

**CITY OF EMERYVILLE/EMERYVILLE REDEVELOPMENT AGENCY
2016-2017 COMMUNITY GRANTS
FINAL REPORT**

Organization Name Emeryville Citizens Assistance Program

Mailing Address 3610 San Pablo Avenue, Emeryville, California 94608

Contact Person Bobby Miller Title: Volunteer Admin Assistant Phone: 510-410-3195

Project Title Emeryville Citizens Assistance Program

Start Date July 1, 2016 End Date: June 30, 2017

Please complete all sections of this form and **return 2 copies of the report form and 1 copy of all supporting documents to the City of Emeryville by 5 pm May 31, 2017.** If necessary, you may use additional sheets of paper. Supporting documents MUST include copies of any publicity the project received, marketing materials, programs, and/or brochures, and may include photographs, slides and other relevant materials which document your project activities. **BE SURE THE REPORT IS SIGNED, AND BE SURE TO MAKE A COPY FOR YOUR FILES.** This report must be typed.

1. Provide a brief description of approved project (incl. activities, dates, sites). Please briefly describe any changes in the project since the application was submitted:
 1. Healthy food distribution six days per week: products include fruits, vegetables, meats, can goods, dry packaged goods, can goods, and frozen meals.
 2. Prepared food from healthy food providers distributed weekly at ECAP, and hot meals served in nearby parks and homeless encampments.
 3. Clothing distribution: giving away new and used clothes in emergencies.
 4. Holiday donation drives collecting essentials to provide Thanksgiving food baskets, Christmas gifts (children toys) and Christmas day dinner.
 5. Regular distribution of house hold items.

All operations were carried out by ECAP volunteers. Donations from the City of Emeryville, County of Alameda Food bank, corporate and private individuals made the project possible.

2. Did this project achieve the goals which had been originally intended? Identify any significant problems or difficulties encountered in the execution of this project. Please be frank.

ECAP met and exceeded the goals that had been originally intended as follows:

ECAP statistics are tracked separately for general public distribution and federal government sponsored programs. USDA is the federal government giveaway program administered through ECAP and the Alameda County Community Food Bank. General public distributions are comprised of supplies from food drives, regular donations from local Emeryville businesses, corporate food stores in Marin and Contra Costa Counties, as well as direct food purchases using private and corporate donations. Alameda County's Food Bank also provides large quantities of fruits, vegetables, and dry goods to be distributed to the public in addition to the special government sponsored programs.

General public distribution:

The public is served often as their need arises. Many come several times per week. These statistics reflect the total number of people counted at daily distributions.

Total number of people served	182,430	July 1, 2016 to April 30, 2017
Total number of households(families)	63,590	July 1, 2016 to April 30, 2017

USDA government monthly distribution: (one day per month)

Total number of people served	9,340	July 1, 2016 to April 30, 2017*
Total number of households(families)	3,237	July 1, 2016 to April 30, 2017
* Total number of people counted at each distribution		

Actual cash value of food, clothing, and other items distributed in our community by ECAP are conservatively estimated at more than 3 million dollars this year.

Clothing distributed -- New and used clothes made available every day for people to serve themselves. ECAP maintains an after-hours clothes box assessable for people who are unable to come in during regular business hours. In addition, we help people find clothing suitable for job interviews, children's school clothes, and our most recent emphasis is finding and providing suitable clothing for expectant mothers and their new babies.

Holiday drives for Thanksgiving food, Christmas gifts and Christmas dinner --

Special Thanksgiving baskets distributed to seniors and families increased from 450 last year to approximately 600 this year. To assist seniors ECAP made personal deliveries of baskets to several local living facilities, and numerous people who were sick and shut in throughout the city. Additionally, hot food was delivered to local homeless encampments.

In collaboration with Emeryville Unified School District and the Alameda County Fire Department in Emeryville, ECAP assisted in a Christmas gift distribution for approximately 500 local children. Plenty toys were available for all the children to come to the event.

Additional services provided by ECAP during the year included emergency shuttle service transportation helping a number of people to their medical and other important appointments; resource referrals; helping clean up our neighborhood; and responding to needs of families referred by the food bank and other agencies for assistance. The inclusion of an already prepared lunch on Saturdays and a regular hot meal feeding at homeless encampments increased our outreach in the homeless community.

As the public demands more services, the lack of adequate vehicles is a major problem. Most organizations require us to pick up donations from their places of business. We still need another cargo van in good working condition to meet our daily needs.

3. Briefly describe your marketing effort and discuss its effectiveness.

We have made ECAP signs placed on the sides of our vehicles. We have established social media with facebook page profile name Emeryville Citizens Assistance Program – ECAP, Twitter, "Go Fund Me", Paypal, YouTube, and internet web page www.ecaprogram.org.

In addition, ECAP has a printed tri-fold information pamphlet and flyer.

These efforts have produced heightened awareness and interest in helping ECAP, as many new volunteers have come forward willing to work on meeting the increased level of need in the community. We have established liaison with additional businesses who are stepping up with donations of food, etc. ECAP is working to help people become self-sufficient individuals.

4. List the number of people directly employed by this project including yourself, if applicable. Attach a list of all paid staff to this report:

A.	Artistic Personnel:	<u>0</u>
C.	Other Personnel:	<u>0</u>
B.	Administrative Personnel:	<u>0</u>
D.	Total (Add A+B+C):	<u>0</u>

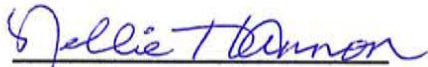
5. How many people (individuals and households) were directly reached by this project (not including organization/project personnel): 191,770*.
* These numbers include repeat customers, counted again each time they come in for a donation.
6. How did the program/activity benefit the Emeryville community and/or contribute to the artistic and cultural aspects of Emeryville?

ECAP provides a source of support for many people in need of food, clothing, and other basics for survival. The kind of support and outreach provided by ECAP serves to help keep families together. The program serves all age groups, genders, preferences, national origins, and disabled.

Volunteers treat people with dignity and respect. Our client-choice shopping method gives participants the same experience as if they were shopping in a regular grocery store. This positive community interaction makes some people more appreciative of the City of Emeryville and inspires them to volunteer, helping to clean up some of the street blight and trash. For others who are not destitute, a little food or clothing from ECAP elevates them to the point they can make it on their own, improving their dignity and sense of pride.

ECAP provides a mechanism for the City, through its grant support, to improve the conditions of people in need, helping them to become self-sufficient.

Date: 5-30-17


Nellie Hannon, Director

**CITY OF EMERYVILLE
COMMUNITY GRANTS
FY 16-17 FINAL REPORT
BUDGET SUMMARY**

Actual FY 16-17 Program/Activity Cash Expenses		
Line-Item	Total Actual Line Item Cost	Amount of Community Grant Funds Used for Line-Item
Admin. Salaries & Fees (including any Fiscal Agent fees)	0	
Artistic Salaries & Fees	0	
Other Salaries & Fees (specify)	0	
Equipment/Supplies/Materials		
1. Cleaning/janitorial	1,600	
2. Hygiene	1,500	
3. Vehicles	6,750	
4. Walk-in Freezer	12,700	
5. Office Equipment/Supplies	1,200	
6. Building Maintenance	1,440	
Travel/Transportation	9,600	
Promotion/Publicity	200	
Other Expenses (Specify)		
1. Insurance	5,112	
2. Legal	1,500	
3. Food	4,750	
4. General operations	3,600	
Other Administrative Expenses		
1. Rent		
2. Taxes	48,792	48,792
3. EBMUD	6,900	6,900
4. Verizon	759.25	812.52 759.25
5. ATT	1,586.59	1,560
6. PG&E	1,153.04	982.80
	6,038.87	4,709.64
Total Program/Activity Cash Costs	\$103,819.75	\$63,756.96
Total Community Grant Funded Costs (should be equal to grant award amount, unspent grant funds must be returned to the City/Agency per Section 3 of the funding agreement.)	\$63,756.96	\$63,756.96


