A For the 2020 calendar year, or tax year beginning

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(f) of the Internal Revenue Code (except private foundations)

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.

▶Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2020 calenda	ar year, or tax year beginning January 1 , 2020, and ending	Dec	ember	r 31 , 20
Вс	heck if ap	opilcable	C Name of organization 7	D Empl	oyer id	entification number 7
	Address d	hange	Mountain Homeless Coalition	i I	: 8	22515979
	Name cha	- 1	Number and street (or P.O. box if mail is not delivered to street address) 7 Room/suite	E Telep	honen	umber
	nitial retu	m n/terminated	P.O. Box 9226		90	9-713-4099
77	Amended Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou	ір Ехе	mption
=		n pending	Cedarpines Park, CA 92322		iber 0	
_		ling Method:	☐ Cash 🗹 Accrual Other (specify) 🕨			f the organization is not
9 Y	Vebsite	g .				ach Schedule B
JT	ах-ехеп	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert.no.) 🔲 4947(a)(1) or 🔲 527	-		0-EZ, or 990-PF).
		organization:				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets		
(Par	1 II, col	umn (B)) are \$	\$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	
P	art I	Revenu	ie, Expenses, and Changes in Net Assets or Fund Balances (see th	e instruc	tions	for Part I) 2
		Check if	the organization used Schedule O to respond to any question in this Part			
7	1		ons, gifts, grants, and similar amounts received	1	4	199833
7	2	Program s	ervice revenue including government fees and contracts		2	0
?	3	Membersh	nip dues and assessments		3	©
?	4	Investment	tincome		4	0
	5a	Gross amo	ount from sale of assets other than inventory 5a	o		<u> </u>
	ь	Less: cost	or other basis and sales expenses	0		
	C	Gain or (los	ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	Ð
	6	Gaming an	nd fundraising events:	l		
	a	Gross inc	ome from gaming (attach Schedule G if greater than	1		RECEIVED
9		\$15,000) .		O		
Revenue	ь	Gross inco	ome from fundraising events (not including \$ 0 of contributions)	ions	BO20	NOV 1 5 2021
Re			raising events reported on line 1) (attach Schedule G if the	j	Ì	140 x 1 9 2021;
_ ;		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	0		
	C		ct expenses from gaming and fundraising events 6c	0		OGDEN, UT
	ď		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract		
		line 6c) .	,	• • •	6d	0
	7a		es of inventory, less returns and allowances	O.		
	b		of goods sold	0		
	Œ		fit or (loss) from sales of inventory (subtract line 7b from line 7a)		76	0
	8		enue (describe in Schedule O)		8	0
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	🕨	9	199833
	10		d similar amounts paid (list in Schedule O)		10	
_	10		aid to or for members		77	
\$ 0 8	72	Salanes, o	other compensation, and employee benefits 2 nal fees and other payments to independent contractors 2 DEC 0 1 2021		12	1619
Expenses	13	Profession	ial fees and other payments to independent contractors M. D.C. V , LVLI.		13	47289
X	14	Occupanc	ry, rent, utilities, and maintenance	וימשת	14	785
90	15			וואט	15	70
	16	,	enses (describe in Schedule O) 2	• • •	16	152251
	17		enses, Add lines 10 through 16	🕨	17	202014
2	18 19		(deficit) for the year (subtract line 17 from line 9) s or fund balances at beginning of year (from line 27, column (A)) (must agree		18	-2180
SS	11.3		ar figure reported on prior year's return)		45	
Net Assets	20	-			19	16188
Ž	20		nges in net assets or fund balances (explain in Schedule 0)		20	51
	21	INEL ASSETS	s or fund balances at end of year. Combine lines 18 through 20	🕨	21	14059

