

California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name

5CITIES HOMELESS COALITION, INC.

Additional information. See instructions.

California corporation number

3190387

FEIN

27-0413593

PMB no.

Street address (suite or room)

P.O. BOX 558

City

GROVER BEACH

Foreign country name

State

CA

Foreign province/state/county

Zip code

93483

Foreign postal code

Form section containing questions A through I regarding tax status, accounting methods, and filing requirements.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 3 columns: Description, Line Number, and Amount. Rows include Receipts and Revenues (Total: 941,665), Expenses (Total: 929,752), and Filing Fee (Total: 10).

Form section for Sign Here and Paid Preparer's Use Only, including signature of Dennis J Burkart and firm information for Burkart & Stevens.

**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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	228.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See Instructions)	6	
	7	Other income. Attach schedule. <b>SEE STATEMENT 1</b>	7	97,955.
	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	98,183.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	9	
	10	Disbursements to or for members.	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. <b>SEE STMT 2</b>	11	0.
	12	Other salaries and wages	12	386,189.
	13	Interest	13	
	14	Taxes	14	35,173.
	15	Rents	15	52,672.
	16	Depreciation and depletion (See instructions)	16	1,992.
	17	Other Expenses and Disbursements. Attach schedule. <b>SEE STATEMENT 3</b>	17	453,726.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	929,752.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		86,090.		20,448.
2	Net accounts receivable		70,159.		162,138.
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	9,338.		8,134.	
b	Less accumulated depreciation	2,366.	6,972.	3,154.	4,980.
11	Land				
12	Other assets. Attach schedule. <b>STM 4</b>		12,060.		9,923.
13	<b>Total assets</b>		175,281.		197,489.
<b>Liabilities and net worth</b>					
14	Accounts payable		5,125.		8,406.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule. <b>STM 5</b>		75,436.		82,450.
19	Capital stock or principal fund		94,720.		106,633.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	<b>Total liabilities and net worth</b>		175,281.		197,489.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>				
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	11,913.	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. Subtract line 9 from line 6
5	Expenses recorded on books this year not deducted in this return. Attach schedule			
6	<b>Total.</b> Add line 1 through line 5	11,913.		11,913.

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

Department of the Treasury  
Internal Revenue Service

California Copy  
**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

Name of the organization

5Cities Homeless Coalition, Inc.

Employer identification number

27-0413593

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

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).

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)**

Name of organization 5Cities 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) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF GROVER BEACH 154 S 8TH STREET GROVER BEACH, CA 93433	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNION PACIFIC FOUNDATION 915 L STREET, SUITE 1180 SACRAMENTO, CA 95814	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WELLS FARGO 1580 W GRAND AVENUE GROVER BEACH, CA 93433	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE TJX FOUNDATION 770 COCHITUATE ROAD FRAMINGHAM, MA 01701	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CITY OF PISMO BEACH 760 MATTIE ROAD PISMO BEACH, CA 93449	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	COMMUNITY FOUNDATION OF SLO 550 DANA STREET SAN LUIS OBISPO, CA 93401	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 5Cities 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) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COUNTY OF SAN LUIS OBISPO PO BOX 1149 SAN LUIS OBISPO, CA 93406	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CITY OF ARROYO GRANDE 330 E BRANCH STREET ARROYO GRANDE, CA 93420	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JAN & BOB FUSINATI P.O. BOX 2172 AVILA BEACH, CA 93424	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	GEORGE HOAG FAMILY FOUNDATION 2665 MAIN ST, STE 220 SANTA MONICA, CA 90405	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	RANDALL & SALLY KNIGHT 10050 CORONA ROAD ATASCADERO, CA 93422	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	EVAN AND MARY MASON P.O. BOX 842 EAGLE POINT, OR 97524	\$ 5,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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Name of organization 5Cities Homeless Coalition, Inc.	Employer identification number 27-0413593
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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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 completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ N/A Use duplicate copies of Part III if additional space is needed.