Actual FY 16-17 Program/Activity Cash Income	
	Cash Amount
Emeryville Community Promotions Grant Request	\$63,756.96
Other Funding Sources	
Other Public Grants	
Private Foundations	
Corporate Contributions	\$23,500.00
Concessions/Ticket	
Sales, Other Cash, Private Donations	\$16,562.79
Other Funding Total:	\$40,062.79

EMERYVILLE CITIZENS ASSISTANCE PROGRAM
3610 SAN PABLO AVE
EMERYVILLE, CA 94608-3902

DATE 7/28/16 90-4187/1211

PAY TO THE ORDER OF Adhai Karim \$ 4641.00

Forty Six Hundred Forty one Dollars DOLLARS

 Bank of America
www.bankofamerica.com
6101 15th Street, Suite 1111
San Francisco, CA 94111

FOR Rent/Taxes: July 2016 Aratha Smith

⑈001256⑈ ⑆121141877⑆ 22301659⑈

Taxes & rent paid to owner:

$$\begin{array}{r} 51,051 \\ + 4,641 \text{ due in June} \\ \hline \text{Total } \$55,692 \end{array}$$

17-18 proposed budget

rent 50,255.76 - 3% Raise per Consumer price index
Taxes 7,038.00 - 2% Tax increase

1/1

EMERYVILLE CITIZENS ASSISTANCE PROGRAM
3610 SAN PABLO AVE
EMERYVILLE, CA 94608-3902


1268


DATE 9-1-16 90-4187/1211

PAY TO THE ORDER OF Adlai Kasim \$ 4641.00

Fourty-six hundred forty-one & 00/100 DOLLARS



FOR Sept 2016 rent & taxes


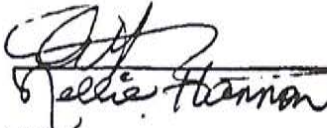


Bank of Marin
www.bankofmarin.com
P.O. Box 24880 San Francisco, CA 94114
101 Green Ave., Ste. 100, Sausalito, CA 94965


Security Features

[Signature]
Jellie Harmon

⑈001268⑈ ⑆121641877⑆ 22301659⑈

EMERYVILLE CITIZENS ASSISTANCE PROGRAM 3610 SAN PABLO AVE EMERYVILLE, CA 94608-3902		1270
DATE <u>10/3/2016</u>		90-4187/1211
PAY TO THE ORDER OF <u>Adlai Karim</u>	\$ <u>4641.00</u>	
<u>Four thousand six hundred forty one DOLLARS</u>		DOLLARS
 Bank of Marin 17719 WFO RD SUITE 111 155 Grove St., San Francisco, CA 94103		
FOR <u>October 2016 Rent & Taxes</u>		
<u>Artha McClellan</u>		
⑈001270⑈ 12121418771 22301659⑈		

EMERYVILLE CITIZENS ASSISTANCE PROGRAM 3610 SAN PABLO AVE EMERYVILLE, CA 94608-3902		1274 90-4187/1211
PAY TO THE ORDER OF <u>Adlai Karim</u>		DATE <u>11-1-16</u>
\$ <u>4641.00</u>		
Four thousand six hundred forty-one and 00/100 DOLLARS		
FOR <u>Nov 2016 rent & taxes</u>		 Bank of Marin 170 7th Street, Suite 100 Emeryville, CA 94608
 Jellie Hannon		
⑈001274⑈ ⑈121641877⑈ 22301659⑈		

EMERYVILLE CITIZENS ASSISTANCE PROGRAM
3610 SAN PABLO AVE
EMERYVILLE, CA 94608-3902

1280

DATE 12-2-16 90-4187/1211

PAY TO THE ORDER OF Adlai Karim \$ 4,641.00

Four Thousand Six Hundred Forty One & 00/100 DOLLARS

FOR Rent & Taxes

Nellie Hannon
Arthur McPherson

Bank of Marin
www.bankofmarin.com
215 719 2000 800 464 5111
215 Sutter Ave., Ste. 100 Emeryville, CA 94601

001280 12121641877 22301659

EMERYVILLE CITIZENS ASSISTANCE PROGRAM 3610 SAN PABLO AVE EMERYVILLE, CA 94608-3902		1288
DATE <u>4-3-17</u>		90-41874211
PAY TO THE ORDER OF <u>Adlai Karim</u>	\$ <u>4,641.00</u>	
<u>Four Thousand Six Hundred Forty One & 00/100</u>		DOLLARS
FOR <u>Jan. Rent & Taxes</u>	<u>Jellie Harmon</u> <u>Arthur M. D.</u>	
1100128811 12211418771 2230165911		

EMERYVILLE CITIZENS ASSISTANCE PROGRAM		1291
3610 SAN PABLO AVE EMERYVILLE, CA 94608-3902		
PAY TO THE ORDER OF	<i>Dollar Karim</i>	DATE <i>2-1-17</i> 90-4187/1211
<i>four thousand six hundred forty one & 00/100</i>		\$ <i>4641.00</i>
FOR <i>Feb 2017 rent take</i>		<i>[Signature]</i> <i>Kellie Thannon</i>
Bank of America 100 Spring St., 10th Floor, San Francisco, CA 94104		
⑈001291⑈ ⑈1212141877⑈ 22301659⑈		

EMERYVILLE CITIZENS ASSISTANCE PROGRAM		1299
3610 SAN PABLO AVE		
EMERYVILLE, CA 94608-3902		
DATE <u>MARCH 2-2017</u>		
PAY TO THE ORDER OF <u>ADLAI KARIN</u>		\$ <u>4,641.00</u>
<u>Four-Thousand Six Forty ONE & 00/100</u> DOLLARS		
FOR <u>Rent + Tapes</u>		
Bank of Marin 215 S. Main St., Ste 100 San Rafael, CA 94901		
<u>Jellie Hannon</u> <u>Ortha McCI</u>		
⑈001299⑈ ⑆121141877⑆ 22301659⑈		

EMERYVILLE CITIZENS ASSISTANCE PROGRAM		1307
3610 SAN PABLO AVE EMERYVILLE, CA 94608-3902		
PAY TO THE ORDER OF	<i>Adlai K. Kim</i>	DATE <i>4-2-17</i> 90-4187/1211
<i>Four thousand six hundred forty-one and 00/100</i>		\$ <i>4641.00</i>
FOR	<i>April 2017 rent & taxes</i>	<i>[Signature]</i>
		<i>Nellie Hannon</i>
⑈001307⑈ ⑆121141877⑆ 22301659⑈		


EMERYVILLE CITIZENS ASSISTANCE PROGRAM
3610 SAN PABLO AVE
EMERYVILLE, CA 94608-3902

1310

DATE 5-2-17 90-4187/1211

PAY TO THE ORDER OF A&Lai KARIM \$ 4,641.00

Four Thousand Six Forty ONE & 00/100 DOLLARS


Bank of America
100 Main St, 100 Main St, 100 Main St
100 Main St, 100 Main St, 100 Main St

