

CHANGE OF ACCOUNTING PERIOD

TAXABLE YEAR **California Exempt Organization**
2020 Annual Information Return

FORM

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 01/01/2021, and ending (mm/dd/yyyy) 06/30/2021

Corporation/Organization name 5 CITIES HOMELESS COALITION INC		California corporation number 3190387	
Additional information. See instructions.		FEIN 27-0413593	
Street address (suite or room) PO BOX 558		PMB no.	
City GROVER BEACH		State CA	Zip code 93483-0558
Foreign country name		Foreign province/state/county	
		Foreign postal code	

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 Surrendered (Withdrawn) 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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	15,103	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	963,177	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	978,280	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	978,280	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	889,866	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	88,414	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and Interest. See General Information J	15		00
	16 Balance due. Add line 12, and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer u	Title EXECUTIVE DIRECTOR	Date	● Telephone 805-574-1638
Paid Preparer's Use Only	Preparer's signature u	Date 01/11/2022	Check if self-employed <input checked="" type="checkbox"/>	● PTIN P01454253
	Firm's name (or yours, if self-employed) u	GRIMSTAD & ASSOCIATES		● Firm's FEIN 93-1041672
	and address P.O. BOX 1930 NEWPORT, OR 97365			● Telephone 541-265-5411
	May the FTB discuss this return with the preparer shown above? See instructions ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

5 CITIES HOMELESS COALITION INC
27-0413593

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	45	00	
	3	Dividends	•	3	403	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income. Attach schedule SEE STATEMENT 1	•	7	14,655	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	15,103	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	•	11	48,515	00	
	12	Other salaries and wages	•	12	354,796	00	
	Expenses and Disbursements	13	Interest	•	13	3,329	00
		14	Taxes	•	14		00
		15	Rents	•	15	28,545	00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements. Attach schedule SEE STATEMENT 3	•	17	454,681	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	889,866	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		196,659	•	32,078
2 Net accounts receivable		420,666	•	655,940
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments. Attach schedule			•	
10 a Depreciable assets	654,835		706,835	
b Less accumulated depreciation	28,880	625,955	38,952	667,883
11 Land		350,000	•	350,000
12 Other assets. Attach schedule STMT 4		16,410	•	11,280
13 Total assets		1,609,690		1,717,181
Liabilities and net worth				
14 Accounts payable		70,097	•	83,736
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable STMT 5		237,500	•	150,000
18 Other liabilities. Attach schedule STMT 6		90,711		193,721
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		1,211,382	•	1,289,724
22 Total liabilities and net worth		1,609,690		1,717,181

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books	•	88,414
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule STMT 7	•	6,000
6	Total. Add line 1 through line 5		94,414
7	Income recorded on books this year not included in this return. Attach schedule SEE STMT 8	•	6,000
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	Total. Add line 7 and line 8		6,000
10	Net income per return. Subtract line 9 from line 6		88,414

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization 5 CITIES HOMELESS COALITION INC	Employer identification number 27-0413593
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Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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).

Name of organization 5 CITIES HOMELESS COALITION INC	Employer identification number 27-0413593
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAN LUIS OBISPO COUNTY 1055 MONTEREY ST D430 SAN LUIS OBISPO CA 93408-1003	\$ 570,877	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CAPSLO 1030 SOUTHWOOD DR SAN LUIS OBISPO CA 93401	\$ 40,655	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF GROVER BEACH 154 S 8TH STREET GROVER BEACH CA 93433	\$ 18,583	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE COMMUNITY FOUNDATION OF SAN LUIS OBISPO COUNTY 550 DANA ST SAN LUIS OBISPO CA 93401-3407	\$ 19,317	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GOOD SAMARITAN 245 E INGER DR SANTA MARIA CA 93454	\$ 11,367	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CITY OF PISMO BEACH 760 MATTIE RD PISMO BEACH CA 93449-2000	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GEORGE HOAG FAMILY FOUNDATION 2665 MAIN ST STE 220 SANTA MONICA CA 90405-4054	\$ 8,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CITY OF ARROYO GRANDE 300 E BRANCH ST ARROYO GRANDE CA 93420-2706	\$ 16,944	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	NEW LIFE COMMUNITY CHURCH 990 JAMES WAY PISMO BEACH CA 93449-3284	\$ 5,492	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	PACIFIC GAS & ELECTRIC COMPANY PO BOX 997300 SACRAMENTO CA 95899	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

