

California Exempt Organization Annual Information Return

Calendar Year 2019 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 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy)

E Check accounting method:
 1 Cash 2 Accrual 3 Other

F Federal return filed? 1 990T 2 990-PF 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 \$

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

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	80,033.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B.	3	2,021,332.
	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	2,101,365.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	2,101,365.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	1,229,201.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	872,164.
Filing Fee	11	Total payments.	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Filing fee \$10 or \$25. See General Information F.	15	10.
	16	Penalties and Interest. See General Information J.	16	
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.	17	10.
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.			
Paid Preparer's Use Only	Signature of officer	Title	Date	Telephone
	DENNIS J BURKART	PRESIDENT		805 574-1638
	Preparer's signature	Date	Check if self-employed	PTIN
	DENNIS J BURKART		<input type="checkbox"/>	P00118088
Firm's name (or yours, if self-employed) and address	BURKART & STEVENS			Firm's FEIN
	694 SANTA ROSA STREET			77-0014050
	SAN LUIS OBISPO, CA 93401			Telephone
				(805) 543-6876
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
	2	Interest	2	435.
	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. SEE STATEMENT 1	7	79,598.
Expenses and Disbursements	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1.	8	80,033.
	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. SEE STMT 2	11	0.
	12	Other salaries and wages.	12	441,963.
	13	Interest	13	
	14	Taxes	14	39,766.
	15	Rents	15	55,584.
	16	Depreciation and depletion (See instructions)	16	8,009.
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	17	683,879.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9.	18	1,229,201.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		20,448.		65,299.
2	Net accounts receivable		162,138.		159,868.
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	8,134.		548,882.	
b	Less accumulated depreciation	3,154.	4,980.	11,163.	537,719.
11	Land				350,000.
12	Other assets. Attach schedule. STM 4		9,923.		11,298.
13	Total assets		197,489.		1,124,184.
Liabilities and net worth					
14	Accounts payable		8,406.		1,826.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				97,457.
18	Other liabilities. Attach schedule. STM 5		82,450.		46,104.
19	Capital stock or principal fund		106,633.		978,797.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		197,489.		1,124,184.

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	872,164.	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	Total. Add line 1 through line 5	872,164.		872,164.

Schedule B

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

Department of the Treasury Internal Revenue Service

California Copy Schedule of Contributors

OMB No. 1545-0047

2019

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

5Cities Homeless Coalition, Inc.

Employer identification number

27-0413593

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

[] 527 political organization

[] 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

[X] 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, 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 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) No.	(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	\$ 191,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DIGNITY HEATH 345 S HALCYON ROAD ARROYO GRANDE, CA 93420	\$ 77,127.	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	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF PISMO BEACH 760 MATTIE ROAD PISMO BEACH, CA 93449	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COMMUNITY FOUNDATION OF SLO 550 DANA STREET SAN LUIS OBISPO, CA 93401	\$ 35,002.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	COUNTY OF SAN LUIS OBISPO PO BOX 8119 SAN LUIS OBISPO, CA 93403	\$ 1,272,520.	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JAN & BOB FUSINATI P.O. BOX 2172 AVILA BEACH, CA 93424	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	EVAN AND MARY MASON P.O. BOX 842 EAGLE POINT, OR 97524	\$ 14,263.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	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.)
10	ARMANDO AND KARIN GONZALEZ 1602 PAYTON WAY NIPOMO, CA 93444	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	UNITED WAY 1288 MORRO STREET SAN LUIS OBISPO, CA 93406	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	PACIFIC PREMIER BANK 17901 VON KARMAN AVENUE, #1200 IRVINE, CA 92614	\$ 5,000.	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	COMMUNITY ACTION PARTNERSHIP ----- 1030 SOUTHWOOD DRIVE ----- SAN LUIS OBISPO, CA 93401 -----	\$ 29,000.	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.)
-----	----- ----- -----	\$ -----	Person <input 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 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 ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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.

(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, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name 5CITIES HOMELESS COALITION, INC.	California corporation number 3190387
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

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

14 (a) Description of 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
SERVER/NETWORK	6/29/2017	8,134.	3,154.	200DB	7	1,423.	
LAND - 4TH STRE	8/30/2019	350,000.			0		
BUILDING - 4TH	8/30/2019	525,500.		S/L	39	5,061.	
2017 NISSAN ROG	2/07/2019	15,248.		S/L	5	1,525.	
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).....						15	8,009.