FOR _____

Jellie Hannon
Aretha P. McC

001310 122648771 22301659

EMERYVILLE CITIZENS ASSISTANCE PROGRAM		1252
3610 SAN PABLO AVE		
EMERYVILLE, CA 94608-3902		
DATE <u>7-9-16</u>		90-4187/1211
PAY TO THE ORDER OF <u>AT&T</u>	\$ <u>81.90</u>	
<u>Eighty-One & 90/100</u>		DOLLARS
FOR <u>Cable & internet</u>		
<u>Acct #: 123237426-7</u>		
<u>Nellie Hannon</u>		
1001252 12141877 22301659		

AT&T:

1071.14 paid.
+ 81.90 due in June
\$ 1,153.04

1260

EMERYVILLE CITIZENS ASSISTANCE PROGRAM

3610 SAN PABLO AVE
EMERYVILLE, CA 94608-3902

DATE 8-13-16 90-4187/1211

PAY TO THE ORDER OF AT 4T \$ 81.90



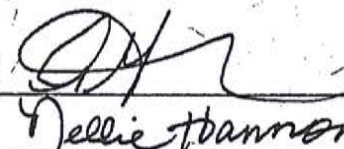
Eighty-one & 90/100 DOLLARS

Bank of Marin
913 THE BRIDGE 222 854-5111
100 Grove Ave., Ste. 100 Sausalito, CA 94965

FOR Public Internet
Acct #: 123237926-7

[Signature]
Debbie Hannon

⑈001260⑈ ⑆121141877⑆ 22301659⑈

EMERYVILLE CITIZENS ASSISTANCE PROGRAM		1264
3610 SAN PABLO AVE EMERYVILLE, CA 94608-3902		
DATE <u>9-1-16</u>		90-4187/1211
PAY TO THE ORDER OF <u>AT & T</u>	\$ <u>91.14</u>	
<u>Ninety one & 00/100</u>	DOLLARS	
FOR <u>Acct #: 123 337 926-7</u>		
 Bank of America www.bankofamerica.com 1-800-432-1000 123 Main St., 1st Fl., Emeryville, CA 94602		
 Nellie Hannon		
⑈001264⑈ ⑆121141877⑆ 22301659⑈		

EMERYVILLE CITIZENS ASSISTANCE PROGRAM		1295
3610 SAN PABLO AVE EMERYVILLE, CA 94608-3902		
PAY TO THE ORDER OF	<u>AT&T</u>	DATE <u>2-9-17</u> 90-4187/1211
<u>Four-hundred forty-seven & 46/100</u>		\$ <u>447.46</u>
FOR <u>Acct #: 123237926</u>		
Bank of Marin www.bankofmarin.com 1000 S. Main St., Suite 100, San Francisco, CA 94104		
<u>[Signature]</u> Ellie Thannon		
⑈001295⑈ ⑆121141877⑆ 22301659⑈		



EMERYVILLE BAY ST RETAIL STORE
5691 BAY ST, AT&T Store
EMERYVILLE, CA 94608
(510) 420-0156
Store No. S173 Kiosk No. 60

Customer:hannon nellie
Account Number:123237926
Service Payment 368.74

SUBTOTAL 0.00
TOTAL AMOUNT DUE 368.74
Electronic Check TENDERED 368.74
Account number :XXXX1659
*Signature Verified

CHANGE DISPENSED 0.00

CASHIER: SELF SERVICE KIOSK



* X S 1 7 3 2 T H C T 8 M 8 *

05/28/2017 16:52:14
CUSTOMER COPY

Thank you for choosing AT&T!
We are here for you 24 x 7 at
att.com/support.

EMERYVILLE CITIZENS ASSISTANCE PROGRAM 3610 SAN PABLO AVE EMERYVILLE, CA 94608-3902		1251
DATE <u>7/9/16</u>		90-4187/1211
PAY TO THE ORDER OF <u>Verizon</u>	\$ <u>129.46</u>	
<u>One-hundred twenty-nine & 46/100</u>		DOLLARS
FOR <u>Phone</u>	<u>37312957-00001</u>	
<u>Nellie Hannon</u>		
110012511 12121146877 22306659		

Verizon

1457.35	paid these 5/18/17
+ 129.24	June bill
<hr/>	
Total	\$ 1586.59

EMERYVILLE CITIZENS ASSISTANCE PROGRAM
3610 SAN PABLO AVE
EMERYVILLE, CA 94608-3902

1262

DATE 8-13-16 90-4187/1211

PAY TO THE ORDER OF Verizon Wireless \$ 129.69

One-hundred twenty-nine & 69/100 DOLLARS

FOR Acct # 373112957-00001

[Signature]
Jellie Cannon

Bank of America
www.bankofamerica.com
100 Spring Lake, CA 94595
916-744-8822

00012620 1212141877 22306659

EMERYVILLE CITIZENS ASSISTANCE PROGRAM		1271
3610 SAN PABLO AVE		
EMERYVILLE, CA 94608-3902		
DATE <u>10-3-2016</u>		90-4187/1211
PAY TO THE ORDER OF <u>Verizon</u>	\$ <u>141</u> <u>80</u>	
<u>One Hundred Forty One & 80/100</u>	DOLLARS	
FOR <u>Business/cell</u>	<u>Ortha Mike</u>	
Bank of Marin		
Acc # <u>373112957-880001</u>		
⑈00127⑈ ⑆121141877⑆ 22306659⑈		

EMERYVILLE CITIZENS ASSISTANCE PROGRAM		1278
3610 SAN PABLO AVE EMERYVILLE, CA 94608-3902		90-4187/1211
PAY TO THE ORDER OF	Verizon Wireless	DATE 11-1-16
One-hundred thirty-four & 97/100		\$ 134.97
DOLLARS		
Bank of Marin www.bankofmarin.com 970 9th Street, Ste 200, San Francisco, CA 94111 949-446-1111		
FOR ACCT#:	6035 3204 0463 8981	DPH Nellie Thompson
11001278 112111418771 2230165911		

EMERYVILLE CITIZENS ASSISTANCE PROGRAM
3610 SAN PABLO AVE
EMERYVILLE, CA 94608-3902

1284

DATE 12/7/16 90-4187/1211

PAY TO THE ORDER OF Verizon Wireless \$ 269.44

Two-hundred sixty-nine & 44/100 DOLLARS

Bank of Marin
www.bankofmarin.com
50013 Main Street, Suite 100
1300 Main St., San Francisco, CA 94103

FOR Acct # 3731 18957-00001

[Signature]
Nellie Tannon

001284 121141877 22301659

EMERYVILLE CITIZENS ASSISTANCE PROGRAM
3610 SAN PABLO AVE
EMERYVILLE, CA 94608-3902

1289

DATE 1-8-17 90-4187/1211

PAY TO THE ORDER OF Verizon Wireless \$ 129.31

One hundred twenty-nine & 31/100 DOLLARS

Bank of Marin
1000 CA STREET, 1ST FLOOR
1000 CA STREET, 1ST FLOOR
1000 CA STREET, 1ST FLOOR

FOR Invoice # 1557850647

Acct # 373112957-00001 Helene Cannon

001289 121141877 22301659

EMERYVILLE CITIZENS ASSISTANCE PROGRAM
3610 SAN PABLO AVE
EMERYVILLE, CA 94608-3902

1294

DATE 2-4-17 90-4187/1211

PAY TO THE ORDER OF Verizon \$ 129.24

One hundred Twenty Nine & 24/100 DOLLARS

Bank of Marin
www.bankofmarin.com
877-771-8822 or 415-924-9111
100 S. Main St., Ste 100, Sausalito, CA 94965

