No
	1	

Organizations with gross receipts of more than \$50,000 and private foundations Part II regardless of amount of gross receipts - complete Part II or furnish substitute information. Gross sales or receipts from all business activities. See Instructions..... 10,247. 3 6,466. 3 Receipts 4 4 from 5 Gross royalties ..... Other 5 Gross amount received from sale of assets (See Instructions)..... 6 Sources 7 1,706,338. 7 1,723,051. Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1. . . . . . 8 8 Contributions, gifts, grants, and similar amounts paid. Attach schedule. 9 9 Disbursements to or for members..... 10 10 11 0. Other salaries and wages, ..... 12 707,291. 12 13 29,016. Expenses 13 and 14 67,233. Disburse-14 Rents.... ments Depreclation and depletion (See instructions)..... 41,976. 16 16 17 741,069. 17 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9..... 18 1,586,585. End of taxable year Beginning of taxable year Schedule L **Balance Sheet** (d) Assets 212,423. 81,912. 1 Cash. 185,226. 242,823. Net accounts receivable..... 2 Net notes receivable..... 4 Federal and state government obligations . . . . . . . . . 6 Investments in stock..... 463,380 492,316. Other investments, Attach schedule ..... 1980年底 医多角性的 920,493. 920,493. 10a Depreciable assets.... 634,301. 286,192 244,216 676,277. **b** Less accumulated depreciation..... 228,327. 228,327. 32,030. 23,145 1,755,687. 1,744,800 Liabilities and net worth 29,801. 48,581 Accounts payable..... 14 Contributions, gifts, or grants payable..... 15 Bonds and notes payable..... 641,131. 609,795 Mortgages payable.... 17 75,355. 219,139 Other liabilities, Attach schedule. . . . . STM 5 18 1,009,400. 867,285 Capital stock or principal fund..... Paid-in or capital surplus. Attach reconciliation. . . . . 20 1,755,687. 1,744,800. Reconciliation of income per books with income per return Schedule M-1 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000 Income recorded on books this year not included 142,115. 2 Federal income tax..... Deductions in this return not charged 3 Excess of capital losses over capital gains ....... against book income this year. Income not recorded on books this year. Attach schedule...... Attach schedule..... Expenses recorded on books this year not deducted Net income per return. 142,115 Subtract line 9 from line 6...... 142,115 6 Total, Add line 1 through line 5.....

Form at bottom of page.



WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the California corporation number, FEIN, or CA SOS file number and "2019 FTB 3539" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with the form and mail to:

> FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar year C corporations - File and Pay by April 15, 2020 Calendar year S corporations - File and Pay by March 16, 2020 Calendar year exempt organizations - File and Pay by May 15, 2020 Employees' trust and IRA - File and Pay by April 15, 2020

Fiscal year filers - See instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Make payments online using Web Pay for Businesses. Corporations or exempt organizations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

DETACH HERE _____ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM _____ DETACH HERE _____

CAUTION: You may be required to pay electronically, see instructions.

2019

### TAXABLE YEAR Payment for Automatic Extension for Corporations and Exempt Organizations

CALIFORNIA FORM

3539 (CORP)

0392388

95-2151829 TWEL

00000000000

19

3 FORM

06-30-2020 07-01-2019 TYETYB

TWELFTH STEP HOUSE OF SAN DIEGO INC HEARTLAND HOUSE

059

ROBERT COOK-ADMINISTRATOR

5855 STREAMVIEW DRIVE

SAN DIEGO

CA 92105

(619) 287-5460

AMOUNT OF PAYMENT

10.

3885

	h to Form 100 ar Fori	m 100W. FORM	1 199								
Corpor	ation name TWELFT	H STEP HOUSE	OF SAN DIE	GO, IN	1C.			Califor	rnia cor	oration	number
		AND HOUSE			·			039	2388	}	
Part		pense Certain Pro								i	*05.000
1	Maximum deduction								1		\$25,000
	Total cost of IRC Sec								3	<u> </u>	\$200,000
3 4	Threshold cost of IRO Reduction in limitation		-						4		\$200,000
5	Dollar limitation for to			•					5		· · · · · · · · · · · · · · · · · · ·
6		Description of property	30(1110)		st (business u		(c) Elected		5720	61819 A	and the second second second second
	(47)	property		(4) 400	. (	.00 0/////	(0) 11100100			KW Y	
	·										
							· · · · · · · · · · · · · · · · · · ·			12.00	il.
											7
7	Listed property (elec	ted IRC Section 17	9 cost)	444444		7					
8	Total elected cost of						ne 7	,	8		
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.						9		
10	Carryover of disallow								10	<u> </u>	
11	Business income lim				•				11	ļ <u></u>	
12	IRC Section 179 exp								12	SERGO:	at in a second of the
<u>13</u> Parl	Carryover of disallow	rea aeauction to 20 rd Election of Additi						56		2.7	
14	•	(b)			d)	····	1		~\	:	(h)
14	(a) Description	Date acquired	(c) Cost or		ciation	(e) Depreciation	(f) Life or	Depreci	<b>g)</b> iation	for	Additional first
	of property	(mm/dd/yyyy)	other basis		ved or able in	method	rate	this	year	ļ	year
					r years					ı	depreciation
BUI	LDING	7/01/1976	47,226.	4	7,226.	S/L	25				
LAN	ID	7/01/1976	18,327.				0				
FIX	TURES & EQUI	6/20/2009	13,014.	1	3,014.	200DB	7				
REM	ODELING	6/20/2009	2,070.		1,307.	S/L	39		į	53.	
200	7 CHEVY VAN	9/01/2006	32,998.	3	2,998.	S/L	5				
15	Add the amounts in									_	
	\$2,000. See instructi	ions for line 14, co	lumn (h)				15	4	1,9	76.	
Part		d to at a the									
16	Total: If the corporat IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15.	column (a)	or or				Ì	
	Additional first year	depreciation under	R&TC Section 243	856, add 1	the amoun	ts on line 1:				16	
17	Depreciation (if no e Total depreciation of								· · · · L_	17	
	Depreciation adjustm		•						۱۰۰۰۰	'	
	Form 100W Side 1.	line 6. If line 17 is	lless than line 16. c	enter the	-difference	here and c	on Form 100	or			
	Form 100W, Side 2, state adjustments or	iline 12, (it Galitorr Form 100 or Form	na depreciation am n 100W no adjustn	nounts an nent is ne	e used to ( ecessary.)	determine n	et income p	erore		18	
Parl		71 0111 100 01 1 011	T TOOTT, 110 dayaott	TOTAL TO TH	00000aiji).						
19	(a)	(b)	(c)		(0	d)	(e)	(f)			(g)
	Description	Date acquire	d Cost o		Amorti allowed or	ization	R&TC Section	Perio		1	Amortization
	of property	(mm/dd/yyyy	) other bas	515	in earlie		(see instr)	percen	tage	İ	for this year
LOF	AN FEES - 5869	4/13/201	7 9.	591.		720.	197		30		320.
		-,,								1	
20	Total. Add the amou	nts in column (g).							20		320.
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form	4562, line	44	. ,		21		
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20,	, enter th	e differenc	ce here and	on_Form_10	0 or			·
	Form 100W, Side 1, Form 100W, Side 2,	tine 6. If line 21 is	less than line 20,	enter the	difference	here and o	on Form 100	or	22		
	TOTAL TOURY, SING Z,	IIII I Zana i i i i i i i i i i i i i i i i i i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,		122		

CACA3501L 12/04/19 059 7621194 FTB 3885 2019

3885

Attac	h to Form 100 or Forr	n 100W. FORM	199							
Corpor	ation name TWELFTH	STEP HOUSE	OF SAN DIE	GO, INC.			Califor	nia corp	oration	number
		AND HOUSE		,			039	2388		
Part		pense Certain Prop								
1	Maximum deduction							1		\$25,000
2	Total cost of IRC Sec							2		+000
	Threshold cost of IRC							3		\$200,000
	Reduction in limitatio							4		
	Dollar limitation for ta		ct line 4 from line					10.00		
- 6	(a) I	Description of property		(b) Cost (business u	se only)	(c) Elected	COST		11/24/19	
								100		
	Listed property (elec	had IDC Caption 170	Locati		7				4	
7 8	Total elected cost of					ne 7		8	CONTRACTOR	
9	Tentative deduction,							9		
10	Carryover of disallow							10		
11	Business income lim							11		
12	IRC Section 179 exp							12		
13	Carryover of disallow									
Parl	Depreciation an	d Election of Additio	nal First Year Dep	reciation Deduction	Under R&TC	Section 243	56			
14	(a)	(b)	(c)	(d)	(e)	(f)	_ (	g)	, \	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Depreci this	atten t year	ioi	Additional first year
	or property	(Italia dary) yyy	Odior Edoio	allowable in	111041104			<i>y</i>	ļ	depreciation
				earlier years	~ /-				1	
	CHEN EQUIPME	4/15/2009	19,797.	19,797.	S/L	5		1 0 1	_	
	CHEN REMODEL	4/15/2009	15,602.	8,203.	S/L	15		1,04	0.	
	9 CHEVY TRAV	9/15/2009	27,409.	5,482.	S/L	5				<del></del>
	SYSTEM	6/15/2011	19,619.	21,712.		5			$\rightarrow$	
	OTT HVAC	5/20/2015	24,980.	24,980.	S/L	39				
15	Add the amounts in								İ	
David	\$2,000. See instructi	ons for line 14, coll	<u>ımn (n)</u>	141114171742111121	. , , , , , , , , ,	19			i	
Par	t III Summary  Total: If the corporat	ian ia olootina:							1	
10	JRC Section 179 eyn	ense, add the amou	ınt on line 12 and	line 15, column (gi	or					
	Additional first year	depreciation under l	R&TC Section 243	356, add the amour	ts on line 1.	5, columns (	(g) and (f	ı) or	16	
17	Depreciation (if no e Total depreciation of								17	
18	Depreciation adjustn	anneu for rederal po nent If line 17 is an	eater than line 16	enter the different	e here and	on Form 10	0 or	· ' · · ·		
	Form 100W Side 1	line 6. If line 17 is I	less than line 16.	enter the difference	here and c	on Form 100	or	Ì		
	Form 100W, Side 2, state adjustments or	line 12. (If Californi Form 100 or Form	a depreciation am 100W no adjustr	nounts are used to ment is necessary \	ietermine r	iet income b	eiore		18	
Par		THOMAN TOO OF FORM	10011) 110 00,000		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
19	(a)	(b)	(c)	(	d)	(e)	(f)			(g)
	Description	Date acquired	l Cost o	1	zation allowable	R&ŤC Section	Period percen		1	Amortization
	of property	(mm/dd/yyyy)	other ba		anowabie er years	(see instr)	heiceii	tayo		for this year
									T	
									1	
20	Total, Add the amou	ints in column (a)						20		
21	Total amortization of							21		
									i	
	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	here and	on Form 100	or	-		
	Form 100W, Side 2,	line 12	1					22	<u> </u>	

CACA3501L 12/04/19 059 7621194 FTB 3885 2019

3885

	h to Form 100 or Form		199				California o	ornoratio	n number
Corpor		STEP HOUSE	OF SAN DIE	GO, INC.			03923	•	HULHDOF
Parl		AND HOUSE pense Certain Proj	norty Under IDC St	ection 179				50	
1	Maximum deduction						1	Т	\$25,000
2	Total cost of IRC Sec							:	
3	Threshold cost of IRC	Section 179 property	erty before reductio	on in limitation					\$200,000
4	Reduction in limitation								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	Dollar limitation for t								
6				(b) Cost (busines		(c) Elected	10.000	wer win	enter a la companya de la companya de la companya de la companya de la companya de la companya de la companya
	(a)	Description of property.		(n) cost (busines	ss use only)	(C) LIGOTOL	1 (03)		and and engine
						<del>                                     </del>			
							\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
								1	n <b>y</b> t, sar og distre
7	Listed property (elec	ted IRC Section 17	9 cost),	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th
8	Total elected cost of	IRC Section 179 pt	roperty, Add amou	nts in column (c	, line 6 and	l line 7		3	
9	Tentative deduction.							•	
10	Carryover of disallow	ed deduction from	prior taxable years	S.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				)	
11	Business income lim	itation. Enter the s	maller of business	income (not les	s than zero)	or line 5	7		
12	IRC Section 179 exp								***
13	Carryover of disallow							12.30	\$1.3000 (1900) (1900) (1900) (1900)
Par		d Election of Additi	onal First Year Den	reciation Deducti	on Under R8	TC Section 243	356	1 (707 - 3)	40 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
14	Description	Date acquired	Cost or	Depreciation	Depreciati		Depreciation	n for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method		this yea		year
				allowable in earlier years					depreciation
- DD	THOMON COON	6/30/2015	340.		200DB	5			
	DJECTOR & SCR	6/30/2015	279.		200DB		<del> </del>		
	·- <del></del>			31,31		<del></del>	<del></del>	180.	
	LDING-5869 S	4/13/2017	390,000.	31,31	), b/L	<del>-  </del>	<del>                                     </del>	<u> </u>	
	1D-5869 STREA	4/13/2017	210,000.			0	<del></del>		
	MODEL - NEW H	8/28/2017	86,044.	5,86		<u> </u>	3,	129.	
15	Add the amounts in \$2,000. See instruct	column (g) and col ions for line 14, co	lumn (h). The total lumn (h <u>)</u>	of column (h) m	ay not exce	ed 1 <b>5</b>			
Par	t III Summary								
16	Total: If the corporal	tion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	ine 15, column	(g) <b>or</b> vunts on line	a 15. columne	(a) and (h) a	_	
	Depreciation (if no e	depreciation under Jection is made)e	nter the amount fr	om line 15. colu	nn (a)		(g) and (n) <b>o</b>	16	
17	Total depreciation of	aimed for federal r	ournoses from fede	ral Form 4562. I	ne 22			17	
12	Depreciation adjustr	nent If line 17 is a	reater than line 16	enter the differ	ence here a	nd on Form 10	00 or		
10	Form 100W Side 1	line 6 If line 17 is	less than line 16.	enter the differe	nce here an	d on Form 100	) or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation an	nounts are used	to determin	e net income b	etore	18	
	state adjustments or	1 Form 100 or Form	n Tuuw, no adjustr	nent is necessar	y.)	<u> </u>	,,,,,,,	. 10	ł
Par									<u> </u>
19	<b>(a)</b> Description	(b) Date acquire	(c) d Cost o	ν Am	<b>(d)</b> ortization	(e) R&TC	(f) Period or		<b>(g)</b> Amortization
	of property	(mm/dd/yyyy			l or allowab		percentag		for this year
	47 Jan aljan 19	, , , , , , , , , , , , , , , , , , , ,		in ea	rlier years	(see instr)			
				[					
									<del></del>
		1					<del> </del>		
20	Total. Add the amou	ınts in column (a).					2	:0	
21	Total amortization c							1	
								_	
22	Amortization adjustr Form 100W, Side 1,	nent, it line 21 is g Tine 6. If line 21 is	reater than line 20 Lless than line 20	, enter the differe	ence here ar	and on Form 100 id on Form 100	) or		
	Form 100W, Side 2,							2	