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).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
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.).....	18	

Part IV Amortization

19 (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 instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
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.....						22	

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

Income from Special Events.....	\$ 79,598.
Total	<u>\$ 79,598.</u>

Statement 2
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 Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
MIKE BYRD P.O. Box 558 ,	President 3.00	\$ 0.	\$ 0.	\$ 0.
PAT CUSACK P.O. Box 558 ,	Director 2.00	0.	0.	0.
AMY TAYLOR P.O. Box 558 ,	Director 2.00	0.	0.	0.
LARRY VERNON P.O. Box 558 ,	Secretary 3.00	0.	0.	0.
RICHARD VAN HOUTEN P.O. Box 558 ,	Director 2.00	0.	0.	0.
LINDA AUSTIN P.O. Box 558 ,	Director 2.00	0.	0.	0.
DAVID HUTSKO P.O. Box 558 ,	Director 2.00	0.	0.	0.
PEGGY COON P.O. Box 558 ,	Director 2.00	0.	0.	0.
KEN DALEBOUT P.O. Box 558 ,	Treasurer 3.00	0.	0.	0.
LINDA PIERCE P.O. Box 558 ,	Vice President 3.00	0.	0.	0.

Client 8146

5Cities Homeless Coalition, Inc.

27-0413593

7/01/20

09:32AM

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 Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
JUDITH HIGGINS P.O. Box 558 ,	Director 2.00	\$ 0.	\$ 0.	\$ 0.
RICHARD MALVAROSE P.O. Box 558 ,	Director 2.00	0.	0.	0.
ANNA MILLER P.O. Box 558 ,	Director 2.00	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

Accounting Fees.....	\$ 10,450.
BANK FEES.....	1,544.
BOARD EXPENSES.....	294.
COMMUNICATIONS.....	1,464.
COMMUNITY OUTREACH.....	3,505.
COMPUTER EXPENSE.....	2,934.
DUES AND SUBSCRIPTIONS.....	465.
FUNDRAISING.....	29,021.
HILLSIDE PROJECT.....	10,382.
Insurance.....	16,771.
INTEREST.....	5,332.
INTERNET.....	1,500.
MILEAGE.....	1,114.
MISCELLANEOUS.....	2,929.
Office Expenses.....	11,542.
Other Employee Benefit.....	19,268.
PAYROLL SERVICE.....	585.
Postage and Shipping.....	2,084.
Printing and Publications.....	1,010.
PROFESSIONAL FEES.....	7,679.
PROGRAM EXPENSES.....	541,755.
REPAIRS.....	672.
Special Event Expenses.....	3,635.
STAFF DEVELOPMENT.....	3,829.
TAXES.....	578.
VOLUNTEER APPRECIATION.....	3,537.
Total	<u>\$ 683,879.</u>

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

DEPOSITS.....	7,640.
Prepaid Expenses and Deferred Charges.....	3,657.
Rounding.....	1.
Total	\$ <u>11,298.</u>

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

Deferred Revenue.....	46,104.
Total	\$ <u>46,104.</u>

Client 8146

5Cities Homeless Coalition, Inc.

27-0413593

7/01/20

09:32AM

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										
4	2017 NISSAN ROGUE	2/07/19		15,248				S/L HY	5	1,525
Total Auto / Transport Equipment				15,248		0	0			1,525
Buildings										
3	BUILDING - 4TH STREET	8/30/19		525,500				S/L MM	39	5,061
Total Buildings				525,500		0	0			5,061
Land										
2	LAND - 4TH STREET	8/30/19		350,000						0
Total Land				350,000		0	0			0
Machinery and Equipment										
1	SERVER/NETWORK	6/29/17		8,134			3,154	200DB HY	7	1,423
Total Machinery and Equipment				8,134		0	3,154			1,423
Total Depreciation				<u>898,882</u>		<u>0</u>	<u>3,154</u>			<u>8,009</u>
Grand Total Depreciation				<u>898,882</u>		<u>0</u>	<u>3,154</u>			<u>8,009</u>

Client 8146

5Cities Homeless Coalition, Inc.

27-0413593

7/01/20

09:32AM

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																
4	2017 NISSAN ROGUE	2/07/19		15,248							15,248		S/L HY	5	.10000	1,525
Total Auto / Transport Equipment				15,248		0	0	0	0	0	15,248	0				1,525
Buildings																
3	BUILDING - 4TH STREET	8/30/19		525,500							525,500		S/L MM	39	.00963	5,061
Total Buildings				525,500		0	0	0	0	0	525,500	0				5,061
Land																
2	LAND - 4TH STREET	8/30/19		350,000							350,000					0
Total Land				350,000		0	0	0	0	0	350,000	0				0
Machinery and Equipment																
1	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>898,882</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>898,882</u>	<u>3,154</u>				<u>8,009</u>
Grand Total Depreciation				<u>898,882</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>898,882</u>	<u>3,154</u>				<u>8,009</u>