2018 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 2018 o	or fiscal vear h	peginning (mm/dd/	/VVV)		. an	d endina (n	nm/dd/yyyy)				
Corporation/Or		•	5 5 (7	5 (,,,,,		California	corporation nu	umber
5CITIES	S HOME	TESS COA	LITION, IN	C.						31903	87	
Additional info			ELITION, IN	· ·						FEIN	<u> </u>	
											13593	
Street address		•								PMB no.		
P.O. BO	JX 558	S						State		Zip code		
GROVER	BEACH	[CA		93483	<u> </u>	
Foreign country	y name							Foreign province/state	/county	Foreign po	stal code	
						1						
A First Retu	urn			Yes	X No			R&TC Section 23701d, iged in political activit				
B Amended	Return			● Yes	X No	-					Yes	X No
C IRC Secti	on 4947(a)(1	(1) trust		Yes	X No	000				• • • • • • • • • • • • • • • • • • • •	, [] 103	110
D Final Info	rmation Retu	turn?				I Z 1. 41			0 0+: 0	2701 2	_ 🗖.,	.
● D	issolved	Surren	dered (Withdrawn)	Merged/R	Reorganized			n exempt under R&TO gross receipts from	Section 2			X No
	e: (mm/dd/)					noni	nember sourc	ces		\$		
E Check acc		X Accrual	2 Other					a public charity exem				
			2 ● 990-PF	3 ● 🗆 Sc	h H (990)			701d and meets the fi box. No filing fee is re			• □	
	ner 990 serie:		2 0	30 🗀 30	JII II (330)		. ,	n a Limited Liability (•		=	X No
			S	• Yes	X No		-	ion file Form 100 or F			163	110
	5 1 5					taxa	ble income? .				Yes	X No
			tion	· · · · Yes	X No			n under audit by the				
If 'Yes,' v	what is the p	parent's name?			_	audi	ted in a prior	year?			Yes	X No
						P Is fe	deral Form 10	023/1024 pending?			Yes	No
			s to its guidelines			Date	filed with IRS	S \				
			ions		X No	<u> </u>						
Part I			ss not required to							1		100
			receipts from other							2	98	<u>,183.</u>
Receipts					\neg 1 \ 11	. \ \ \	_			3	0.43	400
and			ons, gifts, grants	1111		1		SEESCR	₽. •	3	843	,482.
Revenues			eipts for filing requestions for the completed. If the					ral Information R		4	0.41	,665.
			old					iai iiiioiiiiatioii b		-	241	,005.
			asis, and sales ex						_			
			d line 5 and line 6							7		
			ome. Subtract line							8	941	,665.
_		-	and disbursemer							9		,752.
Expenses			pts over expense							0		,913.
		tal payments								1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	12 Use	e tax. See G	eneral Information	า K					• 1	2		
	13 Pay	yments balar	nce. If line 11 is n	nore than line	12, subtr	ract line	12 from lir	ne 11	• 1	3		
Filing	14 Use	e tax balance	e. If line 12 is mo	re than line 1	1, subtrac	t line 1	from line	12	• 1	4		
Fee	15 Filir	ina fee \$10 o	r \$25. See Gener	al Information	n F.				<u> </u>	5		10.
			nterest. See Gene						_	6		
			ine 12, line 15, and lir							7		10.
			declare that I have exa								e and belief,	
Sign Here			aration of preparer (other		is based on a Title	all informat	ion of which p	oreparer has any know Date	edge.	● Teleph		
	Signature of officer	>			PRESI	DENT		Jako				8
	Dunananala				11001		ate	Check if		PTIN		
Paid	Preparer's signature	DENNIS	J BURKART	1				self- employed	▶ □	P0011		
Preparer's Use Only	Firm's name	IC	RKART & ST	EVENS						● Firm's	, FEIN	
USC Offing	(or yours, if self-employ	yed) <u>09</u>	4 SANTA ROS								14050	
	and address	SA SA	N LUIS OBIS	SPO, CA 9	3401					• Telep		076
	N4	- ETD "	- Hata was 100	H	-1	2 0	- 1			(805)		
	iviay the	ELIR GISCUS	s this return with	uie preparer s	snown ab	ove? Se	e instruction	ONS		• X	Yes	No

5CITIES HOMELESS COALITION, INC.