CACA3501L 12/04/19 059 .7621194 FTB 3885 2019

rpora	to Form 100 or Form	100W. FORM	199				California cor	poration	number
	tion name TWELFTH	STEP HOUSE	OF SAN DIEG	O, INC.			0392388		
	HEARTLAN	D HOUSE	at a Uniday IDC Co	etion 179			1005200		
<u>art</u>	Election To Experimental Maximum deduction un	ense Certain Prope	79 for California	CHOII 1/5		, ,	., 1		\$25,000
_	Tutal and at IDO Cootic	on 170 property ni:	ared in service				<u>Z</u>		
9	Threshold aget of IRC 9	Section 179 proper	tv before reductio	in in limitation	,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,	 	\$200,000
	Deducation in limitation	Subtract line 3 fro	om line 2. If zero i	or less, enter "U			<del></del>	<u> </u>	
5	Dollar limitation for tax	able year. Subtrac	t line 4 from line	1. It zero or less, e	nter -U	<u> </u>	2.52 ashe	1 3 1 W 21	
<u>-</u> 6	(a) De	scription of property		(b) Cost (business u	se only)	(c) Elected	oost [		er en en en en en en en en en en en en en
								ar e	Walter Street
_	_								ME TO STATE
									to attended in
7	Listed property (electe	d IRC Section 179	cost)		. 7		8	And Design	The sylventees of
8	Total elected cost of IF	RC Section 179 pro	perty. Add amou	nts in column (c), li	ne b and lin	e 4,	9	_	
9	Tentative deduction. E	inter the smaller o	fline 5 or line 8.			,,,,,,,,,,,,,	10	1	
0	Carryover of disallowe Business income limits	d deduction from p	offor taxable years	income (not less th	an zero) or	line 5		1	
1	Business income limite IRC Section 179 exper	ation. Enter the sh	Haller of pusitiess Hine 9 and line 1	but do not enter	more than l	ine 11	12		
2  3	Cormover of disallows	d deduction to 202	ነበ. Add line 9 and	line 10, less line I	Z , , . <u>.</u> L	5			re charach
	t II Depreciation and	Election of Additio	nal First Year Dep	reciation Deduction	Under R&TC	Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g) Depreciation	2 for	<b>(h)</b> Additional first
	Description	Date acquired	Cost or other basis	Depreciation allowed or	Depreciation method	Life or   rate	this year	r	year
	of property	(mm/dd/yyyy)	Other basis	allowable in	momou		,	1	depreciation
				earlier years				93.	
RΕΊ		5/31/2018	16,300.	667.	S/L	28		544.	
[U]		8/28/2017	9,402.	3,647.		7		120.	
U.	RNITURE & EQU 1	L1/10/2017	2,400.	7,767.	200DB	7		503.	
<u>U</u>	RNITURE & EQU 1		20,028.	2,171.		7		979.	
IV.		12/15/2017	5,598.			<del></del>			
15	Add the amounts in c	olumn (g) and column	umn (h). The total	of column (h) may	not exceed	15			
	\$2,000. See instruction	ons for line 14, coll	umit (1)						
_									
	Talail If the newporotic	on is election:							1
	Total: If the corporation	on is electing: ense, add the amo	unt on line 12 and	l line 15, column (g	or	5 columns (	(a) and (h) <b>o</b> t	r	
16	Total: If the corporation IRC Section 179 experience Additional first year of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corporation of the corpora	ense, add the amou lepreciation under cotion is made), el	nter the amount fi	rom line 15. column	(a)		, ,		<u> </u>
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16 17	Total: if the corporation IRC Section 179 expended Additional first year depreciation (if no elected depreciation classes)	ense, add the amou depreciation under ection is made), el aimed for federal p	nter the amount fi urposes from federator than line 16	rom line 15, columneral Form 4562, line	(g) 22 ce here and	on Form 10	0 or		
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	h to Form 100 or For	m 100W. FORM	1 199	· · · · · · · · · · · · · · · · · · ·			la er		<del> </del>
Corpor		H STEP HOUSE AND HOUSE	OF SAN DIE	GO, INC.			03923	•	ion number
Part	Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California.					1	\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2	
3	Threshold cost of IRe	C Section 179 prop	erty before reducti-	on in limitation				3	\$200,000
4	Reduction in limitation		-					4	
5	Dollar limitation for t							5	
6		Description of property		(b) Cost (business t		(c) Elected	4.60	WALL.	<b>第</b> 次学生的表现在。
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								West.	
7	Listed property (elec	ted IRC Section 17	'9 cost),		7		蒸		
8	Total elected cost of							8	
9	Tentative deduction.							9	
10	Carryover of disallov							10	
11	Business Income lim						· · · · · · · · <u> </u>	11	
12	IRC Section 179 exp							12	POLICE TO A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY
13	Carryover of disallov								
Parl	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&TC	Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(0)	<b>(g)</b> Depreciati		(h)
	Description	Date acquired	Cost or	Depreciation allowed or	Depreciation	Life or rate	Depreciati	ion for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowable in	method	Tale	this ye	al	year depreciation
				earlier years	}				doproduction
BEI	S/FRAMES/LAM	12/15/2017	4,408.	1,710.	200DB	7		771.	
-	SERVER	3/05/2018	4,815.	2,504.	200DB	5		924.	
	MODELING - NE	8/28/2017	53,824.	3,699.	1	28	1.	957.	
		11/16/2017	34,700.	2,051.	S/L	28		262.	
	ROVEMENTS	5/31/2018	5,450.	223.	S/L	28	,	198.	
						· ·			· <u> </u>
15	Add the amounts in \$2,000. See instruct								
Par					<u></u>				<u> </u>
16	Total: If the corpora	tion is electina:	_ <del></del>						
	- IRC Saction 179 avr	ense add the amo	ount on line 12 and	line 15, column (g	) or			-	
	Additional first year  Depreciation (if no e	depreciation under	R&TC Section 243	356, add the amour	nts on line 1	5, columns (	(g) and (h)	or . 16	
17	Total depreciation of								
								. 17	
18	Depreciation adjustr Form 100W, Side 1,	nent. If line 17 is g Tine 6. If line 17 is	reater than line 16. Tess than line 16.	, enter the difference	e here and o	on Form 100	O.C.	ļ	
	Form 100W, Side 2,	line 12. (If Califorr	nia depreciation am	nounts are used to	determine n	iet income b	etore		
	state adjustments or	n Form 100 or Forn	n 100W, no adjustr	nent is necessary.)		· · · · <u>·</u> · · · · · · · · · · · · · ·		.   18	1
Par	t IV Amortization								
19	(a)	(b)	(c)		d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy			ization r allowable	R&TC Section	Periód o percentad		Amortization for this year
	or property	(Innadayyy)	ouror bu		er years	(see instr)	pordornag	,	ioi uns year
		-		1				!	
					***				
20	Total. Add the amou	ints in column (a)						20	
21	Total amortization c	107					т. т. т. т. т.	21	
22	Amortization adjustr Form 100W, Side 1,	ment. It line ZT IS G . line 6. If line 21 is	reater than tine 20 Hess than line 20	, enter the difference	ce here and a	on Form 100	or	1	
	Form 100W, Side 2,							22	
	,,								

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	to Form 100 or Form						California	corporation	number
rpora	TWELFTH	STEP HOUSE	OF SAN DIE	GO, INC.			03923		
	HEARTLA	ND HOUSE	erty Under IRC Se	ction 179					
<u>art</u> 1	Maximum deduction u	inder IRC Section 1	179 for California					l	\$25,000
2	Total cost of IRC Sect	ion 179 property p	laced in service	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2	2000 00
2	Threshold cost of IRC	Section 179 prope	erty before reductio	on in limitation		. , <i></i> :		3	\$200,00
4	Poduction in limitation	<ul> <li>Subtract line 3 f</li> </ul>	rom line 2, lf zero	or Jess, enter -0				4   5	
5	Dollar limitation for ta	xable year. Subtra	ct line 4 from line	<ol> <li>If zero or less, e</li> </ol>	nte <u>r -</u> 0		1380	<b>)</b> (* 14-30)	
6	(a) D	escription of property_		(b) Cost (business u	e only)	(c) Elected o	ost		
									动物物 法基础
				<u> </u>					i sid Market
								满满的	
7	Listed property (elect	ed IRC Section 179	9 cost)		7		ě.		
8	Total alacted cost of	IRC Section 179 pr	roperty. Add amou	nts in column (c), li	ne 6 and lin	e 7		9	
9	Tentative deduction.	Enter the <b>smaller</b> (	of line 5 or line 8.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0	
0	Carryover of disallow	ed deduction from	prior taxable years	Š.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		lino E		1	
1	Business income limit	itation. Enter the s	maller of business	Income (not less to	more than [	ine 11	· · · · · · · · · · · · · · · · · · ·	2	
2	IRC Section 179 expe	ense deduction. Ac	id line 9 and line I	U, put do not emer	2 1	3			
3_	Carryover of disallow	ed deduction to 20	20. Add line 9 and	reciation Deduction	Inder R&TC	Section 2435	6	p. 64 - 55 / 10.	ASSESSMENT OF STREET OF STREET
_				(d)	(e)	l an I	(a)		(h)
4	(a) Description	(b) Date acquired	(c) Cost or	Depreciation	Depreciation	Life or	Depreciat	on for	Additional firs
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this ye	ar	year depreciation
	, , ,	·		allowable in earlier years					doproblation
	- CITHINE I HO	6/29/2018	33,700.	1,276.	S/L	28	1	,225.	
_	PROVEMENTS	3/09/2019	50,490.	5,049.	S/L	5		098.	
Ų.	9 FORD TRANS	3/09/2019	307430.	3,0130					
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15	Add the amounts in \$2,000. See instruct	column (g) and co ions for line 14, co	lumn (h). The total lumn (h)	of column (n) may	not exceed	15			
ומ	t III Summary								r
16		tion is electing:		4= 1 /					
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15, column (g 356, add the amour	) <b>or</b> its an line 1:	5. columns (	g) and (h)	or	
	Depresiotion (if no c	daction is made). P	enter the amount if	Official of Column	\M/ · · · · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · ·	
17	ام ممناهمانم مسجليا المالي	laimed for foderal i	nurnoses from fede	eral Form 4562. line	: 22			17_	
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	Form 100W, Side 1,	line b, ii line 17 is	nio doprociation at	mounts are used to	determine r	et income be	efore		
	state adjustments of	n Form 100 or Fori	m 100W, no adjust	ment is necessary.				¦ <u>18</u>	<u> </u>
5 _a	rt IV Amortization				· ··· · · · · · · · · · · · · · · · ·	<del></del>			
19		(b)	(c)		(d)	(e) R&TC	<b>(f)</b> Period	or	<b>(g)</b> Amortization
	Description	Date acquire (mm/dd/yyy	ed Cost v) other ba	or Amor	ilzation r allowable	Section	percenta		for this year
	of property	(IIIIIII daryyy	9)	in earl	er years	(see instr)			
-						<u> </u>		_	
_									
_									
25	Total. Add the amo	unts in column (a)						20	
20		claimed for federal	nurposes from fec	leral Form 4562, lin	e 44			21	<u> </u>
2		mont If line 21 is	greater than line 2	0. enter the differer	nce here and	d on Form 10	00 or	,   -	
22	2 Amortization adjust Form 100W, Side 1 Form 100W, Side 2	, line 6. If line 21 is	s less than line 20	, enter the difference	e here and	on Form 100	or	22	

### **CALIFORNIA STATEMENTS**

PAGE 1

TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE

95-2151829

STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME

PROGRAM SERVICE REVENUE. \$ 1,706,338. \$ 1,706,338.

STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:  NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOHN PRENDERGAST 5634 ASHLAND AVE SAN DIEGO, CA 92120	MANAGING DIR 5.00			
MICHAEL J. MCDANIEL 5855 STREAMVIEW DRIVE SAN DIEGO, CA 92105	VICE PRESIDENT 4.00	0.	0.	0
JASON BUSTAD 5855 STREAMVIEW DRIVE SAN DIEGO, CA 92105	TREASURER	0.	0.	0.
TIM GOODFELLOW 5855 STREAMVIEW DRIVE SAN DIEGO, CA 92105	CHAIRMAN 4.00	0.	0.	0.
ROBERT GESSNER 5855 STREAMVIEW DRIVE SAN DIEGO, CA 92105	DIRECTOR 2.00	0.	0.	0.
JAMES HUTZELMAN 5855 STREAMVIEW DRIVE SAN DIEGO, CA 92105	SECRETARY 4.00	0.	0.	0.
FREDERICK TREPTE 5855 STREAMVIEW DRIVE SAN DIEGO, CA 92105	DIRECTOR 4.00	0.	0.	0.
JEANNE MCALISTER 5855 STREAMVIEW DRIVE SAN DIEGO, CA 92105	DIRECTOR 4.00	0.	0.	0.
PAM BURNS 5855 STREAMVIEW DRIVE SAN DIEGO, CA 92105	DIRECTOR 4.00	0.	0.	0.
R. SCOTT HOOVER 5855 STREAMVIEW DRIVE SAN DIEGO, CA 92105	DIRECTOR 10.00	0.	0.	0.
	TOTA	L \$ 0.	\$ 0.	\$ 0.

## **CALIFORNIA STATEMENTS**

PAGE 2

TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE

95-2151829

	\$ 320.
AMORTIZATION	23,042.
ATTRONODITE EVDENCES	278.
DED BODD	40 117
PARTY DUEC	00 000
CONSTRUCT C IMPEDITE CERVICES	4 = 1 4 6
COMMUNICATION PROPERTY.	4 000
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SHOTOH DYDDWORD	441 400
OBUSED TWO TOVER DENERTY	
OUTSIDE SERVICES	
PRINTING AND PUBLICATIONS	4,533.
PRINTING AND PUBLICATIONS	703.
RECREATION/GLFTS	78,371.
RECREATION/GIFTS. RENT	97,580.
DEDATE C MATNERNANCE (BLDE)	OF 750
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UTILITIES	L 3 140,000.

### STATEMENT 4 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS

NET INTANGIBLE ASSETS PREPAID EXPENSES AND DEFERRED CHARGES TOTAL	8,551. 23,479. \$ 32,030.
-------------------------------------------------------------------	---------------------------------

### STATEMENT 5 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES

HOME DEPOT CC PAYROLL TAX PAYABLE SECURITY DEPOSITS VISA CC TOTAL	1,022. 63,182. 7,663. 3,488. \$ 75,355.
-------------------------------------------------------------------	-----------------------------------------------------

## TAXABLE YEAR California Exempt Organization

2019	)	Business Income Tax Return		109
Calendar Year	2019		30/2020	•
Corperation/Organ	nization	TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE	California corp	
Additional Informa	ition, S	ee instructions.	95-2151	1829
Street address (su	iite/roo	m no.)	PMB no.	1045
5855 STR	EAM	VIEW DRIVE		
		as a foreign address, see instructions.)  State ZIP code		
SAN DIEG Foreign country na		Foreign province/state/county Foreign: postal code		
		led?Yes X No H is the organization a non-exempt charitable described in IRC Section 4947(a)(1)?	trust as	Yes X No
meaning	of R8	Action IRA WITHIN the IRS Yes X No I I is this organization claiming any former; Enter Type (F7) Los Angeles Revitalization Zone	erprise (LARZ),	<u> </u>
or has the <b>D</b> Final Reti	e IRS urn?	audited in a prior year?   Yes X No  Local Agency Military Base Recovery Area ( Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?	LAMBŔA), J	Yes X No
		d Surrendered (Withdrawn) Merged/Reorganized m/dd/yyyy)  Merged/Reorganized J Is this organization a qualified pension, pro stock bonus plan as described in IRC Section	fit-sharing, or	Yes X No
E Amended	l Retu	rm		
*		I Used: (1) Cash (2) X Accrual (3) Other  L Is this a Hospital?  If "Yes," attach federal Schedule H (Form 9)		Yes X No
Taxable	1			15,713.
Corporation		Multiply line 1 by the average apportionment percentage % from the		-
		Schedule R, Apportionment Fermula Worksheet, Part A, line 2 or Part B, line 5. See instructions	2	
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	3	15,713.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30		
Tax	5	Unrelated business taxable income from line 3 or line 4		15,713.
Compu- tation	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction		
	7	Net Operating Loss deduction, See General Information N		
	8	Add line 6 and line 7  Net unrelated business taxable income. Subtract line 8 from line 5		15,713.
	9	O		1,389
	10	Tax 8.84 % x line 9. See General Information J	<u> </u>	
Total	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0	12	1,389.
Tax	13	Alternative minimum tax. See General Information O	• 13	
	14	Total tax. Add line 12 and line 13	• 14	1,389
Payments	15	Overpayment from a prior year allowed as a credit • 15		
	16	2019 estimated tax payments. See instructions		
	17	Withholding (Form 592-B and/or 593.) See Instructions ● 17		
	18	Amount paid with extension (form FTB 3539)	315 No.	
	19	Total payments and credits. Add line 15 through line 18	1 1	
	20	Use tax, See Instructions,	● 20	
Use Tax/	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	• 21	
Tax Due/ Overpay-	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	• 22	
ment	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	• 23	1,389
	24	Overpayment, Subtract line 14 from line 21, See instructions	• 24	
	25	Enter amount of line 24 to be applied to 2020 estimated tax	● 25	