FOR _____

Jellie Hainson
Order Manager

001294 121141877 22301659

EMERYVILLE CITIZENS ASSISTANCE PROGRAM
3610 SAN PABLO AVE
EMERYVILLE, CA 94608-3902

1304

DATE 3-16-17 90-4187/1211

PAY TO THE ORDER OF Verizon Wireless \$ 129.24

One hundred twenty-nine & 24/100 DOLLARS

FOR Alert #: 37312934-0000

Bank of Marin
1000 Marin Blvd., Suite 100
Sausalito, CA 94965
415-456-1111

[Signature]
Jellie Herman

001304 11 1121141877 22301659



Customer Support

Activity - Deposit Accounts

Report created: 05/28/2017 03:03:02 PM (ET)

Account: 121141877 • *1659 • Checking • Business Checking • Accessible \$4,665.57

Date range: 5/1/2017 to 5/28/2017

Transaction types: Selected transactions

Detail option: Includes transaction detail

121141877 • *1659 • Checking • Business Checking • Accessible \$4,665.57*Verizon check*

Post Date	Reference	Additional Reference	Description	Debit	Credit	Calculated Balance
05/18/2017	920,051717137,941,,V		PREAUTHORIZED ACH DEBIT 920,051717137,941,,VZ WIRELESS VW VZW WE BPAY 170517	\$263.83		\$4,928.21
05/02/2017	Pacific Gas & El PA		PREAUTHORIZED ACH DEBIT Pacific Gas & El PAYMENT 170501	\$526.68		\$10,197.74
05/28/2017	Totals			\$790.51	\$0.00	

EMERYVILLE CITIZENS ASSISTANCE PROGRAM
3610 SAN PABLO AVE
EMERYVILLE, CA 94608-3902


1254

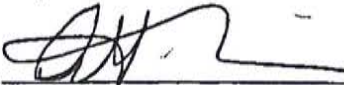
DATE 7-9-16 90-4187/1211


PAY TO THE ORDER OF EBMUD \$ 198.86

One-hundred twenty-eight & 86/100 DOLLARS

FOR 34327200001


Bank of Marin
1000 S. MARIN BLVD., SUITE 100
SAN MARINO, CA 94068


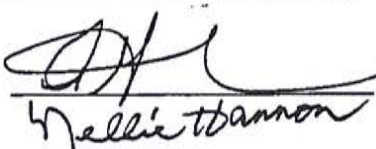

Nellie Hannon



001254 121141877 22301659

Total paid \$759.25

<https://iiprd.metavante.com/ii/PrintImagev2.jsp>

EMERYVILLE CITIZENS ASSISTANCE PROGRAM 3610 SAN PABLO AVE EMERYVILLE, CA 94608-3902		1276
DATE <u>11-1-16</u>		90-4187/1211
PAY TO THE ORDER OF <u>EBMUD</u>	\$ <u>114.04</u>	
<u>One-hundred fourteen & 04/100</u>	DOLLARS	
FOR <u>Acct # 34327200001</u>		 Nellie Cannon
<u>Acct # 34327200001</u>		
⑈001276⑈ ⑈121141877⑈ 22301659⑈		

EMERYVILLE CITIZENS ASSISTANCE PROGRAM
3610 SAN PABLO AVE
EMERYVILLE, CA 94608-3902

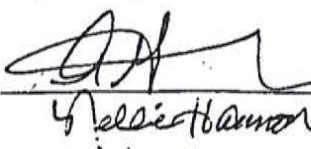
1302


DATE 3-3-17 90-4187/1211

PAY TO THE ORDER OF EBMUD \$ 258.55


Two-hundred fifty-eight & 55/100 DOLLARS

FOR AUTH# 34324200001


Melissa Harmon



001302 121141877 22301659

EMERYVILLE CITIZENS ASSISTANCE PROGRAM 3610 SAN PABLO AVE EMERYVILLE, CA 94608-3902		1313
DATE <u>5-16-17</u>		90-4187/1211
PAY TO THE ORDER OF <u>EBMUD</u>	\$ <u>136.34</u>	
<u>One-hundred thirty-six</u>		DOLLARS
FOR <u>Acct # 343272 00001</u>	<u>[Signature]</u> <u>Dellie Hannon</u>	
⑈001313⑈ ⑈121141877⑈ 22301659⑈		



PG&E increased due to addition
of Large walk-in Refrigerator and
Large walk-in Freezer required to
insure Food Safety.

+ 5426.21
612.66 Jan 6-2
6038.87

Billing & Payment History

Billing Summary for Account #0282946409-4

Billing Address	Last Payment	Last Received	Amount Due	Due Date
3610 SAN PABLO AVE EMERYVILLE CA 94608	\$526.68	05/01/17	\$612.66	06/02/17

Bills and Payments (Past 24 Months)

Date	Type	Amount	Payment Method	Status
05/16/17	Bill	\$612.66		
05/01/17	Payment	-\$526.68	BankAccount	Processed
04/17/17	Bill	\$526.68		
03/30/17	Payment	-\$534.69		Processed
03/16/17	Bill	\$534.69		
02/28/17	Payment	-\$578.77		Processed
02/14/17	Bill	\$578.77		
01/27/17	Payment	-\$570.44		Processed
01/13/17	Bill	\$570.44		
12/28/16	Payment	-\$578.05		Processed
12/14/16	Bill	\$578.05		
11/29/16	Payment	-\$657.94		Processed
11/15/16	Bill	\$657.94		
10/28/16	Payment	-\$583.44		Processed
10/14/16	Bill	\$583.44		
09/29/16	Payment	-\$533.82		Processed
09/15/16	Bill	\$533.82		
08/30/16	Payment	-\$432.39		Processed
08/16/16	Bill	\$432.39		
07/29/16	Payment	-\$429.99		Processed
07/15/16	Bill	\$429.99		
06/29/16	Payment	-\$424.41		Processed
06/15/16	Bill	\$424.41		
05/31/16	Payment	-\$378.71		Processed
05/15/16	Bill	\$378.71		
04/29/16	Payment	-\$340.23		Processed
04/15/16	Bill	\$340.23		
03/30/16	Payment	-\$330.86		Processed
03/16/16	Bill	\$330.86		
02/29/16	Payment	-\$354.50		Processed
02/14/16	Bill	\$354.50		
01/28/16	Payment	-\$321.42		Processed
01/14/16	Bill	\$321.42		
12/29/15	Payment	-\$251.70		Processed
12/15/15	Bill	\$251.70		
11/30/15	Payment	-\$296.14		Processed
11/15/15	Bill	\$296.14		
10/29/15	Payment	-\$324.73		Processed
10/15/15	Bill	\$324.73		
09/30/15	Payment	-\$352.71		Processed
09/16/15	Bill	\$352.71		
08/31/15	Payment	-\$542.49		Processed

08/16/15	Bill	\$542.49		
07/30/15	Payment	-\$516.67		Processed
07/16/15	Bill	\$516.67		
07/01/15	Payment	-\$519.62		Processed
06/17/15	Bill	\$519.62		
06/01/15	Payment	-\$419.41		Processed

"PG&E" refers to Pacific Gas and Electric Company, a subsidiary of PG&E Corporation. Pacific Gas and Electric Company. All rights reserved.

COMMERCIAL LEASE AND DEPOSIT RECEIPT

AGENCY RELATIONSHIP CONFIRMATION. *Note: This confirmation does NOT take the place of the AGENCY DISCLOSURE form which may be required by law.* The following agency relationship is hereby confirmed for this transaction and supersedes any prior agency election (if no agency relationship, insert "NONE"):

LISTING AGENT: Century Properties is the agent of (check one):

(Print Firm Name)

☐ the Lessor exclusively; or ☒ both the Lessee and the Lessor.