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

		ı eyai	uless of aniount of gross receipts	- complete i	art ii or iuriiis	า วนมว	stitute iiiioiiiiatioii	le .			
		1	Gross sales or receipts from all	business ad	ctivities. See	instruc	ctions		. •	1	
		2	Interest						•	2	228.
		3	Dividends						• -	3	
Recei	pts	4	Gross rents						<u> </u>	4	
from Other		5	Gross royalties						_	5	
Sourc		6	Gross amount received from sa							6	
		7	Other income. Attach schedule.							7	07 055
		8	Total gross sales or receipts from other							8	97,955.
		9	Contributions, gifts, grants, and similar		_					9	98,183.
		-	Disbursements to or for member	•						-	
		10								10	
		11	Compensation of officers, direct							11	0.
Exper	1606	12	Other salaries and wages							12	386,189.
and	1303	13	Interest							13	
Disbu		14	Taxes						. • _	14	35,173.
ments	•	15	Rents						• _ ′	15	52,672.
		16	Depreciation and depletion (Se							16	1,992.
		17	Other Expenses and Disbursem	ents. Attach	schedule		SEE ST	ATEMENT	3 • □	17	453,726.
		18	Total expenses and disbursements. Add						_	18	929,752.
Sche	dule	L	Balance Sheet		Beginning of				End of	taxabl	
Asset		_			(a)	-	(b)	(c)			(d)
					,,		86,090.	(3)		•	20,448.
			receivable				70,159.			•	162,138.
			eivable				7072071			•	102/1301
_										•	
			tate government obligations					~ 11		•	
			n other bonds				T.	2/		•	
			n stock							•	
			18			\overline{A}	()	7		•	
			ents. Attach schedule		_ nf					•	
-					0 220	$\overline{}$			0 104	_	
			ssets		9,338.		6 000		8,134		4 000
			ated depreciation	P\\ \	2,366.		6,972.		3,154		4,980.
11	Land				_					•	
			Attach schedule				12,060.			•	9,923.
13	Total as	ssets .					175,281.				197,489.
Liabil	ities a	nd n	et worth								
14	Account	s paya	able				5,125.			•	8,406.
15	Contribu	ıtions,	gifts, or grants payable							•	
16	Bonds a	ınd no	tes payable							•	
17	Mortgag	es pa	yable							•	
18	Other lia	abilitie	es. Attach schedule	5			75,436.				82,450.
			or principal fund				94,720.			•	106,633.
20	Paid-in	or cap	oital surplus. Attach reconciliation							•	-
21	Retained	d earn	ings or income fund							•	
22	Total li	abiliti	es and net worth				175,281.				197,489.
Sche	edule	M-1	Reconciliation of income pe Do not complete this schedule					s less than \$50	0.000.		
1	Not inco	me n	· · · · · · · · · · · · · · · · · · ·	•	11,913.		Income recorded on			Ч	
			er books	•	11,913	∀ ′	in this return. Attac	•	ot menae	_	
_			L. C.	•		8	Deductions in this				
			corded on books this year.			٦ ĭ	against book incom	9	•		
				•			Attach schedule			•	
			orded on books this year not deducted			9	Total. Add line 7 ar				
				•		10	Net income per				
			e 1 through line 5		11,913	_	Subtract line 9				11,913.
	. 5 (61) / (sag o		,,,_,	- 1					