	Too D ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	1 11 OF frame (! OA			26	
	26 Refund. If line 25 is less than line 24, then subtract a Fill in the account information to have the refund d			● 26a	26	
Refund o		• •	ì	26 c		<u></u>
Amount	b type, checking • Savings • Savings	count Number			27	32.
Due	· · · · · · · · · · · · · · · · · · ·			T T		34.
				$\sim$ 1	29	1,421.
Havalat	129 Total amount due. Add line 22, line 23, line 25, an ed Business Taxable Income	u title 27, trieff subtract lifte	24	<u> </u>	23	1,441.
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					
<del></del>	Unrelated Trade or Business Income		- D.L	_	1 - 1	
		lowances		• !	1c	
	t of goods sold and/or operations (Schedule A, line 7)			Г	2	
	ss profit. Subtract line 2 from line 1c				3	· · · -
	ital gain net income. See Specific Line Instructions - Trusts				4a	
	gain (loss) from Part II, Schedule D-1				4b	
	ital loss deduction for trusts			•	4c	
inst	ome (or loss) from partnerships, limited liability companies, o ructions, Attach Schedule K-1 (565, 568, or 100S) or similar	schedule			5	
	tal income (Schedule C)				6	
	elated debt-financed income (Schedule D)				7	
	estment income of an R&TC Section 23701g, 23701i, or 2370				8	
	rest, Annuities, Royalties and Rents from controlled organiza				9	
	iloited exempt activity income (Schedule G)				10	
11 Adv	ertising income (Schedule H, Part III, Column A)	CONTRIBUTION 1		. •	11	<del></del>
	er income. Attach schedula				12	16,713.
	al unrelated trade or business income. Add line 3 through lin				13	16,713.
	Deductions Not Taken Elsewhere (Except for contributions, deductions					
	npensation of officers, directors, and trustees from Schedule				14	
	aries and wages				15	
	pairs				16	
	l debts				17	
	rest. Attach schedule				18	
	es. Attach schedule				19	
	ntríbutions. See instructions and attach schedule			. •	20	53,75,75,75,75,75,95,97,5,97,97,83,47,98, <i>6</i> 7,
	eciation (Corporations and Associations — Schedule J) (Trusts — form FTI	, <u>,                                    </u>				
	s: depreciation claimed on Schedule A. See Instructions				21	
	oletion, Attach schedule				22	
	ntributions to deferred compensation plans				23a	
	ployee benefit programs. See instructions				23b	
	er deductions. Attach schedule				24	
	al deductions. Add line 14 through line 24				25	
	elated business taxable income before allowable excess advertising costs. Sub				26	16,713.
<b>27</b> Exc	cess advertising costs (Schedule H, Part III, Column B)		,	. •	27	
<b>28</b> Uni	related business taxable income before specific deduction. S	ubtract line 27 from line 26		. •	28	16,713.
	ecific deduction. See instructions				29	1,000.
<b>30</b> Uni	elated business taxable income. Subtract line 29 from line 2	8. If line 28 is a loss, enter	line 28		30	<u>15,71</u> 3.
	To learn about your privacy rights, how we may use your information, and the call 1131. To request this notice by mail, call 800.852.5711.					
Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and complete. Declaration of preparer (other than taxpayer) is based of	n all information of which preparer h	as any knowledge	э,		e and bellef, it is true,
1,010	Signature of .	Title	Date	"	Telephone	0.07 5460
	officer	MANAGING DIRECTO			(619) PTIN	287-5460
Data	Preparer's signature PAULA D. BREWER	Date	Check if self- employed		P0120	5692
Paid Pre-	Firm's name (or yours, if self-employed) and address		omprojec		Firm's FEIN	3032
parer's					27-33	67195
Üse	FAULA D. DREWER, EA				Z / T 3 3 Telephone	01403
Only	1646 ANNETTE WAY					252-2834
	EL CAJON, CA 92020				(619) ভা	
	May the FTB discuss this return with the preparer shown a	bove? See instructions			XYes	No

CAEA9812L 12/13/19

	LFTH STEP HOUSE OF SAN DIEGO, INC.			95-2151829
/lethod	l of inventory valuation (specify)			
1	Inventory at beginning of year			1
2	Purchases			2
3	Cost of labor			3
Δa	Additional IRC Section 263A costs. Attach schedule	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4a
h	Other costs, Attach schedule			4b
E .	Total. Add line 1 through line 4b			5
-	Inventory at end of year			6
7	Cost of goods sold and/or operations. Subtract line 6 fr	rom line 5. Enter here and o	on Page 2, Part I, line 2	7
7	Do the rules of IRC Section 263A (with respect to property	produced or anguired for rese	le) annly to this organization	? Yes X No
_		produced or acquired to: resa	ie) apply to this organization	
Sch	edule B Tax Credits.			F. (1987)
1		·,,,,,, •	1	
2	Enter credit name code	·	2	
3	Enter credit namecode •		3	
	Total, Add line 1 through line 3. If claiming more than 3 credits, enter on line 4. Enter here and on Page 1, line 11.			4
Sch	edule K Add-On Taxes or Recapture of Tax. See in	nstructions.		
1	Interest computation under the look-back method for completed long-	term contracts. Attach form FTB 38	34	1
2	Interest on tax attributable to installment: a Sales of c	ertain timeshares or resider	ntial lots	2a
	<b>b</b> Method fo	r non-dealer installment obl	ligations ●	2b
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain	on the disposition of intang	ibles •	3
4	Credit recapture. Credit name		<u> </u>	4
5	Total. Combine the amounts on line 1 through line 4.			.   5
Cah	edule R Apportionment Formula Worksheet. Use of	only for unrelated trade or b	usiness amounts.	
3011	A. Standard Method — Single-Sales Factor Formula.	Complete this part only if the	e corporation uses the sine	gle-sales factor formula.
Part	A. Standard Method — Single-Sales Factor Pormula.			
		Total within and outside California	Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 2	Apportionment percentage. Divide total sales column (b) by total s column (a) and multiply the result by 100. Enter the result here and Form 109, Page 1, line 2.	ales on		•
Pari	B. Three Factor Formula. Complete this part only if t	the corporation uses the thr	ee-factor formula.	
		(a) Total within and	<b>(b)</b> Total within California	(c) Percent within California [(b) ÷ (a)] x 100
	Property factor: See instructions		•	•
1	Payroll factor: Wages and other compensation of employees.		•	•
2	Sales factor: Gross sales and/or receipts less returns			
3	and allowances	•	•	•
4 5	Total percentage: Add the percentages in column (c)			
Cal	and U.S. Rental Income from Real Property and Pe	ersonal Property Leased wi	th Real Property	· ·
JCI Enr.	ental income from debt-financed property, use Schedule D, R&TC Sect	ion 23701g, Section 23701i, and Sec	ction 23701n organizations. See ir	istructions for exceptions.
1	Description of property	, ,	2 Rent received	j s Percentage of rent attribut-
	Description of property		or accrued	able to personal property %
				76 %
				%
4	Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	_	lumn 3 is more than 10%, but no	
(a)	Deductions directly connected (attach schedule) (b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly conner with personal property (at	cted (c) Net income includible, it sch) column 5(a) less column 5(b
	L L	i	i .	i i

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6.

059

Form 109 2019 Page 3

1 Description of debt-financed pr	operly			2 Gross income from or allocable to debt-	3 Deductions debt-finance	Deductions directly connected with or allocable to debt-financed property			
				financed property		e depreciation (	(b) Othe (attach s	r deductions chedule)	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjust of or allocable financed proper (attach schedus)	to debt- erty	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 column 6	x Allecable of total of colland 3(b) x	umns 3(a)	- Incli	income (or loss) udible, column 7 column 8	
			%						
			%					<del></del>	
- 1 1 E T	David IIn	~ <del>7</del>	olo		<u> </u>				
otal, Enter here and on P Schedule E Investmer									
	2 Amount					(altach	6 Bala	ance of Investment	
1 Description	Z Amount	3	Deductions directly connected (attach schedule)	4 Net Investment incor column 2 less colum	schedule)	(attent)	inco	me, column 4 less mn 5	
								<del></del>	
Total, Enter here and on F	lage 2. Part Lilin	. <u>l</u> e.8.							
Enter gross Income from r	nembers (dues. f	ees, cha	rges, or similar amour	its)					
			Rents from Controlled						
			Exempt Controlled O		Taria Cara	1 Salat 14 M.			
1 Name of controlled organization	ns 2 Employer		3 Net unrelated	4 Total of specified	5 Part of co		6 Dec	luctions directly	
,	Identification	n Number	income (loss)	payments made	that is included the control organization gross inco	lling on's		nected with 'ncome olumn (5)	
1									
2						1			
3									
Nonexempt Controlled Or	panizations							7 12 16	
7 Taxable Income	Properties and the second	<u>TPublication services at </u>	8 Net unrelated	9 Total of specified	10 Part of co		<b>11</b> Dec	ductions directly	
,			income (loss)	payments made	that is inc the contro organizati gross inco	lling on's	ln d	nacted with income column (10)	
1								<del></del>	
2									
3	· · · · · · · · · · · · · · · · · · ·			1					
	10						12/W		
							Charles decays	ath regiment had been as a	
			Page 2, Part I, line 9						
			e, other than Advertisi						
	1 Description of exploited activity (attach schedule if more than one unrelated business production activity is exploiting the income from unrelate		directly 4 Net income from unrelated trade or	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5 7 Excess expense 6 less count not column		olumn mn 5	8 Net income includible, colu 4 less column but not less the zero	
Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the	income from trade or	unrelated business							
Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the	income from trade or		income column 2 less column 3						
Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the	income from trade or		income column 2 less column 3						
Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the	income from trade or		income column 2 less column 3						

				and Excess A									
Part 1 Nar per			licals Re	and Excess A ported on a C 3 Direct adver	onsoli		2 is imn 3, is 5, nn 3 olumn iss in B(b),	5 Circulation inc	ome	6 Readershi	p costs	that the co	column 5 is greater an column 6, enter a income shown in lumn 4, in Part III, lumn 6 b). If lumn 6 is greater an column 5, biract the sum of lumn 6 and column from the sum of lumn 5 and column Enter amount in art III, column A(b), the amount is less an zero, enter -0
Part		from Period	licals Re	ported on a S	Separat	e Basis							
				Ī	· · · · · · · · · · · · · · · · · · ·								
								444		<u> </u>	<u> </u>	<u> </u>	
		n A – Net Ac			· ·			III Column B					Patantala and
		nsolidated period on-consolidated		or names of	Part I,	er total amount from column 4 or 7, and int listed in Part II, columns 4 or 7	(a	) Enter "consolidat non-cons		dical" and/or n periodicals	ames of	from F	Enter total amount Part 1, column 4, and ints listed in Part II, column 4
					ļ		i 				<del></del>		
					1		<u> </u>			N ( 7)   1) A			
					<u> </u>	17	] Enter	total here and on I	'age 2, l	Part II, line 27			
	edule l		ion of Of 2 SSN	ficers, Direct		d Trustees Title	T A	Percent of time		5 Compensati	ian	6	Expense account
1	Name of Office	;ei	∠ 550	TOT THIN	3	1 MG		Percent of time devoted to busines		attributable unrelated b	to		allowances
	<del></del> .				1 -				ક				
	<del></del>								%				
									8			<u></u>	
									8				
							<u>L</u>		%				
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Sch	edule J	Depreciatio	n (Corpo	rations and	Associ	ations only. Trus	ts use	form FTB 38	55F.)	Lite Sheet of the	<b>P</b> 11	£0.00	7 Donussialism
	description o	f property		(dd/mm/)	уууу)	3 Cost or other basis		allowed or allowable in prior years		Method of computing depreciation		te	7 Depreciation for this year
		-	ar depre	ciation (do no	t inclu	de in items below	/)			, <u></u>	<u> </u>	*	
2	Other dep						-						
			1										
		and fixtures.	۲-				<del> </del>				<del> </del>		
		ation equipm	eur				<u> </u>						
	Machinery other equi	rand pment											
	•	-	-		-		<del>                                     </del>						
	Selot (spe	· · · · · · · · · · · · · · · · · · ·					1 -						
3	Other dep	reciation											_
4	Total		,		[						<u> </u>		
5	Amount o	f depreciation	n claimed	d elsewhere c	n retur	n							
6	Balance.	Subtract line	5 from li	ne 4. Enter h	ere and	i on Page 2, Par	t II, Iir	ne 21a					<u> </u>

CAVA9805L 12/13/19 059 3645194 Form 109 2019 Page 5

CALIFORNIA FORM

### TAXABLE YEAR 2019

# Underpayment of Estimated Tax by Corporations

5806

For calendar year 2019 or fiscal year beginning	(mm	n/dd/yyyy)	7,	01/201	L9, and endir				/30/2020.
Corporation name TWELFTH STEP HOUSE HEARTLAND HOUSE	OF	SAN DIE	GO, INC.				aliforn!a con 392388	poration number 3	
Part   Figure the Underpayment									
1 Current year's tax. See instructions							1		1,389.
		(8		<u>·</u>	b)	(0	·		(d)
2 Installment due dates. See instructions .	2		7/15/19		2/16/19		3/16/2		6/15/20
3 Percentage required. See instructions.,,	3	30		70%	less 1st	70% le	iss prior	100%	less prior
		(not less	·						417.
4 Amount due, See Instructions	4		417.		555.				41/
<ul><li>5 a Amount paid or credited for each installment</li><li>b Overpayment from previous</li></ul>	5 a								
installment. See instructions	5 b							<u> </u>	<u> </u>
6 Add line 5a and line 5b								<del> </del>	
7 Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.	7		417.		555.	L. U	da a b	to ale this	417.
Part II Exceptions to the Penalty. See instr form to the return. If Exception B or Form 100W, Form 100S or Form 109	C is i	is. If Excep met, for any	tion A, line 8 / installment,	a is met fo	or all four ins rm FTB 5806	taliments, to the back	do not at cof Form	tach this n 100,	
(check the applicable boxes)		Yes	No	Yes	No	Yes	No	Yes	No
8 a Exception A — Regular Corporations, line 26 met? -	8 a		Х		X	a Zeraelijas osti.	X	Day 1 september a 100 Mar	X
<b>b</b> Exception A — Large Corporations, line 30, met?	8 b						(Asset)	200 200 200	10 <u>(</u>
9 Exception B (line 42) met?	9								
10 Exception C (line 64) met?	10				<u> </u>				
Part III Figure the Penalty. If line 7 shows a penalty for that installment by comp	n und leting	lerpayment line 11 thro	for any insta ough line 22.	Ilment and	d none of the	three exce	eptions is	met, figure	tne
11 Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instructions	11	1	1/16/20	1	1/16/20				11/16/20
12 Number of days from date shown on line 2 to date shown on line 11	12		398		336				154
13 Number of days on line 12 before 7/01/19, or the payment date, whichever is earlier	13								
14 Number of days on line 12 after 6/30/19 and before	14		77		15				
1/01/20, or the payment date, whichever is earlier 15 Number of days on line 12 after 12/31/19 and before		-							
7/01/20, or the payment date, whichever is earlier.  Calendar year corporations, see instructions	15		181		181				_15
16 For fiscal year corporations only. Number of days on	16		140		140				139
line 12 after 6/30/20 and before 1/01/21. See instructions			140		1.40				
on line 12 after 12/31/20 and before 2/15/21. See instructions	17_	·							
18 Number, of days on line 13	18								
Number of days in taxable year x 5% x (line 7,	16								
Number of days on line 14  Number of days in taxable year × 6% × line 7	19		5.28		1.37				
		ļ	3.20		1, 1, 2, 7				
Number of days on line 15  Number of days in taxable year x 5% x line 7	20	}	10.31		13.72				0.85
21 Number of days on line 16			10,01		101 [2]				
Number of days in taxable year x % (see instrs) x In 7.	21								
22 Number of days on line 17									
Number of days in taxable year x % (see instrs) x ln 7.	22								
22 a Add amounts for each column from line 18 through line 22	22 a		15.59		15.09				0.85
22 b Total estimated penalty due. Add line 2	2a, co	olumn (a) th	rough colum	n ( <u>d</u> ). Ent	er here and o	n Form 10	0,	201	
line 43a; Form 100W, line 40a; Form 10	10S, li	ne 42a; or f	Form 109, lin	e 27.,.,.				22 b	32,

Exception A - Prior Year's Tax - Regular Corporations

Part IV Exceptions Worksheets. Even if line 7 shows an underpayment for any installment, the Franchise Tax Board will not assess a penalty if timely payments were made and they equal or exceed the amount determined under any of the three exceptions for the same installment period.