	99-EZ (2020)	E - 170 - 12 / 170				Page 2
Par	Balance Sheets (see the instructions t	•		(P)A (II)		_
1	Check if the organization used Schedule	to respond to a	ny question in this	(A) Beginning of year		#D 5-4-7
22	Cash, sayings, and investments		1		-	(B) End of year
1			• • • • • •	2496	-	9078
23	Land and buildings			13692	23	0
25	Total assets			16188	-	5285
26	Total liabilities (describe in Schedule O)				25 26	14363
27	Net assets or fund balances (line 27 of column	(R) must saree will	n line 21)	16188		304 14059
Par					27	14059
المنظمة	Check if the organization used Schedule					Expenses
What		Serve and house the				equired for section
i	, or and or grammer primary or an appearance of the control of the				91	1(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the				janizations; optional for ers.)
28	Direct services to the homeless or at-risk of being ho	omeless in the mount	ain communities - p	roviding bridge		
1	housing, rental assistance, eviction prevention, housing	sing counseling, mov	ing expenses.			
1	346 households were served, with 176 receiving fina	ncial assistance				
7	(Grants \$ 160,855) If this amount	includes foreign gra	ints, check here .	▶ □	28	a 197,645
29	Snack and food assistance to the housing-insecure	students and their far	milles in the Rim of t	he World School		
i	District - providing snacks and holiday meal kits to le	ocal student who are	at risk of homeless:	ess.		j
	This program was largely dormant due to the Corona	avirus.				
1	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	▶ 🛛	29	a 266
30		······································				
1		····				
i		**************************************				
ļ		includes foreign gra	ints, check here .	▶ □	30	a
31	Other program services (describe in Schedule O)		• • • • •			
!		includes foreign gra		<u></u>	31:	
1	Total program service expenses (add lines 28a				32	
Par					nstri	ictions for Part IV)
!	Check if the organization used Schedule	i O to respond to ai	(c) Reportable	(O) Health benefits.	- 1	<u> Ll</u>
<u> </u>	(a) Name and title	(b) Average hours perweek devoted to position	compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	contributions to employ benefit plans, and		ether compensation
Dani	el Pensabene, President	1			Ī	
			9	<u> </u>	O	0
Sue?	Walker, Vice President	15	Í			
				<u> </u>	0	00
Beck	y Beavers, Treasurer	20		9		
				0	0	
Bon	nie Schaffer, Secretary	2			1	
1			ļ	0	0	<u>_</u>
Wen	dell Wilson, Board Member	10		1		
1				0	(O)	0
Melb	nda Eisenhart, Board Member	2			1	
]	0	0	0
Caro) Kinzel, Board Member	1				
1				D	0	
ع الدر	wab-Miley, Board Member	1				_
<u> </u>	<u> </u>			0	0	
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1					-	··
		4	}		J	
			!	\	_	

ALO

Part		in th	е	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	إ	Yes	No
22	detailed description of each activity in Schedule O	33		y
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			<u> </u>
_	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			1
	change on Schedule O. See instructions	34		•
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		1	
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		<u> </u>
© ©	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	-33D		
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	į	•
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		<u></u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			لـــا
b	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	37ь		
38 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	•	
Ь	If "Yes," complete Schedule L. Part II, and enter the total amount involved 38b 13,500			
39	Section 501(c)(7) organizations. Enter:		}	
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	<u> </u>		-
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0	1 '		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year]	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			1
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		- •	
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
•	40c reimbursed by the organization	1	;	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	 		
	transaction? If "Yes," complete Form 8886-T	40e		•
41	List the states with which a copy of this return is filed California	909-71	2 400	
42a	0139 47521312	92322		
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	72,022	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country ▶		1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Œ	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		
•	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year		J	
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form '990 must be		Yes	No
442	completed instead of Form 990-EZ	44a		
ь	make a state of the state of th	330	-	-
	completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		V
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			ئـــــــــــــــــــــــــــــــــــــ
4 90	explanation in Schedule O	444		-
45a b	Did the organization have a controlled entity within the meaning of section \$12(b)(13)?	45a	1	-
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		V

Form 99	D-EZ (2020)							Pag	_{JB} 4
								Yes	No
46		anization engage, directly or in				rin opposi	tìon		
		tes for public office? If "Yes," o		Pari		• • •	- 46		<u>v</u> E
Part		ion 501(c)(3) Organization:		.47 . 47 .60 1		2 0 12			
		ection 501(c)(3) organization	s must answer que	stions 47–49D and	52, and co	mplete th	e tables f	or line	3
		nd 51.	43-04) A	12-15-230				
	Chec	k if the organization used Scl	nedule O to respond	to any question in	this Part VI	• • •			
		7 - 47	22 712 2					Yes	No_
47		ganization engage in lobbying		section Sul(n) electi	on in ellect i	dunng the	13		
	•	es," complete Schedule C, Par				19 19 19	47		
48	•	nization a school as described in		-		• • •	- 48		
49 a		anization make any transfers t					. 49a		<u> </u>
b		as the related organization a se					. 49b		
5 9		his table for the organization's							key
	employees) who each received more than	\$100,000 of comper	nsation from the orga			e, enter "N	one."	
			(b).Average	(c) Reportable	(d) Health contributions		(e) Estimate	d ome o	l al
	(a) Name i	and title of each employee	inours iper week devoted to position	compensation (Forms W-2/1099-MISC	age (Franch				
			devoted to beamon	(FOITIS 44-27 (USS-144S)	compa	nsation			
none						Í			
					1				
									-
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1					1	ĺ	1		
51 ——	\$100,000 @	this table for the organization of compensation from the organ and business address of each independent	nization. If there is no	ensated independent one, enter "None." (b) Type of se	,		h received Compensati		than
				1					
none				#	į				
				<u> </u>					
					1				
				1	į				
	······					l			
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				1		 			
				1			-		
	Tatal	ber of other independent contr	actors each receiving	COVET \$100 (100	>	I	0		
						DITES #15=	 		
52		organization complete Sched					na ▶ ØYes	, m	^
Under true e	penaities of per	jury, il declare that il have examined this plete. Declaration of preparer (other tha	rewm, uncluding accompai in officer) is based on all inf	nying screaules and state! ormation of which prepare	nents, and to the Thas any knowle	e ipest ot my k edge.	mowiedge ani) (191190: c	IIS
	-1449 (FIN PALI				1 6	-	71		
e:)) =	Becky Beavers				2/104/	<u>at</u>		
Sign		_			ua				
Here	i	Becky Beavers, Treasurer vpe or print name and title							
			Drawnin slaven	il is	Date		э ГРЛИ		
Paic	Print	Луре ргерагег эпате	Preparer's signature	1	Jail	Check [J 37		
	parer		<u> </u>			sell-empl	oyed		
		sname 🕨			Far	m's ŒN ▶	·		
	. Firm	's address 🕨			Ph	one no.			
May	the IRS disc	uss this return with the prepare	er shown above? See	instructions			Ye:		0