3652184 **Side 2** Form 199 2018 059 CACA1112L 12/13/18

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

Department of the Treasury Internal Revenue Service

Name of the organization

California Copy

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

5Cities Homeless Coaliti	on, Inc.	27-0413593
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter numbe	er) organization
	4947(a)(1) nonexempt charita	able trust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private four	ndation
	4947(a)(1) nonexempt charita	able trust treated as a private foundation
	501(c)(3) taxable private four	ndation
Check if your organization is covered by the	e General Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or	(10) organization can check boxes for both	n the General Rule and a Special Rule. See instructions.
General Rule		
X For an organization filing Form 990 property) from any one contributor.	, 990-EZ, or 990-PF that received, during Complete Parts I and II. See instructions	the year, contributions totaling \$5,000 or more (in money or for determining a contributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1	1)(A)(vi), that checked Schedule A (Form 990)	that met the 33-1/3% support test of the regulations or 990-EZ), Part II, line 13, 16a, or 16b, and that greater of (1) \$5,000; or (2) 2% of the amount on (i) 1 II.
For an organization described in seduring the year, total contributions purposes, or for the prevention of contributor name and address), II,	ection 501(c)(7), (8), or (10) filing Form 99 of more than \$1,000 exclusively for religion cruelty to children or animals. Complete Parand III.	O or 990 EZ)that received from any one contributor, us, charitable, scientific, literary, or educational arts (entering 'N/A' in column (b) instead of the
For an organization described in se	ection 501(E)(7),\(8), or (10) filling Form 99	0 or 990-EZ that received from any one contributor,
		ses, but no such contributions totaled more than beived during the year for an exclusively religious,
		Rule applies to this organization because
it received nonexclusively religious,	, charitable, etc., contributions totaling \$5,	000 or more during the year ▶ \$

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

0	ر <u>ت</u>	. = 7	(0010)
Schedule B	(Form 990, 990)-EZ, or 990-PF) ((2018)
Name of organiz	ation		
5Cities	Homeless	Coalition,	Inc.

Employer identification number

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional	space is needed.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF GROVER BEACH		Person X Payroll
	154 S 8TH STREET	\$5,000.	Noncash
	GROVER_BEACH, CA 93433		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNION PACIFIC FOUNDATION		Person X Payroll
	915 L STREET, SUITE 1180	\$5,000.	Noncash
	SACRAMENTO, CA 95814		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WELLS_FARGO		Person X Payroll
	1580 W GRAND AVENUE	5,000.	Noncash
	GROVER BEACH, CA 93433		(Complete Part II for noncash contributions.)
(a) Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	Name, address, and ZIP + 4 THE TJX FOUNDATION	(c) Total contributions	Person X
Number		(c) Total contributions	
Number	THE TJX FOUNDATION	contributions	Person X Payroll
Number	THE TJX FOUNDATION 770 COCHITUATE ROAD	contributions	Person X Payroll Noncash (Complete Part II for
4(a)	THE TJX FOUNDATION 770 COCHITUATE ROAD FRAMINGHAM, MA 01701 (b)	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
4 (a) Number	THE TJX FOUNDATION 770 COCHITUATE ROAD FRAMINGHAM, MA 01701 Name, address, and ZIP + 4	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
4 (a) Number	THE TJX FOUNDATION 770 COCHITUATE ROAD FRAMINGHAM, MA 01701 Name, address, and ZIP + 4 CITY OF PISMO BEACH	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
4 (a) Number	THE TJX FOUNDATION 770 COCHITUATE ROAD FRAMINGHAM, MA 01701 Name, address, and ZIP + 4 CITY OF PISMO BEACH 760 MATTIE ROAD	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
(a) Number	THE TJX FOUNDATION 770 COCHITUATE ROAD FRAMINGHAM, MA 01701 Name, address, and ZIP + 4 CITY OF PISMO BEACH 760 MATTIE ROAD PISMO BEACH, CA 93449 (b)	\$7,500. (c) Total contributions \$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) Type of contribution
(a) Number	THE TJX FOUNDATION 770 COCHITUATE ROAD FRAMINGHAM, MA 01701 Name, address, and ZIP + 4 CITY OF PISMO BEACH 760 MATTIE ROAD PISMO BEACH, CA 93449 Name, address, and ZIP + 4	\$7,500. (c) Total contributions \$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (Type of contributions.)
(a) Number	THE TJX FOUNDATION 770 COCHITUATE ROAD FRAMINGHAM, MA 01701 Name, address, and ZIP + 4 CITY OF PISMO BEACH 760 MATTIE ROAD PISMO BEACH, CA 93449 Name, address, and ZIP + 4 COMMUNITY FOUNDATION OF SLO	\$ 7,500. (c) Total contributions \$ 25,000.	Person X Payroll

