

TAXABLE YEAR

2020

California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

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

- A First return ☐ Yes ☒ No
- B Amended return ☐ Yes ☒ No
- C IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D Final information return?
- ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
- Enter date: (mm/dd/yyyy) • _____
- E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- F Federal return filed? (1) • ☐ 990T (2) • ☐ 990PF (3) • ☐ Sch H (990) (4) ☐ Other 990 series
- G Is this a group filing? See instructions ☐ Yes ☒ No
- H Is this organization in a group exemption ☐ Yes ☒ No
- If "Yes," what is the parent's name? _____

- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ☐ Yes ☒ No
- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. **N/A** ☐ Yes ☒ No
- K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
- If "Yes," enter the gross receipts from nonmember sources \$ _____
- L Is the organization a limited liability company? ☐ Yes ☒ No
- M Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No
- N Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
- O Is federal Form 1023/1024 pending? ☐ Yes ☒ No
- Date filed with IRS _____

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	87,363	00
	2	Gross dues and assessments from members and affiliates		00
	3	Gross contributions, gifts, grants, and similar amounts received	1,445,310	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	1,532,673	00
	5	Cost of goods sold		00
Expenses	6	Cost or other basis, and sales expenses of assets sold	8,311	00
	7	Total costs. Add line 5 and line 6	8,311	00
	8	Total gross income. Subtract line 7 from line 4	1,524,362	00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	1,264,138	00
Filing Fee	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	260,224	00
	11	Total payments		00
	12	Use tax. See General Information K		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		00
	15	Penalties and Interest. See General Information J		00
	16	Balance due. Add line 12, and line 15. Then subtract line 11 from the result		00

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 and correct.

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	16	00	
	3	Dividends	3		00	
	4	Gross rents	4		00	
	5	Gross royalties	5		00	
	6	Gross amount received from sale of assets (See Instructions) SEE STATEMENT 1	6	8,233	00	
	7	Other income. Attach schedule SEE STATEMENT 2	7	79,114	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	87,363	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 3	11		00	
	12	Other salaries and wages	12	519,100	00	
	13	Interest	13	4,837	00	
	14	Taxes	14		00	
	15	Rents	15	72,821	00	
	16	Depreciation and depletion (See instructions)	16		00	
	Expenses and Disbursements	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	17	667,380	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	1,264,138	00

Schedule L Balance Sheet**Beginning of taxable year****End of taxable year**

	(a)	(b)	(c)	(d)
Assets				
1 Cash		65,299		196,659
2 Net accounts receivable		159,868		420,666
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	548,883		654,835	
b Less accumulated depreciation	11,163	537,720	28,880	625,955
11 Land		350,000		350,000
12 Other assets. Attach schedule STMT 5		11,297		16,410
13 Total assets		1,124,184		1,609,690
Liabilities and net worth				
14 Accounts payable		1,826		70,097
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable STMT 6				237,500
18 Other liabilities. Attach schedule STMT 7		143,561		90,711
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		978,797		1,211,382
22 Total liabilities and net worth		1,124,184		1,609,690

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	260,224	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return. Attach schedule		Subtract line 9 from line 6	260,224
6 Total. Add line 1 through line 5	260,224		

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

OMB No. 1545-0047

2020▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

5 CITIES HOMELESS COALITION INC**27-0413593**

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 foundationCheck 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 33¹/₃% 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**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	\$ 369,489	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	\$ 183,796	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	\$ 148,881	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	\$ 91,176	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	\$ 47,232	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	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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27-0413593**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	CAL SEEDLING COMPANY PO BOX 2838 PISMO BEACH CA 93448-2838	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	GEORGE HOAG FAMILY FOUNDATION 2665 MAIN ST STE 220 SANTA MONICA CA 90405-4054	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	STEARNS, CAMERON AND KAYLA 1304 24TH STREET OCEANO CA 93445-9171	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CLARK, JUDSON 221 TWIN RIDGE DR 221 TWIN RIDGE DR SAN LUIS OBISPO CA 93405-1080	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	FUSINATI, JAN AND BOB PO BOX 2172 AVILA BEACH CA 93424-2172	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	PETERS, MICHELLE S PO BOX 14543 SAN LUIS OBISPO CA 93406-4543	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

5 CITIES HOMELESS COALITION INC

Employer identification number

27-0413593**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
13	MASON FAMILY TRUST PO BOX 842 EAGLE POINT OR 97524-0842	\$ 8,242	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	THE TJX FOUNDATION 770 COCHITUATE RD FRAMINGHAM MA 01701-4666	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	UNITED WAY OF SL COUNTY PO BOX 14309 SAN LUIS OBISPO CA 93406-4309	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	REDMOND, JAMES 360 CORRALITOS RD ARROYO GRANDE CA 93420-4926	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	EFSP LOCAL BOARD C/O CAPSLO 1030 SOUTHWOOD DR SAN LUIS OBISPO CA 93401	\$ 6,175	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	TOUCAN WINES 3850 ACRE WOOD PL ARROYO GRANDE CA 93420-6100	\$ 6,166	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