LEASING AGENT: _____ (if not the same as the Listing Agent) is the agent of (check one):

(Print Firm Name)

☐ the Lessee exclusively; or ☐ the Lessor exclusively; or ☐ both the Lessee and the Lessor.

RECEIVED FROM Emeryville Citizens Assistance Program hereinafter referred to as LESSEE, the sum of \$ 3,750.00 (_____ dollars), evidenced by _____ as a deposit which will belong to Lessor and will be applied as follows:

	TOTAL	RECEIVED	BALANCE DUE PRIOR TO OCCUPANCY
Rent for the period from <u>7/01/2014</u> to <u>7/31/2014</u>	\$ <u>3,750.00</u>	\$ _____	\$ <u>3,750.00</u>
Security deposit (not applicable toward last month's rent)	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ <u>3,750.00</u>	\$ _____	\$ <u>3,750.00</u>

In the event this Lease is not accepted by the Lessor within two days, the total deposit received will be refunded.

Lessee offers to lease from Lessor the premises described as 3610 San Pablo Ave. Emeryville, CA 94608 ("the Premises") consisting of approximately 2010 rentable square feet, which is approximately 100 % of the total rental square footage of the entire property, upon the following terms and conditions:

1. **TERM.** The term will commence on (date) 7/01/2014, and end on (date) 6/30/2018.
2. **RENT.** The base rent will be \$ 3,750.00 per month payable on the First day of each month.
After the first 12 months the rent will be adjusted as follows:

SELECT OPTION:

☒ **INDEXED LEASE:** Effective upon the first day of the month immediately following the expiration of 12 months from date of commencement of the term, and upon the expiration of each 12 months thereafter, in accordance with changes in the U.S. Consumer Price Index for ☒ All Urban Consumers (1982-84 = 100), or ☐ (other index) _____ ("CPI"). The base rent will be increased to an amount equal to the monthly rent, multiplied by a fraction, the numerator of which is the CPI for the second calendar month immediately preceding the adjustment date, and the denominator of which is the CPI for the second calendar month preceding the commencement of the Lease term; provided however, that the monthly rent will not be less than that immediately preceding the adjustment.

OR SELECT OPTION:

☐ **FLAT LEASE:** Effective upon the first day of the month immediately following the expiration of 12 months from the date of commencement of the term, and upon the expiration of each 12 months thereafter, the rent will increase ☐ _____ % annually or ☐ _____.

All rents will be paid to Lessor or his or her authorized agent, at the following address 3706 Virden Ave. Oakland, CA 94619 or at such other places as may be designated by Lessor from time to time. In the event rent is not received by Lessor within Five days after due date, Lessee agrees to pay a late charge of \$ 187.50 plus interest at 10.0% % per annum on the delinquent amount. Lessee further agrees to pay \$ 25.00 for each dishonored bank check. The late charge period is not a grace period, and Lessor is entitled to make written demand for any rent if not paid when due.

3. ☒ **NET LEASE PROVISIONS.**

Lessee agrees to pay, in addition to the base monthly rental set forth in Item 2, Lessee's proportionate share of the Lessor's operating expenses, including utility and service costs, insurance, real property taxes, and common area maintenance. Lessee's share is based on the ratio of the square footage of the Premises to the total square footage of the rental space of the entire property of which the Premises are a part. Lessee's monthly share of said expenses at the commencement of the term is \$ 559.00.

4. **USE.** The premises are to be used for the operation of Distribution and storage of clothing, household goods and food or any legal use and for no other purpose, without prior written consent of Lessor. Lessee will not commit any waste upon the premises, or any nuisance or act which may disturb the quiet enjoyment of any tenant in the building.

5. **USES PROHIBITED.** Lessee will not use any portion of the premises for purposes other than those specified. No use will be made or permitted to be made upon the premises, nor acts done, which will increase the existing rate of insurance upon the property, or cause cancellation of insurance policies covering the property. Lessee will not conduct or permit any sale by auction on the premises.

Lessee [Signature] has read this page.

CAUTION: The copyright laws of the United States forbid the unauthorized reproduction of this form by any means including scanning or computerized formats.

6. **ASSIGNMENT AND SUBLETTING.** Lessee will not assign this Lease or sublet any portion of the premises without prior written consent of the Lessor, which will not be unreasonably withheld. Any such assignment or subletting without consent will be void and, at the option of the Lessor, will terminate this Lease.

7. **ORDINANCES AND STATUTES.** Lessee will comply with all statutes, ordinances, and requirements of all municipal, state and federal authorities now in force, or which may later be in force, regarding the use of the premises. The commencement or pendency of any state or federal court abatement proceeding affecting the use of the premises will, at the option of the Lessor, be deemed a breach of this Lease.

8. **MAINTENANCE, REPAIRS, ALTERATIONS.** Unless otherwise indicated, Lessee acknowledges that the premises are in good order and repair. Lessee will, at his or her own expense, maintain the premises in a good and safe condition, including plate glass, electrical wiring, plumbing and heating and air conditioning installations, and any other system or equipment. The premises will be surrendered, at termination of the Lease, in as good condition as received, normal wear and tear excepted. Lessee will be responsible for all repairs required during the term of the lease, except the following which will be maintained by Lessor: roof, exterior walls, parking lot, structural foundations (including any retrofitting required by governmental authorities) and the following: _____

The cost of alterations required by law as a result of Lessee's use of the premises (such as the Americans With Disabilities Act) shall be the Lessee's responsibility.

Lessee ☒ will, ☐ will not maintain the property adjacent to the premises, such as sidewalks, driveways, lawns, and shrubbery, which would otherwise be maintained by Lessor.

No improvement or alteration of the premises will be made without the prior written consent of the Lessor. Prior to the commencement of any substantial repair, improvement, or alteration, Lessee will give Lessor at least **two (2) days written notice** in order that Lessor may post appropriate notices to avoid any liability for liens.

If the improvement or alteration results in an increase in real property taxes, the amount of the increase (check one) ☒ will be paid by Lessee as additional rent, ☐ will be paid by Lessor.

9. **ENTRY AND INSPECTION.** Lessee will permit Lessor or Lessor's agents to enter the premises at reasonable times and upon reasonable notice for the purpose of inspecting the premises, and will permit Lessor, at any time **within sixty (60) days** prior to the expiration of this Lease, to place upon the premises any usual "For Lease" signs, and permit persons desiring to lease the premises to inspect the premises at reasonable times.

10. **INDEMNIFICATION OF LESSOR.** Lessor will not be liable for any damage or injury to Lessee, or any other person, or to any property, occurring on the premises. Lessee agrees to hold Lessor harmless from any claims for damages arising out of Lessee's use of the premises, and to indemnify Lessor for any expense incurred by Lessor in defending any such claims.

11. **POSSESSION.** If Lessor is unable to deliver possession of the premises at the commencement date set forth above, Lessor will not be liable for any damage caused by the delay, nor will this Lease be void or voidable, but Lessee will not be liable for any rent until possession is delivered. Lessee may terminate this Lease if possession is not delivered within _____ days of the commencement term in Item 1.

12. **LESSEE'S INSURANCE.** Lessee, at his or her expense, will maintain plate glass, public liability, and property damage insurance insuring Lessee and Lessor with minimum coverage as follows: Lessee shall maintain a commercial General Liability Insurance.

Lessee will provide Lessor with a Certificate of Insurance showing Lessor as additional insured. The policy will require **ten (10) day's written notice to Lessor prior to cancellation or material change of coverage.**

13. **LESSOR'S INSURANCE.** Lessor will maintain hazard insurance covering one hundred percent (100%) actual cash value of the improvements throughout the Lease term. Lessor's insurance will not insure Lessee's personal property, leasehold improvements, or trade fixtures.