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Rovenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

D. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMBING 1545-0047

Open to Public Inspection

Employer identification number

ועטו	Intain Homeless Coaution					82-25		
	rt I Reason for Public Chari						ns.	_
ו פּל	organization is not a private foundati				-	•	0.7	
1	A church, convention of church							
2	A school described in section 1							
3	A hospital or a cooperative hosp							
4	A medical research organization hospital's name, city, and state:	·						
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described	מנ
6	A federal, state, or local govern							
7	An organization that normally redescribed in section 170(b)[1)[]			oort from	a goven	nmental unit or from	the general pub	olic
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9	An agricultural research organiz	ation described	lin section 170(b)(1)(A)(ix) op	erated in	conjunction with a la	and-grant college	3
	or university or a non-land-gran university:		-	_		•	J	
10	receipts from activities related to	o its exempt fur income and unr	nctions, subject to cer elated business taxat	rtain exce de incom	eptions; a le (less se	and (2) no more than ection 511 tax) from	331 so Wes CC	-
	acquired by the organization aff An organization organized and							
11 12	<u> </u>						n and the mirror	
J -	of one or more publicly suppor							
	Check the box in lines 12a throu							
Œ.	a 🔲 Type L A supporting organiz	zation operated	, supervised, or contr	olled by i	ts suppo	nted organization(s),	typically by givin	9
	the supported organization(he directors or trust	ees of the	_
	supporting organization. Yo	u must comple	te Part IV, Sections	A and B.	•			
t	b 🔲 Type II. A supporting organ							
	control or management of the organization(s). You must c				persons	that control or man	age the supporte	đ
4	c Type III functionally integr its supported organization(s						illy integrated wit	þ,
•	d Type III non-functionally in that is not functionally integ	rated. The organ	nization generally mu:	st satisfy	a distribu	ition requirement an		
	requirement (see instruction	is). You must c	omplete Part IV, Sec	tions A a	and D, an	nd Part V.		
	 Check this box if the organitude functionally integrated, or Ty 						ill, Type III	
1	f Enter the number of supported of	•						
ſ	g Provide the following information							
	(i) Name of supported organization	(II) EIN	(jii) Type of organization (described on lines 1–10	((v) is the o listed in you	rganization u governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
			above (see Instructions))		ment?	instructions)	instructions)	
				Yes	No		·	
A)								
B)								
C)								
D)								_
E)								_
ot	al					<u> </u>		

Schedule A (Form 990 or 990-EZ) 2020 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (e) 2020 (d) 2019 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 4 133 16,190 91,315 199,833 311,471 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 4,133 16,190 Total. Add lines 1 through 3 91,315 199,833 311,471 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 311,471 Section B. Total Support (a) 2016 (c) 2018 (e) 2020 Calendar year (or fiscal year beginning in) (b) 2017 (d) 2019 (f) Total Amounts from line 4 4,133 16,190 91,315 199,833 311,471 7 8 Gross income from interest, dividends, payments received on securities loans, 9 10 11 12 13 Sec 14 15 18 17