23 Prior year's tax (the return must have been	n for a	full 12 mor	nths)					23		3,176.	
			(a)	,	(b)			(c)	(	d)	
			0 용		70%		7	0왕	10	10용	
		(not less	than min.)	j							
<ul><li>24 Enter line 23 x the percentage shown</li><li>25 Amount paid by the installment due</li></ul>	24		953	,	2,	223.		2,223.	,	3,176.	
date (cumulative)	_25							7			
26 If line 25 is greater than line 24, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 8a. If line 24 is greater than line 25, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 8a	26	Yes	X No	Yes	x	No	Yes	X No	Yes	X No	
Exception A - Prior Year's Tax - La	rge C	orporation	ons					,			
Use this exception only if prior year tax is less	s than	current yea	r tax.								
27 Current year's tax					,		. < ,	27			
-								tallment	2nd Ins	tallment	
28 a Installment due. Enter line 23 x 30%	. <b></b>					28a					
<b>b</b> Installment due. Enter line 27 x 70%						28b	A SHAR	A Carlotte Company	Separation of the second	27、60.69万元次 物质 66%	
29 Amount paid by the installment due date (						29	2018 (C. 2019)	Hander Schautzier	£1		
30 If line 29 is greater than line 28 for both installments,		•									
installment and check the applicable "Yes" box in Part line 29 is greater than line 28 for both installments, if the exception is not met. Check "No" here and check the	II, line 8 Tine 28	b. The excepti is greater than	ion to the pen I line 29 for ei	alty applies only ther installmen	ŧ.	30	Yes	No	Yes	No	
See instructions regarding amounts to use for	install	ment 3 and	installme	nt 4.					1	<u> </u>	
Exception B - Tax on Annualized											
Current Year Income		(	a)		(b)		(	c)	(d)		
Enter number of months for each period. See instructions				-			<del> </del>				
Elitor harrison of months for each portou, dee mattactions	. •										
31 Enter taxable income for each annualization period	31		-								
32 Annualization amounts. See instructions	32										
	- SZ								<del> </del>		
33 a Annualized taxable income, Multiply line 31 by line 32	33 a										
<b>b</b> R&TC Section 23802(e) deduction (S corps only)	33 b										
c Net income. Subtract line 33b from line 33a	33 c										
<b>34</b> Tax. Multiply line 33c by the current tax rate	34										
<b>35</b> Tax credits for each payment period	35										
<b>36</b> Subtract line 35 from line 34	36										
<b>37</b> Other taxes*	37										
<b>38</b> Total tax. Add line 36 and line 37	38										
39 Applicable percentage. For short period returns (taxable year of less than 12 months), see the instructions for Part I, line 3	39	3	0%	7	0%		7	0%	10	0%	
40 Installment due. Multiply line 38 by line 39	40	(not less t	than min.)								
41 Amount paid by the installment due date (cumulative)	<b>4</b> 1							,	i.		
42 If line 41 is greater than line 40, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 9. If line 40 is greater than line 41, the exception is <b>not</b> met. Check "No" here and check the applicable "No" box in Part II, line 9	42	Yes	No	Yes		No	Yes	No	Yes	No	
*Include alternative minimum tax, S corporate annual tax, installment amount credit recaptions.	ion tax ure, an	tes from So d the minin	hedule D ( num franch	100S) and f ise tax,	rom tl	те ехс	ess net pas	sive incom	e, the QSub		

#### Part IV Exceptions Worksheets (Continued)

Exception C - Tax on Annualized		(a	)	(b)	)	(c)		(d	)
Seasonal Income		1st 3 n		1st 5 m		1st 8 m		1st 11 n	
43 Enter taxable income for the following periods:	i						l		
a Taxable year beginning in 2016	43a								
<b>b</b> Taxable year beginning in 2017	43b								
c Taxable year beginning in 2018	43 c								
44 Enter taxable income for each period									
for the taxable year beginning in 2019	44								
, ,		1st 4 n	nonths	1st 6 m	nonths	1st 9 m	onths	Entire	year
15 Enter taxable income for the following periods:	!								
a Taxable year beginning in 2016	<b>45</b> a								
<b>b</b> Taxable year beginning in 2017	45 b								
<b>c</b> Taxable year beginning in 2018	45 c					•			
46 Divide the amount in each column on line 43a by the amount in column (d) on line 45a	46								
47 Divide the amount in each column on line 43b by the amount in column (d) on line 45b	47								
48 Divide the amount in each column on line 43c by the amount in column (d) on line 45c	48						 		
49 Add line 46 through line 48	49	· · · · · · · · · · · · · · · · · · ·							
<b>50</b> Divide line 49 by 3	50								
<del>"</del>		1st 4 n	nonths	1st 6 m	nonths	1st 9 m	onths	Entire	year
<b>51 a</b> Divide line 44 by line 50	51 a								
<b>b</b> R&TC Section 23802(e) deduction. (S corps only).	51 b								
c Net income. Subtract line 51b from line 51a	51 c								
52 Tax. Multiply line 51c by the current tax rate	52							NEAR SEE WAS A MARKET OF THE	White out to the contract of
53 Divide the amounts in column (a) through column (c) on line 45a by the amount in column (d) on line 45a	53				ļ		;		
54 Divide the amounts in column (a) through column (c) on line 45b by the amount in column (d) on line 45b	54								i L
55 Divide the amounts in column (a) through column (c) on line 45c by the amount in column (d) on line 45c	55								
56 Add line 53 through line 55	56								
57 Divide line 56 by 3	57								114.64
58 Multiply the amounts in column (a) through column (c) of line 52 by the amounts in the corresponding column of line 57. In column (d), enter the amount from line 52, column (d)	58								
59 Tax credits for each payment period	59								
60 Subtract line 59 from line 58	60								
61 Other taxes*	61								
		(not less t	than min.)						
<b>62</b> Total tax. Add line 60 and line 61	62								
63 Amount paid by the installment due date (cumulative)	63			·					
64 If line 63 is greater than line 62, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 10. If line 62 is greater than line 63, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 10	64	Yes	No	Yes	No	Yes	No	Yes	

*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

FTB 5806 2019 Page 3

059

	CACZ6313L	11/15/19

## **CALIFORNIA STATEMENTS**

PAGE 1

TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE

95-2151829

STATEMENT 1 FORM 109, PART I, LINE 12 OTHER INCOME

DIVIDENDS AND INTEREST FROM SECURITIES	\$ 6,466.
THITEREST ON SAVINGS AND CASH INVESTMENTS	 10,247.
TOTAL	\$ 16,713.

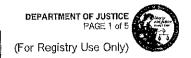
STATE OF CALIFORNIA

RRF-1 (Rev. 09/2017) IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

STREET ADDRESS: 1300 ( Street Sacramento, CA 95814 (916) 210-6480

WEBSITE ADDRESS: www.ag.ca.gov/charitles/



## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Fallure to submit this report annually no later than four months and fifteen after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

www.ag.ca.gov/charitles/	Section 25	703, dovernment odde sesson 1255		<u> </u>		
TWELFTH STEP HOUSE C HEARTLAND HOUSE	OF SAN DIEC	GO, INC.	Check if:  Change of a	address		
Name of Organization			Amended re	eport		
List all DBAs and names the organization			State Charity	Registration Number 007539		
5855 STREAMVIEW DRIV Address (Number and Street)	7 <u>E</u>		State Chanty F	registration muniber 001000		$\dashv$
SAN DIEGO, CA 92105 City or Town, State and ZIP Code			Corporation or	Organization No. 0392388		
(619) 287-5460 Telephone Number	E-mail Ad		Federal Emplo	yer ID No. <u>95-2151829</u>		
ANNUAL I	REGISTRATION I	RENEWAL FEE SCHEDULE (1 Make Check Payable to De	1 Cal. Code Regs. se epartment of Justice	ctions 301-307, 311, and 312)		
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fe	ee
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$25 Between \$250,001 and \$1 r		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	n \$2	150 225 300
PART A - ACTIVITIES						
For your most recent full	accounting per	iod (beginning 7/01	/19 ending	6/30/20 ) list:		
Gross Annual Revenue \$	1,728,70	) Noncash Contribution	s \$	0. Total Assets \$ 1,75	5,68	7.
				s \$ 1,586,585.		
	Aponsos +		<u> </u>			
PART B - STATEMENTS	REGARDIN	G ORGANIZATION DU	RING THE PERI	OD OF THIS REPORT		
providing an explanatio	n and details fo	r each "yes" response. Pleas	se review RRF-1 ins	u must attach a separate page tructions for information required.	Yes	No
During this reporting period, officer, director or trustee thereof,	were there any either directly o	contracts, loans, leases or other fir or with an entity in which any	nancial transactions betw such officer, director of	veen the organization and any or trustee had any financial interest?		X
2 During this reporting period,	was there any t	heft, embezzlement, diversio	on or misuse of the	organization's charitable property or funds?		X
3 During this reporting period,	were any organ	ization funds used to pay an	ny penalty, fine or ju	dgment?		X
During this reporting period, coventurer used?	were the service	es of a commercial fundraiser, fu	ndraising counsel fo	or charitable purposes, or commercial		X
5 During this reporting period,	did the organiz	ation receive any governmer	ntal funding?			X
6 During this reporting period,	did the organiz	ation hold a raffle for charita	ble purposes?			X
7 Does the organization condu						X
8 Did the organization conduction generally accepted accounting	t an independer ng principles fo	nt audit and prepare audited r this reporting period?	financial statements	s in accordance with		X
9 At the end of this reporting	period, did the c	organization hold restricted net	assets, while reportin	g negative unrestricted net assets?		X
I declare under penalty of per and belief, the content is true	jury that I have , correct and co	examined this report, includ mplete, and I am authorized	ling accompanying I to sign.	documents, and to the best of my kr	iowled	ige
		HN PRENDERGAST		DIRECTOR		
Signature of Authorized Agent	Printe	ed Name	Title	Date		

## Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Go to www.lrs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charlties-and-non-profits.

utomatic	c 6-Month Extension of Time. Only sub	omit origina	l (no copies needed).		f T				
	ions required to file an income tax return other t	han Form 990	)-T (including 1120-C filers), partnership:	s, REMICs, and	trusts must				
se Form 70	004 to request an extension of time to file incom  Name of exempt organization or other filer, see instructions.	le tax returns		Taxpayer !dentificati	on number (TIN)				
		TNC							
ype or rint	TWELFTH STEP HOUSE OF SAN DIE	SGO, INC.		95-2151829					
	HEARTLAND HOUSE Number, street, and room or suite number. If a P.O. box, see	instructions.							
le by the Je date for	LOUE CODENMUTEM DRIVE								
ng your turn, See	City, town or post office, state, and ZIP code. For a foreign a	ddress, see instru	ctions.						
structions.	SAN DIEGO, CA 92105								
nter the R	Return Code for the return that this application is	for (file a se	parate application for each return)	. , , , , , , , , , , , , , , , , , , ,	01				
pplication		Return	Application		Return				
For		Code	Is For		07				
orm 990 c	or Form 990-EZ	01	Form 990-T (corporation)		08				
orm 990-E	BL	02	Form 1041-A Form 4720 (other than individual)		1 09				
orm 4720	(individual)		10						
orm 990-PF 04 Form 5227					11				
Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069					12				
The boo	T (trust other than above)  oks are in the care of ROBERT COOK-ADM	Fax N	o. ► (619) 287~5040						
<ul><li>The boo</li><li>Telepho</li><li>If the c</li></ul>	oks are in the care of POBERT COOK-ADM	Fax Nobusiness in the	OR  o. • (619) 287-5040  ne United States, check this box	1 (1) (15 15 10) (116 )	yriolo group,				
<ul> <li>The boo</li> <li>Telepho</li> <li>If the c</li> <li>If this check</li> <li>the ex</li> </ul>	oks are in the care of ROBERT COOK-ADM one No. (619) 287-5460 organization does not have an office or place of is for a Group Return, enter the organization's for this box	Fax Nobusiness in the business in the business in the bur digit Groups, check this	o. ► (619) 287-5040  The United States, check this box  p Exemption Number (GEN)  box ► and attach a list with the name	ames and TINs	yriolo group,				
<ul> <li>The boo</li> <li>Telepho</li> <li>If the c</li> <li>If this check</li> <li>the ex</li> <li>1 I request</li> <li>for the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of t</li></ul>	one No. > (619) 287-5460  organization does not have an office or place of is for a Group Return, enter the organization's for this box > [ . If it is for part of the group tension is for.  uest an automatic 6-month extension of time until he organization named above. The extension is calendar year 20 or [X] tax year beginning 7/01 20 1	Fax Nobusiness in the bur digit Group, check this for the organ	FOR  Do. (619) 287-5040  The United States, check this box	ames and TINs	ynologioup,				
Telepho If the co If this check the ext I requested for the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	one No. > (619) 287-5460  organization does not have an office or place of is for a Group Return, enter the organization's for this box If it is for part of the group tension is for.  uest an automatic 6-month extension of time until he organization named above. The extension is a calendar year 20 or    X tax year beginning 7/01, 20 1 or change in accounting period	Fax Notes that the street of the organ on the organ on the organ on the street of the organ on the street or the organ on the street or the organ on the street organ on the street organ on the street organ on the street organ on the street organ on the street organ on the street organ on the street organ on the street organ on the street organ or the street organ or the street or the street organ or the street organ or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or the street or	fOR  o. \( \) (619) 287-5040  ne United States, check this box  p Exemption Number (GEN)  and attach a list with the national states of the exempt organ ization's return for:  ling 6/30, 20 20  reason: Initial return	ames and TINs a	yriolo group,				
Telepho If the co If this check the ext  I request for the co  a lf the co  a lf the co  a lf the co	one No. • (619) 287-5460  organization does not have an office or place of is for a Group Return, enter the organization's for this box • . If it is for part of the group tension is for.  uest an automatic 6-month extension of time until he organization named above. The extension is calendar year 20 or  I tax year beginning 7/01 , 20 1  e tax year entered in line 1 is for less than 12 m Change in accounting period  is application is for Forms 990-BL, 990-PF, 990-refundable credits. See Instructions.	Fax Nobusiness in the burning of the organ on the organ on the organ on the control of the organ on the control of the organ on the control of the organ on the control of the organ on the control of the organ on the control of the organ on the control of the organ on the control of the organ on the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	FOR  Do. ► (619) 287-5040  The United States, check this box	ization return	yriolo group,				
Telepho If the co If this check the exi I required for the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color than the color t	one No. > (619) 287-5460  organization does not have an office or place of is for a Group Return, enter the organization's for this box If it is for part of the group tension is for.  uest an automatic 6-month extension of time until he organization named above. The extension is a calendar year 20 or    X tax year beginning 7/01 , 20 1 or change in accounting period	Fax Nobusiness in the bur digit Group, check this for the organ g, and endonths, check T, 4720, or 6069, enternt allowed	FOR  Do. ► (619) 287-5040  The United States, check this box	ization return	of all members				

payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

## Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

, 2019, and ending

OMB No. 1545-0047 2019

2020

Open to Public Inspection

A	Fo	r the	2019 calen	dar year, or tax	year beginni	in <b>g</b> 7/0	1	, 2019	, and endir	i <b>g</b> 6/			020	
			applicable:	C	<u> </u>	<u> </u>					D Employer			
_		1	ress change	TWELFTH S	TEP HOUS	E OF SA	N DIEGO	, INC.				15182	9	<del></del>
	-	<b>-</b>	ne change	HEARTLAND	HOUSE						E Telephone	number		
	-	┪	al return	5855 STRE	AMVIEW D	RIVE					(619)	287	-5460	
	-	-1	return/terminated	SAN DIEGO	, ÇA 921	05								
	-	⊣ .	ended return								G Gross rec		1,728,7	00.
	-			F Name and addr	ess of principal of	officer: TOU	ולואים ס	7DC2\5T			a group return			X No
	L	] App	Meation benonia	SAME AS C		n OUI	И ЕКЕИРІ	INGNOI		H(b) Are al	subordinates lr attach a list. (	cluded?	ctions) Yes	∐_ No
		Tov. 0	xempt status:	X 501(c)(3)	501(c) (	) <b>∢</b> (in	sert no.)	4947(a)(1)	or 527	1 11.40	, uttaon a noti (	000 (1101114	,	
<u> </u>				W.HEARTLAI				<u> </u>		H(c) Group	exemption num	ibar 🟲	_	
J				X Corporation		Association	Other ►		Year of forma				domicile: CA	
K			of organization:		Trust	Alasociation	0 (1)51		<u> </u>				<del> </del>	
P	1		Summa	ry Tibe the organiza	ition's missic	n or most s	significant a	ctivities:0I	JR MISSI	ON IS	TO ESTA	BLISH	I, OPERAT	Ē,
		1	NID WAT	NTAIN A RE	ATT.TTA	TTON CE	NTER FO	R THE C	ARE, TR	EATMEN	T, AND I	REHAB	ILITATION	1
9			VE WEN	SUFFERING	FROM ALC	ÖHOLÍSM	AND DR	UG ABUS	Ē.					
똂														
Governance		2	Check this b	ox ► if the	organization	discontinu	ed its opera	tions or di	sposed of m	ore than	25% of its n	et asse	ts.	10
Ö		9	Number of v	oting members	of the govern	nina body (E	Part VI, line	1a)				5		<u>10</u> 9
00		4	Number of i	ndependent voti	ng members	of the gove	erning body	(Part VI, II	ne ID)			5		12
ije.		5	Total number	er of individuals	employed in	calendar ye	ear 2019 (P	art V, IIne	∠a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,	6		0
Activities &		6	Total number	er of volunteers ted business rev	(estimate if f	necessary). Port VIII. col	tumn (C) lir	<i></i> na 12	**********			7a	16.	713.
ď	ĉ]	7a	Total unrela	ted business rev ed business taxa	hla incoma f	rom Form 9	190.T line 3	39			i	7b		713.
	1	b	Net unrelate	ed Dusiness taxa	DIE MICOMIE I	TOTAL CHAIR	750 1, 11110 0				Prior Year		Current Ye	ar .
		0	Contribution	is and grants (P	art VIII. line	1h)		,			60,1	83.	5,	649.
9		8 9	Program se	rvice revenue (F	art VIII. line	2a)					1,357,7	14.	1,706,	
Revenue	١.	10	Investment	income (Part VI	II. column (A	(), lines 3, 4	I, and 7d)				36,9	29.	16,	<u>713.</u>
æ	.	11	Other reven	ue (Part VIII, co	lumn (A), lin	ies 5, 6d, 8d	o, 9c, 10c, a	and 11e)	,				7 500	700
	1	12	Total reveni	ue – add lines 8	through 11	(must equa	l Part VIII, 🤇	column (A)	, line 12)		1,454,8	26.	1,728,	700.
_	+	13	Grants and	similar amounts	paid (Part I	X, column (	(A), lines 1-	3)						
		14	Benefits pa	id to or for mem	bers (Part I)	<, column (/	4), line 4).			· · ·			010	<u></u>
		15	Salaries, ot	her compensation	on, employee	e benefits (F	Part IX, colu	ımn (A), lir	nes 5-10)	• • •	833,7	52.	918,	652.
ģ	2	16a	Professiona	al fundraising fee	es (Part IX, d	olumn (A),	line 11e)			Ciferent Section	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	mensioned the	Salah (2001) Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah S	Grances 1
5	Expelled			aising expenses					2,000		<b>学位的原</b> 例	100		ing it
ů	ď	17 17	Other eyne	nses (Part IX, co	olumn (A). Jir	nes 11a-11d	 d, 11f-24e).			[	713,2	00.	667,	<u>, 933.</u>
	- 1	18	Total eyner	ises. Add lines	13-17 (must	egual Part I	X, column (	(A), line 25	)		1,546,9	52.	1, <u>586</u> ,	<u>,585.</u>
	l l	19	Ravanua la	ss expenses. St	ubtract line 1	8 from line	12	,,,,,,,,			-92,1	26.		<u>,115.</u>
_		10	110401100 10	00 0xp0;;;044; +-						Begin	ning of Curren	t Year	End of Ye	
5	nce	20	Total asset	s (Part X, line 1	6)	,	, ,				1,744,8		1,755	
-	7	21	Total liabili	ties (Part X, line	26)			,			877,5	15.	746	<u>,287.</u>
1		22	Not assets	or fund balance	s. Subtract li	ine 21 from	jìne 20	,			867,2	285.	1,009	,400.
	e Gira	411	Cianat	ure Block			<u> </u>							
			Ulifor of periury	I declare that I have e eparer (other than off	examined this ret	urn, including a	ecompanying se	chedules and	tatements, and	to the best of	of my knowledge	and belie	f, it is true, correct	, and
ÇC	mpl	ete. D	Declaration of pr	eparer (other than off	icer) is based on	all information	of which prepar	rer has any kn	owledge.		<u></u>			
											Date			
9	ig	n	Sign	ature of officer	<del>-</del> ,									
F	ler	e.		HN PRENDEF						MAN	AGING D	TRECT	OR	
				e or print name and ti	lle				Ta i			रु। . ाः	TIN	
			Prin∜Typ	oe preparer's name	•	Preparer's si	•		Date		-			,
F	ai	d	PAUL	A D. BREWE	R	PAULA	D. BREW	ER			self-employ	/ed !	P01205692	
		par	'er Firm's n			WER, EA					<b>_</b>	F 08	22.67 42.5	
ĺ	Js	e <b>O</b> I	nly   Firm's a		ANNETTE								-3367485	2.4
				EL C	AJON, CA	92020					Phone no.	(619		
- K	lav	the	JRS discuss	this return with	the prepare	r shown ab	ove? (see ir	nstructions	) <i>.</i>				X Yes	No

Form 990 (2019)	TWELFTH STEP HOUSE OF	F SAN DIEGO, INC.	95-2151829	Page 2
Part III State	ement of Program Service A	Accomplishments		
Check	if Schedule O contains a respons	se or note to any line in this Part III	<b>1</b>	
1 Briefly descri	be the organization's mission:			
		OPERATE, AND MAINTAIN	A REHABILITATION CENTER FOR	THE
CARE TR	EATMENT AND REHABILI	TATION OF MEN SUFFERIN	NG FROM ALCOHOLISM AND DRUG A	BUSE.
<u> </u>				
2 Did the organi	zation undertake any significant pro	gram services during the year which v	vere not listed on the prior	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X No
	ribe these new services on Schedule			<u></u>
			ducts, any program services? Yes	X No
	ribe these changes on Schedule O.			
4 Describe the	organization's program service as	ecomplishments for each of its thre	e largest program services, as measured by e	expenses.
Section 501(	c)(3) and 501(c)(4) organizations	are required to report the amount of	e largest program services, as measured by e of grants and allocations to others, the total ex	(penses,
and revenue	, if any, for each program service	reported.		
4a (Code:	) (Expenses \$ 1,315	5,341. Including grants of \$	) (Revenue \$)	)
THE TWEI	FTH STEP HOUSE OF SAM	DIEGO PROVIDED HIGH	QUALITY, EFFECTIVE RESIDENTIA	<u> </u>
TREATMEN	T TO 140 MEN ADDICTED	TO ALCOHOL OR DRUGS.	58% OF CLIENTS COMPLETED TH	IEIR
PROGRAM	OR MADE SATISFACTORY	PROGRESS. WE CONTINUE	TO PROVIDE LEVEL OF CARE	
DESTONAT	TONS 3 1 3 3 AND 3	5 FROM THE FROM THE A	MERICAN SOCIETY OF ADDICTION	
MEDICINE	TICENCED AND CEDUTE	TEN BY THE STATE OF C	ALIFORNIA DEPARTMENT OF HEALT	 "H
MEDICINE	DOUGHDED AND CENTER	THO DI THE DIATE OF C	VETERANS AND CONTINUES TO REC	ETVE A
		•		
GOTD KW.	ING FROM GUIDESTAR.			
4 b (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
·				
				<del>-</del>
<del>-</del> ·				
4c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>40</b> (0000.	/ (Ехропосо 4			
				·
			· · · · · · · · · · · · · · · · · · ·	
4 d Other progra	am services (Describe on Schedul	e O.)		
(Expenses		iding grants of \$	) (Revenue \$	)
	am service expenses	1,315,341.		
, o.c., p. og. c	+ / - /	,,		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ 1 Schedule A..... 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.... 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. Χ 3 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..... Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III... X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 6 Χ 7 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. X 9 X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI..... Χ 11 a b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. X 11 b c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.................. X 11 c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. X 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . . X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.... Χ 11 f Χ **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional....... X 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E...... 13 14a Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?......... 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..... Χ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV..... X 15 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part (X, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)...... Χ 17 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Χ 19 complete Schedule G, Part III...... Χ 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? ..... 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II..... 21

Par	t IV Checklist of Required Schedules (continued)		V _C -1	N:-
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	Yes	No X
23	no de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	23		X
	a 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
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	-	
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		X_
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  Yes,' complete Schedule L, Part IV.	28c		X
29		29		X
30	contributions? If 'Yes,' complete Schedule M	30		X
31		31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	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			X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	Х
	<b>b</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	ļ 	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	1 .		No
1	4 - 114 114 114 114 114 114 114 114 114	) אין		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		A Pressor
<b>D</b> A		Forr	n <b>990</b>	(2019

Form 990 (2019) TWELFTH STEP HOUSE OF SAN DIEGO, INC.

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

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	多多。	W SEAS	
	ments, filed for the calendar year ending with or within the year covered by this return 2a 12		3425	華烈
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Career trans
5	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  a Did the organization have unrelated business gross income of \$1,000 or more during the year?	San Sire	X	Will Style
	b if 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0.	3 a 3 b	X	
	·	30	42	<u> </u>
7	a 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)?	4 a		X
	<b>b</b> If 'Yes,' enter the name of the foreign country►		110	200
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),	20.38		49.40
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	_	X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
	a 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?	<b>6</b> a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	1		100
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		—
	Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year		17.0	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	No.	<b>新型线</b>	3000
	organization have excess business holdings at any time during the year?	8		
9	-1			1200 C
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	W22-7-1	
	Section 501(c)(7) organizations, Enter:			2,00
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter; a Gross income from members or shareholders			986
	b Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	i ya ka	(4.74 A)	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	6.000		
	a Is the organization licensed to issue qualified health plans in more than one state?	13a	es contact service	56-20-24
	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			
	Enter the amount of reserves on hand	W.E.	,7,4 <u>0</u> ,8	A.7
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If 'Yes,' see instructions and file Form 4720, Schedule N.		46.4	
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	rvetr jiš	X
. •	if 'Yes,' complete Form 4720, Schedule O.		1000	W. M. M.
		est militi	1.00	1,200,000

Form	990 (2019) TWELFTH STEP HOUSE OF SAN DIEGO, INC.	95-2151829	Page <b>6</b>
Part	Governance, Management, and Disclosure For each 'Yes' response to lines 2	2 through 7b bel	ow, and for
11,100,0000	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, proc	esses, or chang	ies on
	Schedule O. See instructions.		ΙΨΊ
	Check if Schedule O contains a response or note to any line in this Part VI		
Sect	ion A. Governing Body and Management		Yes No
_	The the section of the toy year.	10	res No
	Enter the number of voting members of the governing body at the end of the tax year 1 a  If there are material differences in voting rights among members	10	
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	į	
			<b>新新工作</b> [4]
	Enter the number of voting members included on line 1a, above, who are independent 1b	9	
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an officer, director, trustee, or key employee?		2 X
3	Did the organization delegate control over management duties customarily performed by or under the direct su of officers, directors, trustees, or key employees to a management company or other person?	ipervision	3 X
	Did the organization make any significant changes to its governing documents		
	since the prior Form 990 was filed?		4 X
	Did the organization become aware during the year of a significant diversion of the organization's asse		5 X
	Did the organization have members or stockholders?		6 X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one		_     ,,
	members of the governing body?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7a X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		- V
	stockholders, or persons other than the governing body?	F	7b X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the the following:		
	The governing body?		8a X
	Each committee with authority to act on behalf of the governing body?		8b X
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>		9 X
Sec	ion B. Policies (This Section B requests information about policies not required by	≀ the Internal Re	
		r	Yes No
	Did the organization have local chapters, branches, or affiliates?		10a X
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branche operations are consistent with the organization's exempt purposes?		105
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11 a X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE		
	Did the organization have a written conflict of Interest policy? If 'No,' go to line 13		12a X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give to conflicts?	rise	12b X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describedule O how this was done	ribe in	12c X
13	Did the organization have a written whistleblower policy?		13 X
14	Did the organization have a written document retention and destruction policy?		14 X
15	Did the process for determining compensation of the following persons include a review and approval by indepersons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO, Executive Director, or top management official	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15a X
	Other officers or key employees of the organization		15b X
_	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		10.4
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged taxable entity during the year?		16a X
t	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safegu organization's exempt status with respect to such arrangements?	ard the	16b
Sec	tion C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed ►		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, as available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Section 5	01(c)(3)s only)
		in on Schedule O)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and f the public during the tax year.  SEE SCHEDULE O	inancial statements availa	ible to
20	State the name, address, and telephone number of the person who possesses the organization's books and r	records ►	
_0	ROBERT COOK-ADMINISTRATOR 5855 STREAMVIEW DRIVE SAN DIEGO CA 9		87-5460
BAA	TEEA0106L 07/31/19	<u> </u>	Form <b>990</b> (2019)

TWELFTH STEP HOUSE OF SAN DIEGO, INC

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

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

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

- 1 a 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.

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

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

		(C)								
(A) Name and title	(B) Average hours per	l	itlon n one s both dtr	ector	ot che unles officer /truste			(D)  Reportable compensation from	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	the organization (W-2/1099-MISC)  the organization (W-2/1099-MISC)  related organ (W-2/1099-MISC)		re ated organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN PRENDERGAST	5			į						_
MANAGING DIR	0	X	<u> </u>	ļ <u> </u>		ļ		0.	0.	0.
(2) MICHAEL J. MCDANIEL VICE PRESIDENT	$-\frac{4}{0}$	X						0.	0.	0
(3) JASON BUSTAD	4									
TREASURER	0	X						0.	0.	0.
(4) TIM GOODFELLOW	4					ļ				
CHAIRMAN	0	X			ļ			0.	0.	0.
(5) ROBERT GESSNER	2									
DIRECTOR	0	X			ļ	<u> </u>		0.	0.	0.
(6) JAMES HUTZELMAN	4	·						0.	0.	0.
SECRETARY	0 4	X	-	-	-	ļ	<u> </u>	<u> </u>	U.	j
(7) FREDERICK TREPTE DIRECTOR	0	X						0.	0.	0.
(8) JEANNE MCALISTER	4	1	<del> </del>				_	-		
DIRECTOR	0	X						0.	0.	0
(9) PAM BURNS	44									
DIRECTOR	0	X	<u> </u>					0.	0.	0.
(10) R. SCOTT HOOVER	10_									_
DIRECTOR	0	X	<u> </u>	<u> </u>	<u> </u>	ļ		0.	0.	0.
(11)		1								
(12)		-	-			<del> </del>	-			
27										
(13)										
(14)			<u> </u>		T	1				
		j			i	-				

art VIII Section A. Officers, Directors, 1	(B)	Tey	LII	ipit ()		cs,	am	inghest con	iperisateu Lilip	loyees (conunuea)
<b>(A)</b> Name and title	Average hours per week	offic	unle er ar	Pos check	sition more erson direct	than is boti or/trus	h an i tee)	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-M:SC)	related organizations (W-2/1099-MiSC)	compensation from the organization and related organizations
<u>)</u>									11111	:
3)						-				
)					<u> </u>		-			
)										
)										
)					<u> </u>				18 M 18 W 17 V	
)					-					
·)				<del></del>						
B)	_				İ					
)										
5)										
b Subtotal							<b></b>	0.	0.	0
c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)							<b>▶</b> ;	0.	0.	0
2 Total number of individuals (including but not limi from the organization ► 0					who	recei	ved			pensation
B Did the organization list any former officer, did on line 1a? If 'Yes,' complete Schedule J for s	rector, truste such individu	e, ke ial.,.	y ei	mpl	oyee	, or	high	nest compensated	employee	Yes No
For any individual listed on line 1a, is the sum the organization and related organizations gre such individual.	of reportab ater than \$1	le cor 50,00	npe )0?	nsa If 'Y	tion <i>es,</i>	and con	oth <i>iple</i>	er compensation te Schedule J for	from	. <b>4</b> X
Did any person listed on line 1a receive or according for services rendered to the organization? If ')	rue comper	satio	n fr	om	anv	unre	late	d organization or	Individual	6 E 100 E
ction B. Independent Contractors										
Complete this table for your five highest comp compensation from the organization. Report comp	ensation for	the ca	ieni alen	t cor dar	ntrac year	endi	tha ng v	vith or within the or	ganization's tax yea	
(A) Name and business a	ddress							Description	of services	(C) Compensation
? Total number of independent contractors (includin								,		COLUMN SANCESCE VICE