14. **SUBROGATION.** To the maximum extent permitted by insurance policies which may be owned by the parties, Lessor and Lessee waive any and all rights of subrogation against each other which might otherwise exist.

15. **UTILITIES.** Lessee will be responsible for the payment of the following utilities and services:

☒ water ☒ gas ☒ electricity ☒ heat ☒ refuse ☒ janitorial

Lessor will be responsible for all other services and utilities, except: _____

16. **SIGNS.** Lessee will not place, maintain, nor permit any sign or awning on any exterior door, wall, or window of the premises without the express written consent of Lessor, which will not be unreasonably withheld, and of appropriate governmental authorities.

17. **ABANDONMENT OF PREMISES.** Lessee will not vacate or abandon the premises at any time during the term of this Lease. If Lessee does abandon or vacate the premises, or is dispossessed by process of law, or otherwise, any personal property belonging to Lessee left on the premises will be deemed to be abandoned, at the option of Lessor.

18. **CONDEMNATION.** If any part of the premises is condemned for public use, and a part remains which is susceptible of occupation by Lessee, this Lease will, as to the part taken, terminate as of the date the condemnor acquires possession. Lessee will be required to pay such proportion of the rent for the remaining term as the value of the premises remaining bears to the total value of the premises at the date of condemnation; provided, however, that either party may, at his or her option, terminate this Lease as of the date the condemnor acquires possession. In the event that the premises are condemned in whole, or the remainder is not susceptible for use by the Lessee, this Lease will terminate upon the date which the condemnor acquires possession. All sums which may be payable on account of any condemnation will belong solely to the Lessor; except that Lessee will be entitled to retain any amount awarded to him or her for his or her trade fixtures and moving expenses.

Lessee [Signature] has read this page.

CAUTION: The copyright laws of the United States forbid the unauthorized reproduction of this form by any means including scanning or computerized formats.

19. **TRADE FIXTURES.** Any and all improvements made to the premises during the term will belong to the Lessor, except trade fixtures of the Lessee. Lessee may, upon termination, remove all his or her trade fixtures, but will pay for all costs necessary to repair any damage to the premises occasioned by the removal.
20. **DESTRUCTION OF PREMISES.** In the event of a partial destruction of the premises during the term, from any cause except acts or omission of Lessee, Lessor will promptly repair the premises, provided that such repairs can be reasonably made within sixty (60) days. Such partial destruction will not terminate this Lease, except that Lessee will be entitled to a proportionate reduction of rent while such repairs are being made, based upon the extent to which the making of such repairs interferes with the business of Lessee on the premises. If the repairs cannot be made within sixty (60) days, this Lease may be terminated at the option of either party by giving written notice to the other party within the sixty (60) day period.
21. **HAZARDOUS MATERIALS.** Lessee will not use, store, or dispose of any hazardous substances upon the premises, except the use and storage of such substances that are customarily used in Lessee's business, and are in compliance with all environmental laws. Hazardous substances means any hazardous waste, substance or toxic materials regulated under any environmental laws or regulations applicable to the property. Lessee will be responsible for the cost of removal of any toxic contamination caused by lessee's use of the premises.
22. **INSOLVENCY.** The appointment of a receiver, an assignment for the benefits of creditors, or the filing of a petition in bankruptcy by or against Lessee, will constitute a breach of this Lease by Lessee.
23. **DEFAULT.** In the event of any breach of this Lease by Lessee, Lessor may, at his or her option, terminate the Lease and recover from Lessee: (a) the worth at the time of award of the unpaid rent which had been earned at the time of termination; (b) the worth at the time of award of the amount by which the unpaid rent which would have been earned after termination until the time of the award exceeds the amount of such rental loss that the Lessee proves could have been reasonably avoided; (c) the worth at the time of award of the amount by which the unpaid rent for the balance of the term after the time of award exceeds the amount of such rental loss that the Lessee proves could be reasonably avoided; and (d) any other amount necessary to compensate Lessor for all the detriment proximately caused by the Lessee's failure to perform his or her obligations under the Lease or which in the ordinary course of things would be likely to result therefrom, including, but not limited to, that portion of any leasing commission paid by Lessor and applicable to the unexpired term of the lease.

Lessor may, in the alternative, continue this Lease in effect, as long as Lessor does not terminate Lessee's right to possession, and Lessor may enforce all of Lessor's rights and remedies under the Lease, including the right to recover the rent as it becomes due under the Lease. If said breach of Lease continues, Lessor may, at any time thereafter, elect to terminate the Lease.

These provisions will not limit any other rights or remedies which Lessor may have.

24. **SECURITY.** The security deposit will secure the performance of the Lessee's obligations. Lessor may, but will not be obligated to, apply all or portions of the deposit on account of Lessee's obligations. Any balance remaining upon termination will be returned to Lessee. Lessee will not have the right to apply the security deposit in payment of the last month's rent.
25. **DEPOSIT REFUNDS.** The balance of all deposits will be refunded within thirty (30) days (or as otherwise required by law), from date possession is delivered to Lessor or his or her authorized agent, together with a statement showing any charges made against the deposits by Lessor.
26. **ATTORNEY FEES.** In any action, arbitration, or other proceeding involving a dispute between Lessor and Lessee arising out of this Lease, the prevailing party will be entitled to reasonable attorney fee, expert witness fees, and costs.
27. **WAIVER.** No failure of Lessor to enforce any term of this Lease will be deemed to be a waiver.
28. **NOTICES.** Any notice which either party may or is required to give, will be given by mailing the notice, postage prepaid, to Lessee at the premises, or to Lessor at the address shown in Item 2, or at such other places as may be designated in writing by the parties from time to time. Notice will be effective five (5) days after mailing, or on personal delivery, or when receipt is acknowledged in writing.
29. **HOLDING OVER.** Any holding over after the expiration of this Lease, with the consent of Lessor, will be a month-to-month tenancy at a monthly rent equal to the rent for the month immediately preceding the expiration date, plus _____. The monthly rent shall be payable in advance and the occupancy subject to all of the other terms and conditions of this Lease, as applicable, until either party terminates the tenancy by giving the other party thirty (30) days written notice.
30. **TIME.** Time is of the essence of this Lease.
31. **HEIRS, ASSIGNS, SUCCESSORS.** This Lease is binding upon and inures to the benefit of the heirs, assigns, and successors of the parties.
32. ~~**OPTION TO RENEW.** Provided that Lessee is not in default in the performance of this Lease, Lessee will have the option to renew the Lease for an additional term of _____ months commencing at the expiration of the initial Lease term. All of the terms and conditions of the Lease will apply during the renewal term, except that the monthly rent will be the sum of \$ _____ which will be adjusted after commencement of the renewal term in accordance with any increases set forth in Paragraph Item 2. The option will be exercised by written notice given to Lessor not less than _____ days prior to the expiration of the initial Lease term. If notice is not given within the time specified, this Option will expire.~~
33. **AMERICANS WITH DISABILITIES ACT.** The parties are alerted to the existence of the Americans With Disabilities Act, which may require costly structural modifications. The parties are advised to consult with a professional familiar with the requirements of the Act.

Lessee [Signature] has read this page.

CAUTION: The copyright laws of the United States forbid the unauthorized reproduction of this form by any means including scanning or computerized formats.



Property Address 3610 San Pablo Ave. Emeryville, CA 94608

34. LESSOR'S LIABILITY. In the event of a transfer of Lessor's title or interest to the property during the term of this Lease, Lessee agrees that the grantee of such title or interest will be substituted as the Lessor under this Lease, and the original Lessor will be released of all further liability; provided, that all deposits will be transferred to the grantee.