	rents, royalties, and income from similar sources		0	0	១) 0
9	Net income from unrelated business activities, whether or not the business is regularly carried on		o	0	0		0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		o	0	0		0
11	Total support. Add lines 7 through 10	7 - 	1				311,471
12	Gross receipts from related activities, etc.					12	0
13	First 5 years, if the Form 990 is for the		s first, second	l, third, fourth,	or fifth tax ye	ear as a secti	on 501(c)(3)
	organization, check this box and stop he					•	<u> </u>
	on C. Computation of Public Support					 	
14	Public support percentage for 2020 (line			11,_column (f))	. : •	14	<u>%</u>
15	Public support percentage from 2019 Sc					15	<u> </u>
1 8 a	331/a% support test—2020. If the organization qua				na line 14 is 39	3'A% Or more	, check this
Þ	331/5% support test—2019. If the organiths box and stop here. The organization					is 331,5% or r	more, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization in Part VI how the organization meets the organization	neets the facts	-and-circumst	ances test, ch	eck this box a	and stop here	e. Explain in
ь	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	acts-and-circu	mstances test	, check this bo	ox and stop h	ere. Explain
18	Private foundation If the organization instructions .	did not check	a box on line	= 13, 16a, 16b	o, 17a, or 17b -	, check this b	oox and see
					Sc	hedule A (Form 6	190 or 990-EZ) 2020

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

► Attach to Form 990 or Form 990-EZ.

► Go to www.us.gov/Form990 for Instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

(10)

Open To Public Inspection

OMB No 1545-0047

Mountain Homeless Coalitic	on.							,	B2-2	25159	79		
Part I Excess Benefication Complete if the	fit Transactior e organization	s (section 501) answered "Yes	(c)(3), s s on F	section ! orm 99(501(c)(4), a 0, Part IV, I	ind sei	ction 501(c)(29) a or 25b, or For	orgar m 99	nzaho	ns or	1M)	40b	
1 (a) Name of disqualified	сегасл	(b) Relationship be			person and		(c) Descriptor	of tra	nsaction			(d) Con	ected?
(A) (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			N GANZA				(5) 5-33-4-33			<u> </u>		Yes	No
(1)													
(2)													
(3)													
(4)						<u> </u>							
(5)						<u> </u>							
(6)	<u></u>			<u> </u>		<u> </u>							
2 Enter the amount under section 4958				_		-	·	nng t	he ye	ar ► ş	<u> </u>		
3 Enter the amount o	f tax, if any, on	line 2, above,	reumbi	ursed by	the organ	ızatıor	1		. f	> \$	·		
Complete if th	e organization	ount on Form 9 (c) Purpose of	s" on f 990, Pa (d) Lo fro			2 nal	38a or Form 99	·	ert IV,	(h) Ap	proved or ruttee?	ŋw	ritten ment?
	}		To	From	1	j		Yes	No	Yes	No	Yes	No
(1) Becky Beavers	Treasurer	cash flow	1	1	1	3,500		+	1	1	 	~	
(2)		นกนีใ gov.		1				†	†				
(3)		reimbursemen		1	1				1		 		
(4)		arrived		1			_		1				
(5)							<u> </u>		\top				
(6)									1				
(7)								1			1		
(8)													
(9)				1				L					
(10)		<u> </u>	<u>l</u>	<u></u>	<u> </u>				L.			L	
Total .		•				>	\$ 0	<u> </u>					
Part III Grants or Ass Complete if the	e organization (b) Relation	fiting Interest answered Yearship between intere	s on I	Form 99	0, Part IV,	т—	d) Type of assistance		(0) Purpi	ose of a	ssistan	
	berson	and the organizatio	חַיַב	<u> </u>		-	·						
(1)						ļ							
(2)			}			<u> </u>			1		_		
(3)						1			 -				
(4)						<u> </u>	 		↓				
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(6)			 -↓			↓			 				
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	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Shi											
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of travisaction	(d) Description of transaction	(e) Sharing organization' revenues?							
(1)					Yes	No						
(2)												
(3)	<u> </u>											
(4)	<u> </u>				_	↓						
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Part V	Supplemental Information	on for responses to questions	en Cabadula I. (ass	- materialisms								
	Provide additional injormatic	ou joi teshouses to doesnous	on achequie L (sei	e instructions).								
												
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

990-EZ or to provide any additional information.

Open to Public Inspection

Employer Identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www irs.gov/Form990 for the latest information.

Mountain Homeless Coalition	82-2515979
	· -
Part 1 Expenses Line 16 Other Expenses	
rait i Lapenses	
Includes Direct Service expenses such as rental assistance, bridge housing, utility assistance, food	cards, bus passes, moving expenses
Total Direct Service costs (not including payroll and contract labor) is \$148,837.50	
Also includes operating expenses and liability insurance and rent.	
Part 1 Net Assets Line 20 Other changes in net assets	
\$51 was for a split-interest agreement to partner with the Housing Authority of San Bernardino Cour	nty on a Project Homekey property,
creating the Georgia Street Cabins LLC business entity	-
Part II Line 24 Other Assets	
Includes an inventory of gift cards and bus passes and gift bags and tents for future use as the nee	ds artse.
Part II Line 26 Total Liabilities Payroll taxes	
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