5 CITIES HOMELESS COALITION INC

Employer identification number

27-0413593

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
19	CITY OF ARROYO GRANDE 300 E BRANCH ST ARROYO GRANDE CA 93420-2706	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	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.)
21	AMAZON-BENEVITY C/O AMERICAN ONLINE GIVING FOUNDATIO 40 E MAIN ST STE 887 NEWARK DE 19711	\$ 5,145	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	TRADE, SHERRY 1020 MAGGIE LANE NIPOMO CA 93444-6662	\$ 5,025	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	ASPRION, LINDA K 266 TEMPUS CIRCLE ARROYO GRANDE CA 93420-2344	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	BANK OF THE SIERRA 500 MARSH ST SAN LUIS OBISPO CA 93401-3955	\$ 5,000	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

27-0413593**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
25	BARBER, LOIS 728 OCEAN BLVD SHELL BEACH CA 93449-2132	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	BIANCO, MARY L 7500 MONTEREY ST GILROY CA 95020-5826	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	CASHIN, JAMES AND FELICIA 1719 TRILOGY PKWY NIPOMO CA 93444-6621	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	EMPIRICAL SYSTEMS AEROSPACE INC PO BOX 595 PISMO BEACH CA 93448-0595	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	FHL BANK SAN FRANCISCO 333 BUSH ST STE 2700 SAN FRANCISCO CA 94104-2806	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	GONZALEZ, ARMANDO AND KARIN 1602 PAYTON WAY NIPOMO CA 93444-6614	\$ 5,000	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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27-0413593**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
31	LASIEWSKI, RICHARD AND KERSTI 509 VIA LA BARRANCA ARROYO GRANDE CA 93420-2719	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	STAPLETON, BOB AND TESS C/O SCHWAB CHARITABLE PO BOX 628298 ORLANDO FL 32862	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	WENAS, SANDI 451 PUESTA DEL SOL ARROYO GRANDE CA 93420-1437	\$ 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.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

California Statements

5/19/2021 4:32 PM

27-0413593

FYE: 12/31/2020

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description		How	Whom	Date	Date	Gross	Cost &	Depr	Net
		Received	Sold To	Acquired	Sold	Proceeds	Expense		Basis
ABBOTT LABS	54	SHARES		12/02/20	12/05/20	\$ 5,736	\$ 5,840	\$	5,840
		PURCHASE							
ABBOTT LABS	23	SHARES		12/23/20	12/26/20	2,497	2,471		2,471
		PURCHASE							
TOTAL						\$ 8,233	\$ 8,311	\$ 0	\$ 8,311

Statement 2 - Form 199, Part II, Line 7 - Other Income

<u>Description</u>	<u>Amount</u>
EMPTY BOWLS	\$ 43,570
FIN'S FIESTA	20,547
HOPE FOR HOMELESS GOLF TOUR	14,997
TOTAL	<u>\$ 79,114</u>

California Statements

27-0413593

FYE: 12/31/2020

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	City	State	Zip	Address	Title	Avg Hrs	Compensation Amount
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 JAKE MILLER					DIRECTOR	2.00	
JANE RENAHAN					DIRECTOR	2.00	
AMY TAYLOR					DIRECTOR	2.00	
MIKE WOOTEN					DIRECTOR	2.00	
TOTAL						2.00	
							0

California Statements**Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$
EMPTY BOWLS	
FOOD AND BEVERAGES	6,533
FIN'S FIESTA	
	806
HOPE FOR HOMELESS GOLF TOUR	
	1,153
OTHER EMPLOYEE BENEFITS	11,951
PAYROLL TAXES	42,878
ACCOUNTING	11,957
PAYROLL SERVICE	4,966
PARTNER CONTRACTS	29,300
POSTAGE	1,187
PRINTING	465
TRAVEL	1,132
CONFERENCES, MEETINGS	240
BANK AND MERCHANT FEES	3,580
DUES AND SUBSCRIPTIONS	330
EMPLOYEE RECRUITMENT	4,453
EVICTON PREVENTION	156,926
LICENSES AND TAXES	2,087
MISCELLANEOUS	516
RAPID REHOUSING	132,937
SUPPLIES AND EQUIPMENT	87,725
IN-KIND CONTRIBUTIONS	123,646
OFFICE	10,518
SERVICES	6,190
WEBSITE	3,018
SOFTWARE	2,519
LIABILITY	17,625
WORKERS COMP	2,742
TOTAL	\$ <u>667,380</u>

Statement 5 - Form 199, Schedule L, Line 12 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PREPAID EXPENSES	\$ 11,297	\$ 16,410
TOTAL	\$ <u>11,297</u>	\$ <u>16,410</u>

California Statements**Statement 6 - Form 199, Schedule L, Line 17 - Mortgages Payable**

Description	Beginning of Year	End of Year
MECHANICS BANK PPP LOAN	\$	\$ 87,500
US SBA EIDL LOAN		150,000
TOTAL	\$ 0	\$ 237,500

Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 46,104	\$ 90,711
UNSECURED NOTES AND LOANS PAYABLE	97,457	
TOTAL	\$ 143,561	\$ 90,711