35. ESTOPPEL CERTIFICATE.

(a) On ten (10) days' prior written notice from Lessor, Lessee will execute, acknowledge, and deliver to Lessor a statement in writing: [1] certifying that this Lease is unmodified and in full force and effect (or, if modified, stating the nature of such modification and certifying that this Lease, as so modified, is in full force and effect), the amount of any security deposit, and the date to which the rent and other charges are paid in advance, if any; and [2] acknowledging that there are not, to Lessee's knowledge, any uncured defaults on the part of Lessor, or specifying such defaults if any are claimed. Any such statement may be conclusively relied upon by any prospective buyer or encumbrancer of the premises.

(b) At Lessor's option, Lessee's failure to deliver such statement within such time will be a material breach of this Lease or will be conclusive upon Lessee: [1] that this Lease is in full force and effect, without modification except as may be represented by Lessor; [2] that there are no uncured defaults in Lessor's performance; and [3] that not more than one month's rent has been paid in advance.

(c) If Lessor desires to finance, refinance, or sell the premises, or any part thereof, Lessee agrees to deliver to any lender or buyer designated by Lessor such financial statements of Lessee as may be reasonably required by such lender or buyer. All financial statements will be received by the Lessor or the lender or buyer in confidence and will be used only for the purposes set forth.

36. SUBORDINATION. This Lease, at Lessor's option, will be subordinate to any mortgage, deed of trust, or other security now existing or later placed upon the property; provided, however, that Lessee's right to quiet possession will not be disturbed if Lessee is not in default on the payment of rent or other provision of this lease.

37. ENTIRE AGREEMENT. The foregoing constitutes the entire agreement between the parties and may be modified only in writing signed by all parties. The following exhibits are a part of this Lease:

Exhibit A: ADA

Exhibit B: Agency Disclosure

38. ADDITIONAL TERMS AND CONDITIONS.

None

The undersigned Lessee acknowledges that he or she has thoroughly read and approved each of the provisions contained in this Offer, and agrees to the terms and conditions specified.

Lessee *Sonya M. Stewart* Date 6-6-14
Sonya M. Stewart

Lessee *Nelli M. Hannon* Date 6-6-14
Nelli M. Hannon

Receipt for deposit acknowledged by _____ Date _____

ACCEPTANCE

The undersigned Lessor accepts the foregoing Offer and agrees to lease the premises on the terms and conditions set forth above.

NOTICE: The amount or rate of real estate commissions is not fixed by law. They are set by each broker individually and may be negotiable between the owner and broker.

The Lessor agrees to pay to Century Properties, the Broker in this transaction, the sum of \$ 5,400.00 for services rendered and authorizes Broker to deduct said sum from the deposit received from Lessee.

In the event the Lease is extended for a definite period of time or on a month-to-month basis after expiration of the original term, Lessor will pay to Broker an additional commission of 3.0 % of the total rental for the first extended period, and an additional commission of 3.0 % of the total rent for any, and all, additional extensions. Commissions will be due and payable at the commencement of the applicable extension if for a fixed term, or if on a month-to-month basis, at the termination of Lessee's occupancy or one year, whichever is earlier.

In any action for commission, the prevailing party will be entitled to reasonable attorney fees.

Lessor *Adlai M. Karim* Date 6-6-14 Lessor _____ Date _____
Adlai M. Karim

Lessor's Address 3706 Virden Ave.
Oakland, CA 94619

Telephone 510-336-1852 Fax _____
E-mail adlaikarim@aol.com

Lessee acknowledges receipt of a copy of the accepted Lease on (date) _____ [] []
(Initials)

CAUTION: The copyright laws of the United States forbid the unauthorized reproduction of this form by any means including scanning or computerized formats.

SENIOR CITIZEN SUPPORT

We deliver food baskets to senior facilities and private homes where assistance is not readily available through other agencies.

YOUTH PROGRAM

We believe the most important human beings in the world are our children. They deserve nurturing and love to help them become responsible, productive, law abiding citizens. ECAP supports youth through informal actions based on volunteer participation, team building, character building, caring and concern.

REFERRAL SERVICES

ECAP assists individuals by locating agencies to provide services for their particular needs.

- Counseling Services
- Alameda County Health Care services
- Mental Health Services
- Substance Abuse Programs
- Domestic Violence Resources
- Social Services
- Child Protective Services
- Housing Assistance

HOMELESS

Every year ECAP prepares and shares a festive Christmas dinner with homeless and low-income families at Anna Yates School cafeteria, and deliver dinners to seniors who have no one to cook for them.



If you need assistance from ECAP or would like to donate to our program, please contact Nellie Hannon, Director at: (510) 499-1263.

SPECIAL ANNUAL PROJECTS

TOYS FOR TOTS

- Over 600 children received a minimum of two toys each annually
 - 13,500 children issued 40,500 toys in the past 27 years
- ### THANKSGIVING FOOD BASKETS GIVE - AWAY
- 1,000 Food Baskets given out annually
 - 27,000 Food Baskets given over the past 27 years
- ### CHRISTMAS FOOD BASKET GIVE - AWAY
- 1,000 Food Baskets given out annually
 - 27,000 Food Baskets given out over the past 27 years
 - 350 meals served annually

ECAP NEEDS Financial Assistance

- To help purchase large quantities of food to distribute to low-income individuals and families on a daily basis
- To help pay utility costs
- To purchase gas for vehicles to pick up food, clothing & other items
- to purchase turkeys and or chickens for Thanksgiving food baskets
- to purchase turkeys and or chickens for Christmas food baskets

Since ECAP is the only non-profit serving this target population in Emeryville, the survival of ECAP is critical for the development of the individual resident, children, veterans, seniors, and families. Additionally, crime is significantly reduced in cities whenever the basic needs of residents are met.



BOARD OF DIRECTORS

- President: Bobby Miller
 Secretary/Treasurer: Sonya Stewart
 Directors: John Gooding, Miguel Dwin, Doug Manning, Nellie Hannon

ECAP

EMERYVILLE CITIZENS ASSISTANCE PROGRAM



*Providing Food and Clothing
To Those in Need*

27
Years serving the community

3610 San Pablo Avenue Emeryville, CA 94601
 Phone: 510 499 1263
 Email: ecaprogram13@gmail.com

**Emeryville Citizen's Assistance Program
3610 San Pablo Avenue
Emeryville, California 94608
(510) 499-1263**

Board of Directors:

Bobby Miller
President
Retired Berkeley Police Captain
(707) 421-2008

Sonya Stewart
Secretary
Gilead Sciences, Inc.
Medical Information Associate II
(510) 265-4779

John Gooding
Board Member
The GUS Team
President
(510) 541-6363

Miquel Dwin
Emery School Board Trustee
Emeryville School District
(510) 381-2023

Nellie Hannon
Board Member
Liaison
(510) 501-7477

Doug Manning
Board Member
Alameda County Fire Department/Emeryville
(510) 703-2441

Aretha McClarin
Board Member
Volunteer
(510) 610-5036

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 07 2014

EMERYVILLE CITIZENS ASSISTANCE
PROGRAM
3610 SAN PABLO AVE
EMERYVILLE, CA 94608-3902

Employer Identification Number:
46-1492603
DLN:
17053345361023
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)-(1)-(A) (vi)
Form 990 Required:
Yes
Effective Date of Exemption:
December 06, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC



State of California Secretary of State

N**E-Q79677****FILED**In the office of the Secretary of
State of the State of California**Feb - 8 2013**

This Space For Filing Use Only

Statement of Information
(Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations)
Filing Fee \$20.00. If amendment, see instructions.
IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

C3525949
EMERYVILLE CITIZENS ASSISTANCE PROGRAM
SONYA STEWART
24448 2ND STREET
HAYWARD CA 94541

Due Date:**Complete Principal Office Address** (Do not abbreviate the name of the city. Item 2 cannot be a P.O. Box.)

2. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
3224 SEMINOLE CIRCLE FAIRFIELD CA 94534

3. MAILING ADDRESS OF THE CORPORATION, IF REQUIRED CITY STATE ZIP CODE
SONYA STEWART 24448 2ND STREET HAYWARD CA 94541

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

4. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE
BOBBY J. MILLER 3224 SEMINOLE CIRCLE FAIRFIELD, CA 94534

5. SECRETARY ADDRESS CITY STATE ZIP CODE
SONYA M. STEWART 24448 2ND STREET HAYWARD CA 94541

6. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE
ALICE F. GARVIN 15632 HULL COURT SAN LEANDRO CA 94579

Agent for Service of Process (If the agent is an individual, the agent must reside in California and Item 8 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 8 must be left blank.)

7. NAME OF AGENT FOR SERVICE OF PROCESS

BOBBY J. MILLER

8. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
3224 SEMINOLE CIRCLE FAIRFIELD, CA 94534

Davis-Stirling Common Interest Development Act (California Civil Code section 1350, et seq.)

9. ☐ Check here if the corporation is an association formed to manage common interest development under the Davis-Stirling Common interest Development Act and proceed to items 10, 11 and 12.

NOTE: Corporations formed to manage a common interest development must also file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code section 1363.6. Please see instructions on the reverse side of this form.

10. ADDRESS OF BUSINESS OR CORPORATE OFFICE OF THE ASSOCIATION, IF ANY CITY STATE ZIP CODE

11. FRONT STREET AND NEAREST CROSS STREET FOR THE PHYSICAL LOCATION OF THE COMMON INTEREST DEVELOPMENT 9-DIGIT ZIP CODE
(Complete if the business or corporate office is not on the site of the common interest development.)

12. NAME AND ADDRESS OF ASSOCIATION'S MANAGING AGENT, IF ANY CITY STATE ZIP CODE

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

02/08/2013

SONYA M. STEWART

SECRETARY

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE



I hereby certify that the foregoing
transcript of _____ page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

MAR 07 2013 mk

Date: _____

Debra Bowen
DEBRA BOWEN, Secretary of State

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning January 1, 2016, and ending December 31, 2016	
B Check if applicable:	C Name of organization Emeryville Citizens Assistance Program
<input type="checkbox"/> Address change	Doing business as
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite
<input checked="" type="checkbox"/> Initial return	3610 San Pablo Avenue
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code
<input type="checkbox"/> Amended return	Emeryville, California 94608
<input type="checkbox"/> Application pending	D Employer identification number 46-1492603
	E Telephone number (510) 499-1263
	G Gross receipts \$ 2,969,630
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: ▶	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	H(c) Group exemption number ▶
L Year of formation: 2012	M State of legal domicile: Calif.

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ECAP's goal is to provide free food and other necessities to people in need.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	30
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
7b	Net unrelated business taxable income from Form 990-T, line 48	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,669,165	2,969,630
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,669,165	2,969,630
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,667,350	2,970,810
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,667,350	2,970,810
19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,815	520
	22	Net assets or fund balances. Subtract line 21 from line 20	907	520

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	Nellie Cannon	1-31-17
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Firm's name ▶	Firm's EIN ▶
	Firm's address ▶	Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**2015**Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning January 1, 2015, and ending December 31, 2015	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Emeryville Citizens Assistance Program Doing business as Emeryville Citizens Assistance Program Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3610 San Pablo Avenue City or town, state or province, country, and ZIP or foreign postal code Emeryville, California 94608 D Employer identification number 46-1492603 E Telephone number 510-499-1263 G Gross receipts \$ 2,669,165 F Name and address of principal officer: Nellie Hannon 3610 San Pablo Avenue, Emeryville, California 94608 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 2012 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ECAP's goal is to provide food, clothing and household furnishings to people in need.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 0
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 0
	6 Total number of volunteers (estimate if necessary)	6 27
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,544,938 Current Year 2,669,165
	9 Program service revenue (Part VIII, line 2g)	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,544,938 2,669,165
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,543,688
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,543,688 2,667,350
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	
19 Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,750 End of Year 1,815
	21 Total liabilities (Part X, line 26)	1125 907
	22 Net assets or fund balances. Subtract line 21 from line 20	625 908

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Nellie Hannon</i>	Date 1-29-16			
	Type or print name and title Nellie Hannon — DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name		Firm's EIN		
	Firm's address		Phone no.		

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20	
B Check if applicable:	C Name of organization Emeryville Citizens Assistance Program
<input type="checkbox"/> Address change	Doing business as Emeryville Citizens Assistance Program
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	3610 San Pablo Avenue
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code
<input type="checkbox"/> Amended return	Emeryville, California 94608
<input type="checkbox"/> Application pending	F Name and address of principal officer: Nellie Hannon 3610 San Pablo Ave, Emeryville, CA 94608
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	D Employer identification number 46-1492603
J Website: >	E Telephone number 510-499-1263
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other >	G Gross receipts \$
L Year of formation:	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No
M State of legal domicile:	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No," attach a list. (see instructions)
	H(c) Group exemption number >

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ECAP's goal is to help people in need by providing basic necessities such as food, clothing and household furnishings.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 7
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6 25
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a
b Net unrelated business taxable income from Form 990-T, line 34 7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,544,938
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 2,460,713
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) > 82,975
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 2,543,688
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1250
	19 Revenue less expenses. Subtract line 18 from line 12
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 500 End of Year 1750
	21 Total liabilities (Part X, line 26) 970 1125
	22 Net assets or fund balances. Subtract line 21 from line 20 (470) 625

Part II Signature Block	
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 officer) is based on all information of which preparer has any knowledge.	
Sign Here	Signature of officer <i>Nellie Hannon</i> Date <i>1-30-15</i>
	Nellie Hannon, Executive Director Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN
	Firm's name > Firm's EIN >
	Firm's address > Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2014)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	C Name of organization <u>Emeryville Citizens Assistance Program</u> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>3610 San Pablo Avenue</u> City or town, state or province, country, and ZIP or foreign postal code <u>Emeryville, CA 94608</u> D Employer identification number <u>46-1492603</u> E Telephone number <u>510-499-1263</u> G Gross receipts \$ _____ F Name and address of principal officer: <u>Nellie Hannon</u> <u>3610 San Pablo Ave, Emeryville, CA 94608</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number _____ I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () < (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: _____ K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____ L Year of formation: _____ M State of legal domicile: _____

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>ECAP's goal is to help impoverished people by providing basic living requirements such as food, clothing, and household furnishings.</u>		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) <u>3</u> <u>5</u>		
	4 Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> <u>0</u>		
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) <u>5</u> <u>0</u>		
	6 Total number of volunteers (estimate if necessary) <u>6</u> <u>25</u>		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u> _____		
7b Net unrelated business taxable income from Form 990-T, line 34 <u>7b</u> _____			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		<u>1947545</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>1947545</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>1855500</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>92748</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>1948248</u>
19 Revenue less expenses. Subtract line 18 from line 12		<u>(703)</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>0</u>	<u>500</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>0</u>	<u>970</u>

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	<u>Nellie Hannon</u> Signature of officer	<u>6-11-14</u> Date
	<u>NELLIE HANNON EX. DIRECTOR</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2013)