rarı	ester.			sponse or note to an	y line in this Part V	BL		
					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants nounts	b	Federated campaign Membership dues Fundraising events,	1	b				
ns, Giffs, Similar Ar	d e	Related organization Government grants (contributions, gi	ns 1 ributions) 1	d		an in an an an an an an an an an an an an an		
Contributions, Giffs, Grants and Other Similar Amounts	g	similar amounts not inclu Noncash contributions in lines 1a-1f	uded above 1 cluded in	g		19 (19) 10		d.
	h	Total. Add lines 1a-	·1f	Business Code	5,649.		era de la companya de la companya de la companya de la companya de la companya de la companya de la companya d	
ž.	2 a	CONTRACT REVENU	יטו	623990	1,576,387.	1,576,387.	[25] 10 A CONTRACTOR STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF	ALL THE SOUTH PROPERTY OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTIO
£		PROGRAM FEES-PA		623990	129,557.	129,557.		_
Service		MISCELLANEOUS F		812900	394.	394.		
Program Service Revenue	e f	All other program s			1,706,338.			
	3	Investment income (i			1,700,550.			
	4	other similar amount income from invest	nts) tment of tax-exen	pt bond proceeds			16,713.	
	5	Royalties	(i) Real	(ii) Personal	1000 (CAR AS AC AC AC AC AC			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
		Gross rents	6a 6b	(ii) Forestell	en Grande de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Comp La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de La Companya de			
	C	Rental income or (loss)	6c					
	d	Net rental income of	<del> </del>		e optio zmane otolože in columna noceno	TO THE REAL PROPERTY OF THE PARTY **************************************	Consideration of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	
		Gross amount from sales of assets other than inventory	7a (I) Securities	(ii) Other	<b>1</b>			1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	) b	Less: cost or other basis and sales expenses	7b					
	C	Gain or (loss)	7c					
	d	Net gain or (loss).			<b>-</b>		With January - whose their has to a fact allow	VALUE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY
enne	8 a	Gross income from fund (not including \$ of contributions reported	_			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	al Secretary (Section ) of Francisco although the figure of the Section	
Other Revenue	Ŀ	See Part IV, line 18 Less: direct expens		8 a				
₹	6	: Net income or (los:	s) from fundraisin	g events	THE CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT		a contact the contact the contact	and the second section of the second section (Section 1997).
	1	Gross income from gam See Part IV, line 19 Less: direct expens		9 a	1 (1) (4) (4) (4) (4) (4)			
		: Net income or (los			<u> </u>			1 10 12 12 12 12 12 12 12 12 12 12 12 12 12
	10 a	Gross sales of inventory returns and allowances	, [ess	10a				
		Less: cost of goods		10Ы			e sa sada pu Ostos	
	-	: Net income or (los	s) from sales of i	nventory			 	
Ž.	11 a	<u> </u>		Pasiliess Ande	4: (4: (4: (4: (4: (4: (4: (4: (4: (4: (	24 7 5 2 5 1 1 5 7 5 7 5 2 5 5 5 5 5 6 1		** ***********************************
Miscellaneous Revenue	'	·						
<u>S</u> 2		All other revenue.						TO THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T
Σ	+	Total. Add lines 11			<b>-</b>			1 5 Mr. A 5 C 1 (A) 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1
BAA	12	Total revenue. See	e instructions		1,728,700. EA0109L 07/31/19	1,706,338	16,713	.   0 . Form <b>990</b> (2019)

TEEA0109L 07/31/19

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

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

	Check if Schedule O contains a i	response or note to any	line in this Part IX		X
Do n 6b, 7	oot include amounts reported on lines rb, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22			19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (	
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				<b>W</b>
4	Benefits paid to or for members			3000 0000 0000 0000	Street Artes
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	707,291.	515,883.	191,408.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101,7221.			
9	Other employee benefits	144,128.	144,128.		
10	Payroll taxes	67,233.	32,788.	34,445.	
	Fees for services (nonemployees):				!
	Management				
	Legal				
	: Accounting				
	[Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion				
13	Office expenses	20,944.	20,816.	128.	
14	Information technology	20,344.	20,010.	120.	
15	Royalties			-	
16	Occupancy		-		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	29,016.	29,016.		
21	Payments to affiliates	25/020.			
22	Depreciation, depletion, and amortization	42,296.	320.	41,976.	
23	Insurance	24,492.	24,492.		
24	Other expenses, Itemize expenses not		Aug. 10 (20) 2007 (1855) (19-128-) (18	75.85.1045.014.004.004.004	William Control Control
	covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		garan da Garan da da da da da da da da da da da da da	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
ä	REPAIRS & MAINTENANCE_(BLDG)	97,580.	97,580		
	RENT	78,371.	78,371		
	GROCERIES	73,560.	73,560		
•	OUTSIDE SERVICES	71,058.	71,058		
•	All other expenses SEE . SCH O	230,616.	227,329.		
25	Total functional expenses. Add lines 1 through 24e	1,586,585.	1,315,341.	269 <u>,244</u> .	2,000.
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)	1			
BAA		TEEA0110L 0	7/31/19		Form <b>990</b> (2019)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year (B) End of year 120,661. 70,915. 1 Cash - non-interest-bearing..... 2 Sayings and temporary cash investments..... 10.997. 91,762. 2 Pledges and grants receivable, net..... 3 3 Accounts receivable, net ..... 242,823 4 185,226 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ........... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 6 7 Notes and loans receivable, net..... Inventories for sale or use..... 8 9 Prepaid expenses and deferred charges..... 12,523 23,479 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a 1,148,820 **b** Less: accumulated depreciation..... 10b 286,192. 904,604. 10 c 862,628. 11 Investments - publicly traded securities..... 12 Investments - other securities. See Part IV, line 11..... 13 13 Investments - program-related, See Part IV, line 11....... Intangible assets..... 8,871 14 8,551 14 494,067. 15 463,380. 15 Other assets. See Part IV, line 11..... 1,744,800. 16 1,755,687. 16 Total assets. Add lines 1 through 15 (must equal line 33)...... 48,581 17 29,801. 17 Accounts payable and accrued expenses..... 18 Grants payable ..... 18 Deferred revenue.,.... 19 19 Tax-exempt bond liabilities ...... 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... 22 Secured mortgages and notes payable to unrelated third parties ...... 23 641,131 23 609,795. 24 Unsecured notes and loans payable to unrelated third parties..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 75,355. 219,13<u>9</u> 25 877,515 26 746,287 Total liabilities. Add lines 17 through 25..... Organizations that follow FASB ASC 958, check here or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions...... 27 1,009,400 27 867,285. 28 28 Net assets with donor restrictions..... Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds..... 29 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund...... Retained earnings, endowment, accumulated income, or other funds..... 31 31 Total net assets or fund balances..... 32 1,009,400. 867,285 32 33 744,800. 1,755,687. Total liabilities and net assets/fund balances..... 33

	990 (2019) TWELFTH STEP HOUSE OF SAN DIEGO, INC. 95	-215182 <u>9</u>	Page 12
orm	CALL A conte		
Part	Reconciliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI		
	Total revenue (must equal Part VIII, column (A), line 12)	1	1,728,700.
1	Total revenue (must equal Part VIII, column (A), line 12)	. 2	1,586,585.
2	Revenue less expenses. Subtract line 2 from line 1	. 3	142,115.
3	Revenue less expenses. Subtract line 2 from the F	. 4	867,285.
4	Net assets or fund balances at beginning of year (must equal t are x), and set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the se	. 5	
5	Net unrealized gains (losses) on investments  Donated services and use of facilities	. 6	
6	Donated services and use of facilities Investment expenses	, 7	
7	Investment expenses	. 8	
8	Prior period adjustments	. 9	0
9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	. 10	1,009,400.
in the same	KXII Financial Statements and Reporting		
rar	Check if Schedule O contains a response or note to any line in this Part XII	,,,,,,,,,,,	
	Check if Schedule O contains a response of flore to any line of the contains a response of flore to any line of the contains		Yes No
	Assessating method used to prepare the Form 990; Cash X Accrual Other		25, 45, 25, 25, 25
1	Accounting the floor doca to broken at a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time to be a second time time time to be a second time time time time time time time time		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		
	in Schedule O.  a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a X
2 8	Were the organization's financial statements complied or reviewed by diffinancial statements compiled or reviewed by	ewed on a	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	31100 0.1 0	
	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 X
	b Were the organization's financial statements addited by all independent descent associations for the year were addited on a ser If 'Yes,' check a box below to indicate whether the financial statements for the year were addited on a ser	arate	
	If 'Yes,' check a box below to indicate whether the financial statements for the year and some statements for the year. It is a reallisted and some statements for the year.		
	Capacita basis		3-31 VAVI 8111
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the arreview, or compilation of its financial statements and selection of an independent accountant?	udit,	
	c If Yes' to line 2a or 2b, does tile organization have a committee of an independent accountant?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2c
	If the organization changed either its oversight process or selection process during the tax year, explain		
	on Schedule O.	le	3800,6300, 600,000,000, 600,000,000
3	on Schedule O.  a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?		3a X
	Audit Act and OMB Circular A-1331	audit	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization and lot undergo the required audit or audits? If the organization and lot undergo such audits or audits, explain why on Schedule O and describe any steps and audits.		3 b
_			Form <b>990</b> (2019
BA	A		

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Name of the organization TWITTETH STEP HOMSE OF SAN DIEGO INC

Open to Public Inspection

OMB No. 1545-0047

2019

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

	υραρητακου Η	HOODE OF DAY				95-2151829				
Daid	Reason for Public Char	itv Status (All org	anizations must co	mplete	e this pa	rt.) See instructio	ons.			
The c	organization is not a private founda	ition because it is: (Fo	or lines 1 through 12, c	heck on	y one box	.)				
1	A church, convention of churches	s, or association of chu	rches described in secti	on 170(b)	(1)(A)(i).					
2	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).									
4	A medical research organizati	on operated in conjur	nction with a hospital d	escribed	in section	: <b>170(b)(1)(A)(iii</b> ). Ent	er the hospital's			
	name, city, and state:									
5	An organization operated for t section 170(bX1XAXiv). (Con	the benefit of a colleg	e or university owned	or opera	ted by a go	overnmental unit des	cribed in			
6	A federal, state, or local gove	rnment or governmen								
7	An organization that normally re in section 170(b)(1)(A)(vi). (C)	iomplete Part II.)			ntal unit or	from the general publi	c described			
8	A community trust described i	in <b>section 170(b)(1)(A</b>	<b>)(vi).</b> (Complete Part II	.)						
9	An agricultural research organiz or university or a non-land-gran university:	t college of agriculture	ion 170(b)(1)(A)(ix) opera (see instructions). Enter	the name	e, city, and	vith a land-grant colleg state of the college or	e 			
10	An organization that normally refrom activities related to its einvestment income and unreluline 30, 1975. See section 5	eceives: (1) more than a xempt functions—subj ated business taxable <b>09(a)(2).</b> (Complete P	33-1/3% of its support fro lect to certain exception income (less section bart III.)	om contri ns, and 511 tax)	butions, me (2) no mor from busir	nesses acquired by the	ross receipts s support from gross ne organization after			
11	An organization organized an	d operated exclusivel	y to test for public safe	ty, See	section 50	19(a)(4).				
12	An organization organized an or more publicly supported or	d operated exclusivel	y for the benefit of, to	perform r <b>sectio</b> i	the function <b>509(a)(2)</b>	ons of, or to carry ou I. See <b>section 509(a)</b> I. 12e 12f and 12d				
i	a Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervised gularly appoint or elect and B.	l, or controlled by its sup a majority of the director	ported or s or trus	ganization tees of the	(s), typically by giving supporting organizatio	the supported n. You must			
!	b Type II. A supporting organiz management of the supporting	ation supervised or co organization vested in ons A and C.	ontrolled in connection the same persons that o	with its ontrol or	supported manage the	organization(s), by r e supported organization	paying control or on(s), <b>You</b>			
1	c Type III functionally integrated. organization(s) (see instruction	A supporting organizati ons), <b>You must comp</b>	on operated in connectionlete Part IV, Sections	n with, ar <b>A, D, an</b> d	nd functiona H <b>E.</b>	illy integrated with, its s	supported			
,	d Type III non-functionally integrated. The constructions You must come	rated. A supporting organization generally plete Part IV. Section	anization operated in cor must satisfy a distribu s <b>A and D, and Part V.</b>	nection tion requ	with its sup ilrement a	ported organization(s) nd an attentiveness	tnat is not requirement (see			
	e Check this box if the organizated or Type III non-fu	ation received a writte nctionally integrated :	en determination from supporting organization	١.			III functionally			
	f Enter the number of supported of	organizations								
	g Provide the following informatio	n about the supported		,		<del></del>	4.10.40			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) i organizat in your g docur	s the lon listed loverning ment?	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)			
				Yes	No					
(A)										
<u>(1-1)</u>										
(B)					_					
(C)				ļ						
(D)	<b>)</b>									
							İ			
<u>(E)</u>	<u> </u>			135.50						
Tot	tal									

Schedule A (Form 990 or 990-EZ) 2019 TWELFTH STEP HOUSE OF SAN DIEGO, INC.

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	ning in) F Bifts, grants, contributions, and nembership fees received. (Do not nclude any 'unusual grants.')		574 104	051 050	1 416 657	1 770 747	5,199,095.
2	Tax revenues levied for the organization's benefit and either paid to or expended	577,247.	574,194.	851,250.	1,416,657.	1,779,747.	0.
3	on its behalf						0.
	Total. Add lines 1 through 3	577,247.	574,194.	851,250.	1,416,657.	1,779,747.	5,199,095.
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)						0.
6	Public support. Subtract line 5 from line 4				a di Banzari Banzari		5,199,095.
Sect	ion B. Total Support						
Caler begir	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Tetal
_	Amounts from line 4	577,247.	574,194.	851,250.	1,416,657.	1,779,747.	5,199,095.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,969.	19,446.	19,711.	18,977.	16,713.	85,816.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	826,699.	13,063.	14,802	19,192	394.	874,150.
	Total support. Add lines 7 through 10		m con and a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco	(2) (2) (2) (2) (3)	26.3		6,159,061.
12	Gross receipts from related acti	vities, etc. (see in	structions)				0.
13	First five years. If the Form 990 is organization, check this box an	s for the organization	on's first, second, th	nird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
Sec	tion C. Computation of Pu	ıblic Support I	Percentage				
14	Public support percentage for 2	2019 (line 6, colum	nn (f) divided by li	ine 11, column (f	))	14	84.41 %
15	Public support percentage from	2018 Schedule A	, Part II, line 14.				80.62 %
	33-1/3% support test—2019. If and stop here. The organizatio	n quaimes as a pu	ibility supported t	organization	.,		
b	33-1/3% support test—2018. If and stop here. The organization	the organization d in qualifies as a p	id not check a bo ublicly supported	x on line 13 or 16 or 16 or 16	5a, and line 15 is	33-1/3% or more,	check this box
	10%-facts-and-circumstances or more, and if the organization the organization meets the 'fac	n meets the facts ts-and-circumstar	-and-circumstance ices' test. The org	es test, check the panization qualifie	es as a publicly su	upported organizat	ion
	o 10%-facts-and-circumstances or more, and if the organization organization meets the 'facts-a	n meets the Tacts ind-circumstances	-and-circumstance ' test. The organiz	es test, check th zation qualifies a	s a publicly suppo	orted organization.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18	Private foundation. If the orga	nization did not ch	eck a pox on line	15, 108, 100, 17			
					Ç	chedille A (Form	990 or 990-EZ) 2019

95-2151829

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.)