2

Name of organiz	ation		
5Cities	Homeless	Coalition	Tnc

Employer identification number

27-0413593

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COUNTY OF SAN LUIS OBISPO		Person X Payroll
	PO BOX 1149	\$25,000.	Noncash
	SAN LUIS OBISPO, CA 93406		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CITY OF ARROYO GRANDE		Person X Payroll
	330 E BRANCH STREET	\$ <u>7,</u> 500.	Noncash
	ARROYO GRANDE, CA 93420		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JAN & BOB FUSINATI		Person X Payroll
	P.O. BOX 2172	5,000.	Noncash
	AVILA BEACH, CA 93424		(Complete Part II for noncash contributions.)
(a) Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	Name, address, and ZIP + 4 GEORGE HOAG FAMILY FOUNDATION	(c) Total contributions	Person X
Number	GEORGE HOAG FAMILY FOUNDATION	(c) Total contributions	
Number	GEORGE HOAG FAMILY FOUNDATION	contributions	Person X Payroll
Number	GEORGE HOAG FAMILY FOUNDATION 2665 MAIN ST, STE 220	contributions	Person X Payroll Noncash (Complete Part II for
10_ (a) Number	GEORGE HOAG FAMILY FOUNDATION 2665 MAIN ST, STE 220 SANTA MONICA, CA 90405 (b)	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
10_ (a) Number	GEORGE HOAG FAMILY FOUNDATION 2665 MAIN ST, STE 220 SANTA MONICA, CA 90405 Name, address, and ZIP + 4	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
10_(a) Number	GEORGE HOAG FAMILY FOUNDATION 2665 MAIN ST, STE 220 SANTA MONICA, CA 90405 Name, address, and ZIP + 4 RANDALL & SALLY KNIGHT	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
10_(a) Number	GEORGE HOAG FAMILY FOUNDATION 2665 MAIN ST, STE 220 SANTA MONICA, CA 90405 Name, address, and ZIP + 4 RANDALL & SALLY KNIGHT 10050 CORONA ROAD	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
10 _ (a) Number	GEORGE HOAG FAMILY FOUNDATION 2665 MAIN ST, STE 220 SANTA MONICA, CA 90405 Name, address, and ZIP + 4 RANDALL & SALLY KNIGHT 10050 CORONA ROAD ATASCADERO, CA 93422	\$15,000. \$15,000. (c) Total contributions \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) Type of contribution
(a) Number 11 11 (a) Number	GEORGE HOAG FAMILY FOUNDATION 2665 MAIN ST, STE 220 SANTA MONICA, CA 90405 Name, address, and ZIP + 4 RANDALL & SALLY KNIGHT 10050 CORONA ROAD ATASCADERO, CA 93422 Name, address, and ZIP + 4	\$15,000. \$15,000. (c) Total contributions \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (Type of contributions.)
(a) Number 11	GEORGE HOAG FAMILY FOUNDATION 2665 MAIN ST, STE 220 SANTA MONICA, CA 90405 Name, address, and ZIP + 4 RANDALL & SALLY KNIGHT 10050 CORONA ROAD ATASCADERO, CA 93422 Name, address, and ZIP + 4 EVAN AND MARY MASON P. O. BOY 842	\$15,000. (c) Total contributions \$5,000. (c) Total contributions	Person X Payroll

3

Name of organization	Employer identification number
5Cities Homeless Coalition, Inc.	27-0413593

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u> _	NEW LIFE COMMUNITY CHURCH 990 JAMES WAY	\$ 5,000.	Person X Payroll Noncash
	PISMO BEACH, CA 93449		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	RABOBANK N.A. P.O. BOX 6002 ARROYO GRANDE, CA 93421	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$P	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Employer identification number

5Cities Homeless Coalition, Inc.