California Statements**Statement 1 - Form 199, Part II, Line 7 - Other Income**

<u>Description</u>	<u>Amount</u>
EMPTY BOWLS	\$
FIN'S FIESTA	14,655
HOPE FOR HOMELESS GOLF TOUR	
TOTAL	\$ <u>14,655</u>

California Statements**Statement 2 - Form 199, Part II, Line 11 - Officer Compensation**

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
KEN DALEBOUT				PRESIDENT	5.00	
LINDA PIERCE				VICE PRESIDENT	3.00	
BRAD WILBERT				SECRETARY	4.00	
PAUL JARVIS				TREASURER	4.00	
NANCY ALLISON				DIRECTOR	2.00	
PEGGY COON				DIRECTOR	2.00	
PAT CUSACK				DIRECTOR	2.00	
JUDITH HIGGINS				DIRECTOR	2.00	
PASTOR DAVID HUTSKO				DIRECTOR	2.00	
CHIEF MICHAEL MARTINEZ				DIRECTOR	2.00	
MARIAM SHAH				DIRECTOR	2.00	
MIKE WOOTEN				DIRECTOR	2.00	
JANNA NICHOLS				DIRECTOR	2.00	
				EXECUTIVE DIRECTOR	40.00	48,515
TOTAL						<u>48,515</u>

California Statements**Statement 3 - Form 199, Part II, Line 17 - Other Expenses**

<u>Description</u>	<u>Amount</u>
OTHER EMPLOYEE BENEFITS	\$ 17,133
PAYROLL TAXES	35,683
ACCOUNTING	16,430
PAYROLL SERVICE	2,633
PARTNER CONTRACTS	29,423
POSTAGE	333
PRINTING	922
TRAVEL	473
CONFERENCES, MEETINGS	2,338
BANK AND MERCHANT FEES	1,732
DUES AND SUBSCRIPTIONS	650
EMPLOYEE RECRUITMENT	1,084
EVICTON PREVENTION	49,228
LICENSES AND TAXES	723
MISCELLANEOUS	443
RAPID REHOUSING	121,840
SUPPLIES AND EQUIPMENT	26,655
IN-KIND CONTRIBUTIONS	23,887
OFFICE	7,517
SERVICES	7,150
WEBSITE	600
SOFTWARE	1,417
LIABILITY	10,056
WORKERS COMP	2,357
HOST HOMES	3,183
IMMEDIATE NEEDS	30,481
TRANSITIONAL HOUSING	60,310
TOTAL	<u>\$ 454,681</u>

Statement 4 - Form 199, Schedule L, Line 12 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PREPAID EXPENSES	\$ 16,410	\$ 11,280
TOTAL	<u>\$ 16,410</u>	<u>\$ 11,280</u>

Statement 5 - Form 199, Schedule L, Line 17 - Mortgages Payable

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
MECHANICS BANK PPP LOAN	\$ 87,500	\$
US SBA EIDL LOAN	150,000	150,000
TOTAL	<u>\$ 237,500</u>	<u>\$ 150,000</u>

California Statements**Statement 6 - Form 199, Schedule L, Line 18 - Other Liabilities**

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 90,711	\$ 73,721
UNSECURED NOTES AND LOANS PAYABLE		120,000
TOTAL	\$ 90,711	\$ 193,721

Statement 7 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books

Description	Amount
DONATED SERVICES	\$ 6,000
TOTAL	\$ 6,000

Statement 8 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

Description	Amount
DONATED SERVICES	\$ 6,000
TOTAL	\$ 6,000