Sec	tion A. Public Support						
Calend	ar year (or fiscal year beginning in) >	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
	received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions,		· · · · · · · · · · · · · · · · · · ·				
~	merchandise sold or services	1					
	performed, or facilities furnished in any activity that is						
	related to the organization's						
9	tax-exempt purpose Gross receipts from activities						
3	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and	,					
	elther paid to or expended on	!					
5	its behalf					<del> </del>	
•	facilities furnished by a	<u> </u>				1	
	governmental unit to the organization without charge	!					
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1.						
	2, and 3 received from disqualified persons.						
h	Amounts included on lines 2					i	
	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						
_	Public support. (Subtract line	Service and a providing	<b> </b>				
٥	7c from line 6.)	Proposition of the second	医鸡皮脂素 多等	<b>克尼亚岛以及</b> 多			
Sec	tion B. Total Support		·				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	<b>(f)</b> Total
9	Amounts from line 6						
1 <b>0</b> a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
b	Unrelated business taxable income (less section 511						
	taxes) from businesses					!	
_	acquired after June 30, 1975 Add lines 10a and 10b	-			-	<del> </del>	
_	Net income from unrelated business					-	· · · · · · · · · · · · · · · · · · ·
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)				<del> </del>		
13	Total support. (Add lines 9, 10c, 11, and 12,)					İ	
14	First five years, If the Form 990	is for the organiz	ation's first, seco	ond, third, fourth.	or fifth tax year as	s a section 501(c)(	3) ¬
	organization, check this box and	d stop here		*************			······································
Sec	tion C. Computation of Pu	ıblic Support l	ercentage				
15	Public support percentage for 2						%
16	Public support percentage from					16	%
	tion D. Computation of In-				1 (0)		96
	Investment income percentage						96
18	Investment income percentage						
19a	33-1/3% support tests—2019. If is not more than 33-1/3%, check	the organization by	gid not check the	nox on line 14, a Inization qualifies	and line 15 is more as a publicly sup	e τηαη 33-1/3%, an ported organization	id line I/
ŀ	33-1/3% support tests-2018. If	the organization	did not check a b	ox on line 14 or I	ine 19a, and line	16 is more than 33	-1/3%, and
	line 18 is not more than 33-1/3	%, check this box	and <b>stop here.</b> T	he organization o	lualifies as a publi	icly supported orga	nizatior 🏲 📋
20	Private foundation, If the organ	nization did not ch	eck a box on line	14, 19a, or 19b,		nd see instructions.	······································
20						chedule A (Form 9	

Part IV Supporting Organizations

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

Section	A. All	Sup	porting	Organ	izations

- 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 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).
- 8 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 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	
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No

2	Activities	Test,	Answer	(a) and	(b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
  - **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

	Yes	No
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2b		
No.	100	25.75
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Sched	ule A (Form 990 or 990-EZ) 2019 TWELFTH STEP HOUSE OF SAN DIEGO,	IN	C. 95-215	1829 Page <b>6</b>
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ııı∠at	00 1070 (	Part VII) Cac
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No s mus	ov. 20, 1970 (explain in F et complete Sections A th	
Sect	ion 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		<u> </u>
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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(D) (O)
Sec	ion 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):	H		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		· 
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	i Pari (New York of the Asset Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of	
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	2 kg		
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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		<u> </u>
- 8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1_	F100	a
	Enter 85% of line 1.	2		6
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		3
5	Income tax imposed in prior year	5		(A)
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	tegrat		
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 TWELFTH STEP HOUSE OF SAN DIEGO, INC. 95-2151829

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

Section D — Distributions	Current rear		
1 Amounts paid to supported organizations to accomplish exempt page 1	urposes		
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	,	
3 Administrative expenses paid to accomplish exempt purposes of s	upported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (provide	details	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount		<u></u>	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6	AL SA		
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.	101		
3 Excess distributions carryover, if any, to 2019			At user
a From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016		BANGER OF THE LITTLE OF	
d From 2017			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e From 2018			10 July 10 July 1
f Total of lines 3a through e			
<b>q</b> Applied to underdistributions of prior years	125,027 28 4 6 12 12 1		
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)	# 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5.0
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		a Bola Section Company	Contract Contract
4 Distributions for 2019 from Section D, line 7:			170
a Applied to underdistributions of prior years			, and a second
<b>b</b> Applied to 2019 distributable amount	and a second		
c Remainder. Subtract lines 4a and 4b from 4.			and the second
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		Park Till del Park Salar del Salar	
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:	POWER CONTRACTOR AND		SCHOOL STATE
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017			
d Excess from 2018	Paragraphic Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control o		
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

TWELFTH STEP HOUSE OF SAN DIEGO, INC. 95-2151829

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

# PART II, LINE 10 - OTHER INCOME

HEALTH INSURANCE CREDIT FROZE ESTATE TRUST PROCEEDS			\$ 3,7	07.	
**************************************					\$ 826,699.
MISCELLANEOUS AA GROUP DONATION SERVICES RENTAL INCOME	\$ 276. 118.	17,952. 828. 205. 207.		24. 564. 42. 685. 82.	
REALIZED GAINS INVESTMENTS TOTAL \$	<u>394.</u> \$	19,192.	4,0 \$ 14,8	88. 02. \$ 13,063.	\$ 826,699.

#### SCHEDULE D (Form 990)

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE 95-2151829 Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)..... Aggregate value at end of year ...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?..... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes impermissible private benefit?..... Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a a Total number of conservation easements..... b Total acreage restricted by conservation easements..... 2b d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 >\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, (ine 1, .....

**b** Assets included in Form 990, Part X.....

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Schedule D (Form 990) 2019 TWELF	TH STEP	HOUSE	OF SAN DI	EGO, INC.	95-215		Page 2
Part III Organizations Maintai							iniucuj
3 Using the organization's acquisition, items (check all that apply):	accession, ar	nd other i	records, check an	y of the following that ma	ke significant use of its	collection	
a Public exhibition			d Loan o	exchange program			
<b>b</b> Scholarly research			e Other				
c Preservation for future genera							
4 Provide a description of the organiz Part XIII.	ation's collecti	ons and	explain how they	further the organization's	exempt purpose in		
<ul><li>5 During the year, did the organizato be sold to raise funds rather th</li></ul>	tion solicit or	receive	donations of art,	historical treasures, or	other similar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an a	l Arrangen	nents.	Complete if th	e organization ans	wered 'Yes' on Fo		ئـــا
1 a is the organization an agent, trus	stee, custodia	n or oth	er intermediary f	or contributions or othe	r assets not included		
on Form 990, Part X?						Yes	No
b If 'Yes,' explain the arrangement	in Part XIII a	ina com	plete the followin	g table:		Amount	
c Beginning balance					1c	Amount	
d Additions during the year							
e Distributions during the year							
f Ending balance						-	
2a Did the organization include an a						Yes	No
b if 'Yes,' explain the arrangement							
			·	·			
Part V Endowment Funds. C	omplete if	the org	ganization an	swered 'Yes' on Fo	rm 990, Part IV, li	ne 10.	
Profession 2012/2012/2014	(a) Current		(b) Prior year				ur years back
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains,							
and losses						<u> </u>	
<b>d</b> Grants or scholarships						<u> </u>	
e Other expenditures for facilities	:						
and programs  f Administrative expenses	<del></del>					<del>-</del>	<del></del>
g End of year balance		<del>-</del>				<del></del>	
2 Provide the estimated percentag		ent vear	l end balance (lin	e 1g. column (a)) held :	as:	_l	
a Board designated or quasi-endown		,	8				
<b>b</b> Permanent endowment ►	- 9						
c Term endowment ►	98						
The percentages on lines 2a, 2b, a	nd 2c should	egual 100	)%.				
,				ro hold and administered	for the		
<b>3 a</b> Are there endowment funds not in organization by:	the possession	n of the c	organization that a	re neid and administered	ioi uie		Yes No
(i) Unrelated organizations		,				3a(i)	
(ii) Related organizations						3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organiza	ations lis	ted as required o	on Schedule R?		3b	
4 Describe in Part XIII the intende							
Part VI Land, Buildings, and	Equipmen	it.					
Complete if the organ	ization ans	swered	'Yes' on Form	n 990, Part IV, line	11a. See Form 9	90, Part	X, line 10
Description of property		(a) Cos (ir	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation		ook value
1 a Land				228,327.			228,327.
<b>b</b> Buildings	,			437,226.	92,722.		344,504
c Leasehold improvements				247,690.	32,750.		214,940.
<b>d</b> Equipment	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			193,741.	137,177.		56,564
<b>e</b> Other				41,836.	23,543.		18,293
Total. Add lines 1a through 1e. (Colur	nn (d) must e	equal Fo	rm 990, Part X,	column (B), line 10c.)		<u> </u>	862,628
BAA	<u></u>				Sche	dule D (Fo	rm 990) 2019

TEEA3302L 8/22/19

Schedule D (Form 990) 2019 TWELFTH STEP HOUSE	OF SHI DIEGO	, inc.	95-215	
Part VII Investments — Other Securities. Complete if the organization answered	'Yes' on Form 9	N/. 90, Part IV, lin		90, Part X, line 12
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Meth	od of valuation: Cost or end-of	-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other		<del> </del>		
(A)				
(B)				
(0)				
(D)				<del> </del>
(E)				
(F) (G)				
( <del>()</del> (H)				
(I)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)				
Part VIII Investments - Program Related. Complete if the organization answered		N/ 90 Part IV lin	A le 11c See Form 9	90. Part X. line 13
(a) Description of Investment	(b) Book value		valuation: Cost or end	
(1)			<u> </u>	
(2)				
(3)				
(4)				
(5)		<u> </u>		
(6)				
(7)				
(8)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(8) (9)				
(8) (9) (10)				
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)				
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered	d 'Yes' on Form 9	990, Part IV, lir		90, Part X, line 15
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Part X Other Assets. Complete if the organization answered (a) De		990, Part IV, lir		
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶  Part X  Other Assets.  Complete if the organization answered  (a) De (1) EMPLOYEE ADVANCES	d 'Yes' on Form 9	990, Part IV, lir		90, Part X, line 15
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2)	d 'Yes' on Form 9	990, Part IV, lir		90, Part X, line 15
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3)	d 'Yes' on Form 9	990, Part IV, lir		90, Part X, line 15
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4)	d 'Yes' on Form 9	990, Part IV, lir		90, Part X, line 15
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3)	d 'Yes' on Form 9	990, Part IV, lir		90, Part X, line 15
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7)	d 'Yes' on Form 9	990, Part IV, lir		90, Part X, line 15
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8)	d 'Yes' on Form 9	990, Part IV, lir		90, Part X, line 15
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X  Other Assets.  Complete if the organization answered  (a) De  (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9)	d 'Yes' on Form 9	990, Part IV, lir		90, Part X, line 15
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10)	1 'Yes' on Form 9		ne 11d. See Form 9	90, Part X, line 15 (b) Book value
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)▶  Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities.	'Yes' on Form 9	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ne 11d. See Form 9	990, Part X, line 15 (b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on I	d 'Yes' on Form 9 scription  (B) line 15.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ne 11d. See Form 9	90, Part X, line 15 (b) Book value 463, 380
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on I	'Yes' on Form 9	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ne 11d. See Form 9	990, Part X, line 15 (b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on I. (1) Federal income taxes	d 'Yes' on Form 9 scription  (B) line 15.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ne 11d. See Form 9	90, Part X, line 15 (b) Book value  463, 380  (b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Complete if the organization answered 'Yes' on Inc. (1) Federal income taxes (2) HOME DEPOT CC	d 'Yes' on Form 9 scription  (B) line 15.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ne 11d. See Form 9	90, Part X, line 15 (b) Book value  463, 380  (b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Complete if the organization answered 'Yes' on I. (1) Federal income taxes (2) HOME DEPOT CC (3) PAYROLL TAX PAYABLE	d 'Yes' on Form 9 scription  (B) line 15.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ne 11d. See Form 9	463,380 (b) Book value  463,380  (b) Book value
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on I. (a) Description (Column Income taxes) (2) HOME DEPOT CC (3) PAYROLL TAX PAYABLE (4) SECURITY DEPOSITS	d 'Yes' on Form 9 scription  (B) line 15.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ne 11d. See Form 9	(b) Book value  463, 380  (b) Book value  1,022 63,182 7,663
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on I  1. (a) Description (b) Federal income taxes (2) HOME DEPOT CC (3) PAYROLL TAX PAYABLE (4) SECURITY DEPOSITS (5) VISA CC	d 'Yes' on Form 9 scription  (B) line 15.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ne 11d. See Form 9	(b) Book value  463, 380  (b) Book value  1,022 63,182 7,663
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on I. (a) Description (Column Income taxes) (2) HOME DEPOT CC (3) PAYROLL TAX PAYABLE (4) SECURITY DEPOSITS	d 'Yes' on Form 9 scription  (B) line 15.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ne 11d. See Form 9	(b) Book value  463, 380  (b) Book value  1,022 63,182 7,663
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part X Other Assets. Complete if the organization answered (a) De (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on I. (1) Federal income taxes (2) HOME DEPOT CC (3) PAYROLL TAX PAYABLE (4) SECURITY DEPOSITS (5) VISA CC (6) (7) (8)	d 'Yes' on Form 9 scription  (B) line 15.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ne 11d. See Form 9	(b) Book value  463, 380  (b) Book value  1,022 63,182 7,663
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part X  Other Assets.  Complete if the organization answered (a) De  (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Complete if the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the Organization	d 'Yes' on Form 9 scription  (B) line 15.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ne 11d. See Form 9	(b) Book value  463, 380  (b) Book value  1,022 63,182 7,663
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part X  Other Assets.  Complete if the organization answered (a) De  (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Other Liabilities.  Complete if the organization answered "Yes" on Interpretation of the Column (B) Part X (Column (B) Part X)  (1) Federal income taxes (2) HOME DEPOT CC (3) PAYROLL TAX PAYABLE (4) SECURITY DEPOSITS (5) VISA CC (6) (7) (8) (9) (10)	d 'Yes' on Form 9 scription  (B) line 15.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ne 11d. See Form 9	90, Part X, line 15 (b) Book value  463, 380  (b) Book value
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part X  Other Assets.  Complete if the organization answered (a) De  (1) EMPLOYEE ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Complete if the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the organization answered "Yes" on Interest of the Organization	d 'Yes' on Form 9 scription  (B) line 15.)  Form 990, Part IV, line ription of liability	e 11e or 11f. See F	orm 990, Part X, line 25	(b) Book value  463, 380  (b) Book value  1,022 63,182 7,663

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn, N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part Viil, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.) 2d	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
<b>b</b> Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5
Rant XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Doduum NI/X
Mark Mile Meconomical of Expenses believed in married and an arrangement of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the c	Return, N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 Ab  b Other (Describe in Part XIII.).	2 e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	2e 3

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2019

# SCHEDULE O (Form 990 or 990-EZ)

# 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
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE

Employer identification number

95-2151829

## FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

ORGANIZATION HAS COMPLETED SCHEDULE O.

# FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ORGANIZATION HAS COMPLETED SCHEDULE O.

### FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	<u>FUNDRAISING</u>
AUTOMOBILE EXPENSES BAD DEBT		23,042. 278.	23,042. 278.	110	
BANK FEES BANQUET EXPENSES COMPUTER & INTERNET SERVICES		10,117. 20,252. 23,677.	10,005. 18,252. 23,677.	112.	2,000.
CONTINUING EDUCATION DUES & SUBSCRIPTIONS		15,149. 1,907.	14,574. 1,907.	575.	
EQUIPMENT EXPENSE EQUIPMENT RENTAL		7,758. 11,326. 7,569.	11,326.		
INCOME TAXES INVESTMENT FEES LAUNDRY & LINEN		7,303.	770.		
MISCELLANEOUS EXPENSE ORGANIZATIONAL DEVELOPMENT		-5,531.	-5,531.		
PRINTING AND PUBLICATIONS RECREATION/GIFTS START-UP EXPENSES		4,533. 703.	4,533. 103.	600.	
SUPPLIES TAXES & LICENSES		25,750. 12,643.	25,750. 12,643.		
TRAVEL URINALYSIS TESTING		230. 7,155. 63,288.	230. 7,155. 63,288.		
UTILITIES TOT:	AL \$	230,616.		\$ 1,287.	\$ 2,000.

### FORM 990, PAGE 6 PART VI, LINE 11B

PART VI SEC B - LINE 11B - REVIEW OF FORM 990. THE FORM IS REVIEWED BY THE MANAGING DIRECTOR AND THE TREASURER.

#### FORM 990, PAGE 6, PART VI, LINE 12C

PART VI, SEC B - LINE 12C - CONFLICT OF INTEREST COMPLIANCE. THIS IS DONE IN THE REGULAR COURSE OF THE BOARD OF DIRECTORS MEETINGS.

### FORM 990, PAGE 6, PART VI, LINE 15A

PART VI, SEC B - LINE 15A - COMPENSATION OF MANAGEMENT. DETERMINATION IS MADE BY

Name of the organization TWELFTH STEP HOUSE OF SAN DIEGO, INC.

HEARTLAND HOUSE

SAN DIEGO, INC.

Employer Identification number
95-2151829

REVIEW OF COMPENSATION OF COMPARABLE ORGANIZATIONS.

# FORM 990, PAGE 6, PART VI, LINE 15B

PART VI, SEC B - LINE 15B - COMPENSATION OF MANAGEMENT. DETERMINATION IS MADE BY REVIEW OF COMPENSATION OF COMPARABLE ORGANIZATIONS.

# FORM 990, PAGE 6, PART VI, LINE 19

FORM 990, PAGE 6, PART VI LINE 19 - DOCUMENTS ARE AVAILABLE TO PUBLIC ON ORGANIZATIONS WEBSITE.

