

# California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **5CITIES HOMELESS COALITION, INC.**

California corporation number: **3190387**

FEIN: **27-0413593**

Street address (suite or room): **P.O. BOX 558**

City: **GROVER BEACH**

State: **CA** ZIP code: **93483**

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  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized

**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? If "Yes," what is the parent's name?  Yes  No

**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.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_  Yes  No

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.  Yes  No

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is federal Form 1023/1024 pending? Date filed with IRS \_\_\_\_\_  Yes  No

**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	84,188.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	866,055.00
	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	950,243.00
	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	950,243.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	933,384.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	16,859.00
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	Filing fee \$10 or \$25. See General Information F	15	10.00
	16	Penalties and interest. See General Information J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Title: **TREASURER** Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Preparer's signature: \_\_\_\_\_ Date: **10/02/18** Check if self-employed:  PTIN: **P00118088**

**Paid Preparer's Use Only**

Firm's name (or yours, if self-employed) and address: **BURKART & ASSOCIATES ACCTCY CORP  
694 SANTA ROSA STREET  
SAN LUIS OBISPO, CA 93401** FEIN: **77-0014050** Telephone: **805/543-6876**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	84,088.00	
	2	Interest	2	100.00	
	3	Dividends	3	00	
	4	Gross rents	4	00	
	5	Gross royalties	5	00	
	6	Gross amount received from sale of assets (See Instructions)	6	00	
	7	Other income	7	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	84,188.00	
	9	Contributions, gifts, grants, and similar amounts paid	9	00	
	10	Disbursements to or for members	10	00	
	11	Compensation of officers, directors, and trustees	11	0.00	
	12	Other salaries and wages	12	283,186.00	
	Expenses and Disbursements	13	Interest	13	00
		14	Taxes	14	26,830.00
		15	Rents	15	24,388.00
		16	Depreciation and depletion (See instructions)	16	1,162.00
		17	Other Expenses and Disbursements	17	597,818.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	933,384.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		163,174.		86,090.
2	Net accounts receivable		5,600.		70,159.
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				
10	a Depreciable assets	1,204.		9,339.	
	b Less accumulated depreciation	( 1,204. )		( 2,366. )	6,973.
11	Land				
12	Other assets	STMT 4	1,506.		12,059.
13	<b>Total assets</b>		170,280.		175,281.
<b>Liabilities and net worth</b>					
14	Accounts payable		20,751.		5,125.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities	STMT 5	71,668.		75,436.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		77,861.		94,720.
22	<b>Total liabilities and net worth</b>		170,280.		175,281.

**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	16,859.	7	Income recorded on books this year not included in this return	
2	Federal income tax		8	Deductions in this return not charged against book income this year	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year		10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return			Subtract line 9 from line 6	16,859.
6	<b>Total.</b> Add line 1 through line 5	16,859.			

CA 199		CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CALIFORNIA FINE WIRE	P.O. BOX 446 GROVER BEACH, CA 93483	05/01/17	5,000.
CITY OF GROVER BEACH	154 S 8TH STREET GROVER BEACH, CA 93433	06/29/17	12,500.
DIGNITY HEALTH	345 S HALCYON ROAD ARROYO GRANDE, CA 93420	01/16/17	5,000.
PAUL SCHNEIDER	2160 OCEAN STREET OCEANO, CA 93445	07/20/17	5,000.
UNION PACIFIC FOUNDATION	915 L STREET, SUITE 1180 SACRAMENTO, CA 95814	06/09/17	5,000.
WELLS FARGO	1580 W GRAND AVENUE GROVER BEACH, CA 93433	11/08/17	5,000.
THE TJX FOUNDATION	770 COCHITUATE ROAD FRAMINGHAM, MA 01701	12/12/17	7,500.
CITY OF PISMO BEACH	760 MATTIE ROAD PISMO BEACH, CA 93449	03/22/17	10,000.
COMMUNITY FOUNDATION OF SAN LUIS OBISPO COUNTY	550 DANA STREET SAN LUIS OBISPO, CA 93401	07/12/17	323,500.
COUNTY OF SAN LUIS OBISPO	P.O. BOX 1149 SAN LUIS OBISPO, CA 93406	12/26/17	60,000.
CITY OF ARROYO GRANDE	300 E BRANCH STREET ARROYO GRANDE, CA 93420	07/18/17	14,500.
TOTAL INCLUDED ON LINE 3			453,000.