27-0413593

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received N/A (a) No. from Part I (c) FMV (or estimate) (See instructions.) (b) (d) Description of noncash property given Date received (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) Part I (a) No. from Part I (d) Date received (b) (c) FMV (or estimate) Description of noncash property given (See instructions.) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (d) (a) No. Date received from (See instructions.) Part I BAA Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization
5Cities Homeless Coalition, Inc.

Employer identification number 27-0413593

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and					
	the following line entry. For organizations of	ompleting Part III, enter the tota	I of exclusive	ely religious, charitable, etc.,		
	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. Se	e instruction	s.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
		(e) Transfer of gift				
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee		
			· – – – – – · – – – – –			
(a) No. from	(b)	(c)		(d)		
No.`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
				. — — — — — — — — — — — — — — — — — — —		
		(e) Transfer of gift	~	sЛ.,		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I	Furpose of gift	Use of gift		Description of now gift is field		
		_ (e)				
	Transferee's name, addres	Transter of gift	Pola	tionship of transferor to transferee		
	Transferee 3 frame, address	3, and 2n + 4	Itela	uonamp of transieror to transieree		
				. – – – – – – – – – – – – – – – – – – –		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
						
	 			·		
		(e) Transfer of gift				
	Transferee's name, addres	ranster of gift s, and ZIP + 4	Rela	tionship of transferor to transferee		
	<u> </u>					

2018	Page 1						
Client 8146	nt 8146 5Cities Homeless Coalition, Inc.						
10/02/19			02:12PM				
Statement 1 Form 199, Part II, Line 7 Other Income							
Income from Special Events			Total \$ 97,955.				
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, T	rustees and Key Employees						
Current Officers:	Title and	Total	Contri- Expense				
Name and Address	Average Hours <pre>Per Week Devoted</pre>	Compen- sation	bution to Account/ EBP & DC Other				
MIKE BYRD	President	\$ 0.\$	0. \$ 0.				
,	3.00						
RICK GULINO	Vice President	0.	0. 0.				
,	3.00						
DENA BELLMAN	Treasurer 3.00		0. 0.				
AMY BARRY	Director 2.00	0.	0. 0.				
, KRISTEN BARNEICH	Director	0.	0. 0.				
,	2.00	•	ς.				
JEFF LEE	Director 2.00	0.	0. 0.				
, LARRY VERNON	Secretary 3.00	0.	0. 0.				
, RICHARD VAN HOUTEN	Director 2.00	0.	0. 0.				
, LINDA AUSTIN	Director 2.00	0.	0. 0.				
, DAVID HUTSKO	Director 2.00	0.	0. 0.				
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California Statements

Page 2

Client 8146 5Cities Homeless Coalition, Inc. 27-0413593 02:12PM

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10/02/19

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
JOHN PETERS	Director 2.00	\$ 0.	\$ 0.	\$ 0.
′				
PEGGY COON	Director 2.00	0.	0.	0.
,				
KEN DALEBOUT	Director 2.00	0.	0.	0.
,				
LINDA PIERCE	Director 2.00	0.	0.	0.
,				

Total \$

Statement 3 Form 199, Part II, Line 17 Other Expenses

Statement 3 Form 199, Part II, Line 17 Other Expenses	
Accounting Fees BANK FEES	1,665.
BOARD EXPENSES. COMMUNICATIONS. COMMUNITY OUTREACH	
COMPUTER EXPENSE. DUES AND SUBSCRIPTIONS. FUNDRAISING	5,175. 640. 22,375.
Insurance INTERNET	10,493. 1,321.
MEALS AND ENTERTAINMENT MILEAGE Office Expenses	1,948. 9,054.
PAYROLL SERVICE Postage and Shipping Printing and Publications	659.
PROFESSÍONAL FEES. PROGRAM EXPENSES. REPAIRS	7,971.
Special Event Expenses STAFF DEVELOPMENT	53,197. 1,474.
TAXES VOLUNTEER APPRECIATION Total	646.