6/30/20	201	19 CA	2019 CALIFORNIA		BOO	K DE	PRECI	ATIO	SCF	BOOK DEPRECIATION SCHEDULE				PA(	PAGE 1
			TWE	TWELFTH	STEP I	TLAN	STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE	DIEGO,	 					95-21	95-2151829
NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT. E	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHODLIEE_RATE	A. JIEE	1	CURRENT DEPR.
M 199															
AMORTIZATION															
15 LOAN FEES - 5869 STREAM	4/13/17	J	9,591	ı	1				]	9,591	720	7/8	30		320
TOTAL AMORTIZATION			9,591		0	0	0	0	0	9,591	720				320
AUTO / TRANSPORT EQUIPMENT															
5 2007 CHEVY VAN	9/01/06		32,998							32,998	32,998	1/8	<u>ب</u>		6
	9/15/09		27,409							27,409	5,482	5	ro r	600	0 0
28 2019 FORD TRANSIT	3/09/19	**	50,490	l						50,490	5,049	S/L HY	rc	.20000	10,098
TOTAL AUTO / TRANSPORT EQUIP			110,897		0	0	0	0	0	110,897	43,529				10,098
BULDINGS															
1 BUILDING 13 BUILDING-5869 STREAMVIEW	7/01/76		47,226							47,226	47,226 31,316	S/L MM	25 27.5	.03636	14,180
TOTAL BUILDINGS		ı	437.226	I	0	0	0	0	0	437,226	78,542				14,180
FURNITURE AND FIXTURES															
18 FURNITURE & EQUIPMENT	8/28/17		9,402							9,402	3,647	200DB HY	7	.17490	1,644
19 FURNITURE & EQUIPMENT	11/10/17		2,400							2,400	931	200DB HY	7	.17490	420
	12/04/17		20,028							20,028	7,767	200DB HY	7	.17490	3,503
	12/15/17		5,598							5,598	2,1/1		- 1	17480	3/8
22 BEDS/FRAMES/LAMPS	12/15/17	!	4,408	I	1					4,408	01/,1	ZUODB HY	_	25/1. 	
TOTAL FURNITURE AND FIXTURE			41,836		0	0	Û	0	0	41,836	16,226				7,317

6/30/20	2019 CA	2019 CALIFORNIA		X DE	PRECI	ATIO	SCH	BOOK DEPRECIATION SCHEDULE	*-*			PAGE 2
		TWELFT	FTH STEP HEA	HOUSE RTLAN	STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE	DIEGO,	NC.					95-2151829
NOL-GENERATION	DATE DATE ACOUIRED SOLD	COST/ BUS. BASIS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD. LIFE	F RAIE	CURRENT DEPR
PROVEMENT												
4 REMODELING	6/20/03	2,070						2,070	1,307	S/L MM	39 .02564	53
7 KITCHEN REMODEL	4/15/09	15,602						15,602	8,203	S/L	15	1,040
16 REMODEL - NEW HOUSE	8/28/17	86,044						86,044	5,867	S/L MM 27	27.5 .03636	3,129
17 REMODEL - NEW HOUSE	5/31/18	16,300						16,300	299	S/L MM	27.5 .03636	593
24 REMODELING - NEW BLDG	8/28/17	53,824						53,824	3,699	S/L MM	27.5 .03636	1,957
25 REMODELING - NEW BLDG	11/16/17	34,700						34,700	2,051	S/L MM 27	-	1,262
26 IMPROVEMENTS	5/31/18	5,450						5,450	223	S/L MM Z	27.5 .03636	198
27 IMPROVEMENTS	6/29/18	33,700						33,700	1,276	S/L MM 27	27.5 .03636	1,225
TOTAL IMPROVEMENTS		247,690	0	0	0	0 (	0	247,690	23,293			9,457
LAND												
2 LAND	7/01/76	18,327						18,327				0
14 LAND-5869 STREAMVIEW	4/13/17	210,000						210,000				0
TOTAL LAND		228,327	0	0	0	0	0	228,327	0			0
MACHINERY AND EQUIPMENT												
3 FIXTURES & EQUIPMENT	6/20/08	13,014						13,014	13,014	200DB HY	7	0
6 KITCHEN EQUIPMENT	4/15/09	19,797						19,797	19,797	S/L	S.	0
9 IT SYSTEM	6/15/11	19,619						19,619	21,712	200DB HY	ເດ	0
10 AELOTT HVAC	5/20/15	24,980						24,980	24,980	S/L MM	39 .02564	0
11 PROJECTOR & SCREEN	6/30/15	340						340	340	200DB HY	5 .05760	0
12 LAPTOP COMPUTER	6/30/15	279						279	279	200DB HY		0
23 IT SERVER	3/05/18	4,815						4,815	2,504	200DB HY	5 ,19200	924
TOTAL MACHINERY AND EQUIPME	ME	82,844	0	0	0	0	0	82,844	82,626			924

6/30/20	2019 CA	2019 CALIFORNIA TWELFTH	ORNIA BOOK DEPRECIATION S TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE	DEF DUSE C	RECI/ PF SAN DHOUSE	ATION DIEGO, I	I SCH NC.	BOOK DEPRECIATION SCHEDULE STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE			PAGE 3 95-2151829
NO. DESCRIPTION	DATE DATE ACQUIRED. SOLD	COST/ BUS. BASIS PCT.	CUR SP 179 D BONUS AL	SPECIAL DEPR. ALLOW	PRIOR 1797 BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS .REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD LIFE RATE	CURRENT E
TOTAL DEPRECIATION		1,148,820		0	0	0	0	1,148,820	244,216		41,976
GRAND TOTAL AMORTIZATION GRAND TOTAL DEPRECIATION		9,591	0 0	0 0	0 0	0	0 0	9,591	720		320 41,976

95-2151829

Form 990-W

(Worksheet)

Department of the Treasury Internal Revenue Service

# FOR FORM 990-T PURPOSES OMB No. 1545-0047 **Estimated Tax on Unrelated Business Taxable** Income for Tax-Exempt Organizations (and on Investment Income for Private Foundations) 2020 ► Go to www.irs.gov/Form990W for instructions and the latest information. ► Keep for your records. Do not send to the Internal Revenue Service. Unrelated business taxable income expected in the tax year..... 15,713. 2 Tax on the amount on line 1. See instructions for tax computation..... 3,300. Alternative minimum tax for trusts. See instructions..... Total, Add lines 2 and 3..... 4 3,300. Estimated tax credits. See instructions..... 5 Subtract line 5 from line 4. 6 3,300. Other taxes. See instructions. 7 8 Total. Add lines 6 and 7..... 3,300. Credit for federal tax paid on fuels, See instructions, ..... a 10 a Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, 10a 3,300. see instructions..... **b** Enter the tax shown on the 2019 return. See instructions. **Caution:** If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c..... 10 b c 2020 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c. 3,300.

			(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11	10/15/20	12/15/20	3/15/21	6/15/21
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a 'large organization'.	12	825.	825.	825.	825.
13	2019 Overpayment. See instructions	13	0.	0.	0.	0.
14	Payment due (Subtract line 13 from line 12)	14	825.	825.	825.	825.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 990-W (2020)

Installment 1 — File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, If applicable, and '2020 Form 100-ES' on the check or money order. Detach form below. Enclose, but do not

staple, the payment with this form and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to

a year in advance. Go to ftb.ca.gov/pay for more information.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

Caution: The corporation may be required to pay electronically. See instructions,

TAXABLE YEAR

DETACH HERE
Installment 1

CALIFORNIA FORM

2020 Corporation Estimated Tax

100-ES

0392388 TWEL 95-2151829 00000000000 20 FORM 2 TYB 07-01-2020 TYE 06-30-2021

TWELFTH STEP HOUSE OF SAN DIEGO INC HEARTLAND HOUSE

ROBERT COOK-ADMINISTRATOR 5855 STREAMVIEW DRIVE

SAN DIEGO CA 92105

(619) 287-5460

EST TAX AMT 417. QSUB TAX AMT

TOTAL PAYMENT AMT

417.

CACAC501L 12/16/19 7 059 6101206 Form 100-ES 2019

Installment 2 — File and Pay by the 15th day of the 6th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order pavable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2020 Form 100-ES' on the check or money order. Detach form below. Enclose, but do not staple, the payment with this form and mail to:

> FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses.

Corporations can make an immediate payment or schedule payments up to

a year in advance. Go to ftb.ca.gov/pay for more information.

_ .IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM Caution: The corporation may be required to pay electronically. See instructions.

_ _ _ _ DETACH HERE _ _

Installment 2

TAXABLE YEAR

CALIFORNIA FORM

#### Corporation Estimated Tax 2020

100-ES

95-2151829 0392388 TWEL

00000000000

20

FORM

07-01-2020 TYE 06-30-2021

TWELFTH STEP HOUSE OF SAN DIEGO INC HEARTLAND HOUSE

ROBERT COOK-ADMINISTRATOR

5855 STREAMVIEW DRIVE

SAN DIEGO

CA 92105 (619) 287-5460

EST TAX AMT

556. QSUB TAX AMT

TOTAL PAYMENT AMT

556.

6101206 Form 100-ES 2019 CACA0502L 12/16/19 059

**Installment 3** — File and Pay by the 15th day of the 9th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

**WHERE TO FILE:** Using black or blue ink, make the check or money order payable to the [†]Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2020 Form 100-ES' on the check or money order. Detach form below. Enclose, but do not

staple, the payment with this form and mail to:

FRANCHISE TAX BOARD PO BOX 942857

SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses.

Corporations can make an immediate payment or schedule payments up to

a year in advance. Go to ftb.ca.gov/pay for more information,

_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

____ DETACH HERE _ _ _ _

Caution: The corporation may be required to pay electronically. See instructions.

Installment 3

TAXABLE YEAR

CALIFORNIA FORM

#### Corporation Estimated Tax 2020

100-ES

0392388

TWEL 95-2151829 00000000000

FORM

06-30-2021

TWELFTH STEP HOUSE OF SAN DIEGO INC HEARTLAND HOUSE

20

07-01-2020 TYE

CA

ROBERT COOK-ADMINISTRATOR 5855 STREAMVIEW DRIVE

92105

(619) 287-5460

EST TAX AMT

SAN DIEGO

QSUB TAX AMT

TOTAL PAYMENT AMT

Form 100-ES 2019 6101206 CACA0503L 12/16/19 059

installment 4 — File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2020 Form 100-ES' on the check or money order. Detach form below, Enclose, but do not staple, the payment with this form and mail to:

> FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

_ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

_____ DETACH HERE _____

Caution: The corporation may be required to pay electronically. See instructions.

Installment 4

TAXABLE YEAR

CALIFORNIA FORM

#### **Corporation Estimated Tax** 2020

100-ES

0392388

95-2151829 TWEL

00000000000

20

FORM 2

07-01-2020

06-30-2021 TYE

TWELFTH STEP HOUSE OF SAN DIEGO INC HEARTLAND HOUSE

ROBERT COOK-ADMINISTRATOR 5855 STREAMVIEW DRIVE

CA 92105

(619) 287-5460

EST TAX AMT

SAN DIEGO

417. QSUB TAX AMT

TOTAL PAYMENT AMT

417.

CACA0504L 12/16/19

059

6101206

Form 100-ES 2019

2019

# **GENERAL INFORMATION**

PAGE 1

TWELFTH STEP HOUSE OF SAN DIEGO, INC. **HEARTLAND HOUSE** 

95-2151829

#### FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH D, SCH O, 8868, 990-T, 990-W, 2220 CALIFORNIA: 199, 3539, 3885, 3586, 8453-EO, E-FILE INSTRUCTIONS, 109, 100-ES 5806, RRF-1

# **TAX RATES**

UNRELATED BUSINESS	MARGINAL	EFFECTIVE
FEDERAL	0. %	21.0 %
CALIFORNIA	8.8 %	8.8 %

# **UNDERPAYMENT PENALTY**

FEDERAL UNRELATED BUSINESS CALIFORNIA UNRELATED BUSINESS 103.

32.

# **CARRYOVERS TO 2020**

NONE

# **FEDERAL ESTIMATES**

FORM 990-T

	<u>ESTIMATE</u>	OVERPAYMENT	BALANCE
10/15/20	825.	0.	825.
12/15/20	825.	0.	825.
3/15/21	825.	0.	825.
6/15/21	825.	0.	825.
TOTAL	3,300.	0.	3,300.

# **CALIFORNIA ESTIMATES**

	<u> ESTIMATE</u>	OVERPAYMENT	BALANCE
10/15/20	417.	0.	417.
12/15/20	556.	0.	556.
3/15/21	0.	0.	0.
6/15/21	417.	0.	417.
TOTAL	1,390.	0.	1,390.

2019 FEDERAL EXEMPT ORGA	ANIZATION TAX ISE OF SAN DIEGO, IN		PAGE 1
	AND HOUSE		95-2151829
REVENUE	2019	2018	DIFF
CONTRIBUTIONS AND GRANTS. PROGRAM SERVICE REVENUE. INVESTMENT INCOME.	1,706,338	60,183 1,357,7 <b>14</b> 36,929	-54,534 348,624 -20,216
TOTAL REVENUE	1,728,700	1,454,826	273,874
EXPENSES SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	918,652 667,933	833,752 713,200	84,900 -45,267
TOTAL EXPENSES	1,586,585	1,546,952	39,633
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR. TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR.	1,755,687 746,287	-92,126 1,744,800 877,515 867,285	234,241 10,887 -131,228 142,115

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# 2019 FEDERAL UNRELATED BUSINESS INCOME TAX SUMMARY TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE PAGE 1

95-2151829

	2019	2018	DIFF
REVENUE OTHER INCOME	16,713	36,929	-20,216
TOTAL REVENUE	16,713	36,929	-20,216
DEDUCTIONS	_		
TOTAL DEDUCTIONS	0	0	0
UNRELATED BUSINESS TAXABLE INCOME TOTAL UNRELATED BUSINESS TAXABLE INCOME. UNRELATED BUSINESS TAXABLE INCOME BEFORE SPECIFIC DEDUCTION	16,713 16,713 1,000	18,977 18,977 1,000	-2,264 -2,264 0
UNRELATED BUSINESS TAXABLE INCOME	15,713	17,977	-2,264
TAX COMPUTATION INCOME TAX TOTAL TAX BEFORE CREDITS AND PAYMENTS	3,300 3,300	3,775 3,775	-475 -475
TAX AND PAYMENTS TOTAL TAX	3,300	3,775	-475
TOTAL PAYMENTS AND CREDITS	0	0	0
REFUND OR AMOUNT DUE UNDERPAYMENT PENALTY	103	154	-51
TAX DUEOVERPAYMENT	3, <b>4</b> 03 0	3,929 0	-526 0
TAX RATES EFFECTIVE TAX RATE	21.0%	21.0%	0.0%

2 <b>0</b> 19	CALIFORNIA 199 TAX SUMMARY TWELFTH STEP HOUSE OF SAN DIEGO, INC.			
	HEARTLAN			95-2151829
		2019	2018	DIFF
DIVIDENDS OTHER INC	SOME TRIBUTIONS, GIFTS, & GRANTS	10,247 6,466 1,706,338 5,649	9,639 9,338 1,375,666 60,183	608 -2,872 330,672 -54,534
TOTAL INC	COME	1,728,700	1,454,826	273,874
OTHER SAI INTEREST TAXES DEPRECIAT	AND DISBURSEMENTS LARIES AND WAGES TION AND DEPLETION DUCTIONS	707,291 29,016 67,233 41,976 741,069	662,405 40,631 58,095 41,238 744,583	44,886 -11,615 9,138 738 -3,514
TOTAL DEI	OUCTIONS	1,586,585	1,546,952	39,633
EXCESS OF	F RECEIPTS OVER DISBURSEMENTS	142,115	-92,126	234,241
	ŠEDUE	10 10	10 10	0 0

TWELFTH STEP HOUSE O	CALIFORNIA 109 TAX SUMMARY TWELFTH STEP HOUSE OF SAN DIEGO, INC. HEARTLAND HOUSE		
	2019	2018	DIFF
REVENUE OTHER INCOME	16,713	36,929	-20,216
TOTAL UNRELATED BUSINESS INCOME	16,713	36,929	-20,216
DEDUCTIONS TOTAL DEDUCTIONS	0	0	0
UNRELATED BUSINESS TAXABLE INCOME UNREL. BUS. TAXABLE INCOME (LINE 26) UNREL. BUS. TAXABLE INCOME (LINE 28) SPECIFIC DEDUCTION UNRELATED BUSINESS TAXABLE INCOME	16,713 16,713 1,000 15,713	36,929 36,929 1,000 35,929	-20,216 -20,216 0 -20,216
TAX COMPUTATION  NET UNRELATED BUSINESS TAXABLE INCOME  TAX  LESS CREDITS  BALANCE	15,713 1,389 0 1,389	35,929 3,176 0 3,176	-20,216 -1,787 0 -1,787
TOTAL TAX	1,389	3,176	-1,787
PAYMENTS TOTAL PAYMENTS	0	0	0
REFUND OR AMOUNT DUE OVERPAYMENT. PENALTIES AND INTEREST.	0 32	0 67	0 -35
TOTAL DUE	1,421	3;176	-1,755