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT    2

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
REV. EUGENIA GAMBLE P.O. BOX 558 GROVER BEACH, CA 93483	DIRECTOR 2.00	0.
KRISTEN BARNEICH P.O. BOX 558 GROVER BEACH, CA 93483	DIRECTOR 2.00	0.
JEFF LEE P.O. BOX 558 GROVER BEACH, CA 93483	DIRECTOR 2.00	0.
RICHARD VAN HOUTEN P.O. BOX 558 GROVER BEACH, CA 93483	DIRECTOR 2.00	0.
LINDA AUSTIN P.O. BOX 558 GROVER BEACH, CA 93483	DIRECTOR 2.00	0.
FRED WOLF P.O. BOX 558 GROVER BEACH, CA 93483	DIRECTOR 2.00	0.
JOHN PETERS P.O. BOX 558 GROVER BEACH, CA 93483	DIRECTOR 2.00	0.
PEGGY COON P.O. BOX 558 GROVER BEACH, CA 93483	DIRECTOR 2.00	0.
KEN DALEBOUT P.O. BOX 558 GROVER BEACH, CA 93483	DIRECTOR 2.00	0.
MIKE BYRD P.O. BOX 558 GROVER BEACH, CA 93483	PRESIDENT 3.00	0.
RICK GULINO P.O. BOX 558 GROVER BEACH, CA 93483	VICE-PRESIDENT 3.00	0.

5CITIES HOMELESS COALITION, INC.

27-0413593

DENA BELLMAN  
P.O. BOX 558  
GROVER BEACH, CA 93483

TREASURER  
3.00

0.

LARRY VERNON  
P.O. BOX 558  
GROVER BEACH, CA 93483

SECRETARY  
3.00

0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199 OTHER EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
PROGRAM EXPENSES	511,096.
FUNDRAISING	7,258.
PROFESSIONAL FEES	4,661.
COMPUTER EXPENSE	4,492.
DIRECT EXPENSES OF FUNDRAISING EVENTS	25,960.
ACCOUNTING FEES	6,057.
OFFICE EXPENSES	4,805.
INSURANCE	11,885.
ALL OTHER EXPENSES	21,604.
TOTAL TO FORM 199, PART II, LINE 17	597,818.

CA 199 OTHER ASSETS STATEMENT 4

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	1,506.	2,913.
DEPOSITS	0.	9,146.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,506.	12,059.

CA 199 OTHER LIABILITIES STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAXES PAYABLE	8,760.	13,664.
DEFERRED REVENUE	62,908.	61,772.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	71,668.	75,436.

**Corporation Depreciation and Amortization**

FORM 199

FEIN 27-0413593

Attach to Form 100 or Form 100W.

Corporation name

California corporation number

**5CITIES HOMELESS COALITION, INC.**

**3190387**

**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California	\$25,000
2	Total cost of IRC Section 179 property placed in service	
3	Threshold cost of IRC Section 179 property before reduction in limitation	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	
6	(a) Description of property	(b) Cost (business use only)
7	Listed property (elected IRC Section 179 cost)	(c) Elected cost
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from prior taxable years	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12	

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 1 COMPUTERS	03/07/11	1,204.	1,010.	200DB	5.00	0.	
2 SERVER/NETWORK	06/29/17	8,134.		200DB	7.00	1,162.	
<b>TOTALS</b>		<b>9,338.</b>	<b>1,010.</b>				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					1,162.	

**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	1,162.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	1,162.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	0.

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)					
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or 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					