2018	California Statements	Page 3
Client 8146	5Cities Homeless Coalition, Inc.	27-0413593
0/02/19 Statement 4 Form 199, Schedule L, Line Other Assets	12	02:12PN
DEPOSITS Prepaid Expenses and I	Deferred Charges Total \$	8,334. 1,588. 1. 9,923.
Statement 5 Form 199, Schedule L, Line Other Liabilities	18	
	Total \$	77,341. 5,109. 82,450.
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12/31/18

2018 California Book Summary Depreciation Schedule

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Client 8146

5Cities Homeless Coalition, Inc.

2/19)									02:12
No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	<u> Method</u>	_Life	Current Depr.
orm	199									
Aut	to / Transport Equipment									
1	COMPUTERS	3/07/11	1/01/18	1,204			1,204	200DB HY	5_	
	Total Auto / Transport Equipment			1,204		0	1,204			
Ma	chinery and Equipment									
2	SERVER/NETWORK	6/29/17		8,134			1,162	200DB HY	7	1,9
	Total Machinery and Equipment			8,134		0	1,162			1,9
	Total Depreciation			9,338		0	2,366		=	1,9
	Grand Total Depreciation			9,338			2,366		=	1,9
	Depreciation Assets Sold			1,204			1,204			
	Depr Remaining Assets			8,134		0	1,162		=	1,9

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2018 California Book Depreciation Schedule

Page 1

Client 8146

5Cities Homeless Coalition, Inc.

2/19															02:12PM
No Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. <u>Depr.</u>	Salva /Bas <u>Reduc</u>	ge is ctn	Depr. Basis	Prior Depr.	Method	Life Rate	Current Depr.
Form 199															
Auto / Transport Equipment															
1 COMPUTERS	3/07/11	1/01/18	1,204								1,204	1,204	200DB HY	5	
Total Auto / Transport Equipment			1,204		0	0		0	0	0	1,204	1,204			
Machinery and Equipment															
2 SERVER/NETWORK	6/29/17		8,134								8,134	1,162	200DB HY	7 .24490	1,99
Total Machinery and Equipment			8,134		0	0		OP	0	0	8,134	1,162			1,99
Total Depreciation			9,338	,				0	0	0	9,338	2,366		-	1,99
Grand Total Depreciation			9,338	((0		0	0	0	9,338	2,366		-	1,99
Depreciation Assets Sold			1,204		0	0		0	0	0	1,204	1,204			
Depr Remaining Assets			8,134		0	0		0	0	0	8,134	1,162		=	1,992

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2019 California Book Depreciation Schedule

Page 1

Client 8146

10/02/19

5Cities Homeless Coalition, Inc.

	Date	. .					Prior								
No. Description	Acquired_	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 <u>Bonus</u>	Special Depr. Allow.	179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method .	Life	Rate	Current Depr.
orm 199															
Machinery and Equipment															
2 SERVER/NETWORK	6/29/17		8,134	1					<u> </u>	8,134	3,154	200DB HY	7	.17490	1,42
Total Machinery and Equipmer	nt		8,134	1	0	0	0	C	0	8,134	3,154				1,42
Total Depreciation			8,134	<u> </u>	0	0	0	(0	8,134	3,154			=	1,4.
Grand Total Depreciation			8,134	<u>1</u>	0	0	0		0_	8,134	3,154			=	1,42
					7 N		T G	<u> </u>							
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