Table with 4 main sections, each containing columns for (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, and (d) Description of how gift is held. Each section also includes a sub-section (e) for Transfer of gift details like Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

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

Income from Special Events.....	\$ 97,955.
Total	<u>\$ 97,955.</u>

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

**Current Officers:**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Total Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
MIKE BYRD	President 3.00	\$ 0.	\$ 0.	\$ 0.
,				
RICK GULINO	Vice President 3.00	0.	0.	0.
,				
DENA BELLMAN	Treasurer 3.00	0.	0.	0.
,				
AMY BARRY	Director 2.00	0.	0.	0.
,				
KRISTEN BARNEICH	Director 2.00	0.	0.	0.
,				
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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**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 Per Week Devoted	Total Compensation	Contribution 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 \$ 0.	\$ 0.	\$ 0.

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

Accounting Fees.....	\$ 11,400.
BANK FEES.....	1,665.
BOARD EXPENSES.....	663.
COMMUNICATIONS.....	5,140.
COMMUNITY OUTREACH.....	1,899.
COMPUTER EXPENSE.....	5,175.
DUES AND SUBSCRIPTIONS.....	640.
FUNDRAISING.....	22,375.
Insurance.....	10,493.
INTERNET.....	1,321.
MEALS AND ENTERTAINMENT.....	20.
MILEAGE.....	1,948.
Office Expenses.....	9,054.
PAYROLL SERVICE.....	501.
Postage and Shipping.....	659.
Printing and Publications.....	20.
PROFESSIONAL FEES.....	7,971.
PROGRAM EXPENSES.....	317,021.
REPAIRS.....	1,249.
Special Event Expenses.....	53,197.
STAFF DEVELOPMENT.....	1,474.
TAXES.....	105.
VOLUNTEER APPRECIATION.....	646.
Total	\$ 454,636.

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

DEPOSITS.....	8,334.
Prepaid Expenses and Deferred Charges.....	1,588.
Rounding.....	1.
Total	\$ <u>9,923.</u>

**Statement 5  
Form 199, Schedule L, Line 18  
Other Liabilities**

Deferred Revenue.....	77,341.
PAYROLL TAXES PAYABLE.....	5,109.
Total	\$ <u>82,450.</u>

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Form 199										
Auto / Transport Equipment										
1	COMPUTERS	3/07/11	1/01/18	1,204			1,204	200DB HY	5	0
	Total Auto / Transport Equipment			1,204		0	1,204			0
Machinery and Equipment										
2	SERVER/NETWORK	6/29/17		8,134			1,162	200DB HY	7	1,992
	Total Machinery and Equipment			8,134		0	1,162			1,992
	Total Depreciation			9,338		0	2,366			1,992
	Grand Total Depreciation			9,338		0	2,366			1,992
	Depreciation Assets Sold			1,204		0	1,204			0
	Depr Remaining Assets			8,134		0	1,162			1,992

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Client 8146

5Cities Homeless Coalition, Inc.

27-0413593

10/02/19

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. Depr.	Salvage /Basis Reductn	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		0
	Total Auto / Transport Equipment			1,204		0	0	0	0	0	1,204	1,204				0
Machinery and Equipment																
2	SERVER/NETWORK	6/29/17		8,134							8,134	1,162	200DB HY	7	.24490	1,992
	Total Machinery and Equipment			8,134		0	0	0	0	0	8,134	1,162				1,992
	Total Depreciation			9,338		0	0	0	0	0	9,338	2,366				1,992
	Grand Total Depreciation			9,338		0	0	0	0	0	9,338	2,366				1,992
	Depreciation Assets Sold			1,204		0	0	0	0	0	1,204	1,204				0
	Depr Remaining Assets			8,134		0	0	0	0	0	8,134	1,162				1,992

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Client 8146

5Cities Homeless Coalition, Inc.

27-0413593

10/02/19

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. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 199																
Machinery and Equipment																
2	SERVER/NETWORK	6/29/17		8,134							8,134	3,154	200DB HY	7	.17490	1,423
Total Machinery and Equipment				8,134		0	0	0	0	0	8,134	3,154				1,423
Total Depreciation				<u>8,134</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>8,134</u>	<u>3,154</u>				<u>1,423</u>
Grand Total Depreciation				<u>8,134</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>8,134</u>	<u>3,154</u>				<u>1,423</u>

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