

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2001 calendar year, or tax year period beginning \_\_\_\_\_ and ending \_\_\_\_\_

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization  
**CONTRA COSTA INTERFAITH TRANSITIONAL HOUSING, INC.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**535 MAIN STREET 209**

City or town, state or country, and ZIP + 4  
**MARTINEZ, CA 94553**

**D** Employer identification number  
**91-1797391**

**E** Telephone number  
**925-957-0538**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

Hand I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes" enter number of affiliates \_\_\_\_\_

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Enter 4-digit GEN \_\_\_\_\_

M Check  if the organization is not required to attach Sch B (Form 990 990-EZ, or 990-PF)

**G** Web site **N/A**

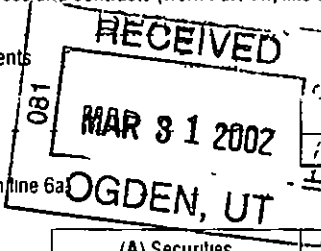
**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **480,315.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants and similar amounts received			
	a	Direct public support	1a	96,898.	
	b	Indirect public support	1b	136,942.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 233,840. noncash \$ _____)	1d	233,840.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	4,296.	
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
	7	Other investment income (describe _____)	7		
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
		8a			
		8b			
		8c			
d	Net gain or (loss) (combine line 8c columns (A) and (B))	8d			
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	242,179.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	480,315.		
Expenses	13	Program services (from line 44, column (B))	13		
	14	Management and general (from line 44, column (C))	14	322,154.	
	15	Fundraising (from line 44 column (D))	15	53,327.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44 column (A))	17	375,481.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	104,834.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	529,617.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	634,451.	



SCANNED APR 16 2002

CONTRA COSTA INTERFAITH TRANSITIONAL HOUSING, INC.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers directors etc	25	33,000.	0.	3,300.
26 Other salaries and wages	26	5,184.		5,184.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29	6,304.		2,969.
30 Professional fundraising fees	30			3,335.
31 Accounting fees	31	2,000.		2,000.
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34	2,112.		2,112.
35 Postage and shipping	35	844.		631.
36 Occupancy	36	6,523.		6,523.
37 Equipment rental and maintenance	37	15,910.		15,910.
38 Printing and publications	38	3,004.		
39 Travel	39	874.		874.
40 Conferences, conventions, and meetings	40	85.		85.
41 Interest	41	118,784.		118,784.
42 Depreciation, depletion etc (attach schedule)	42	48,103.		48,103.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 1	43e	132,754.		115,679.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B), (D) carry these totals to lines 13-15	44	375,481.	0.	322,154.

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes" enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ (ii) the amount allocated to Program services \$ \_\_\_\_\_

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a NO PROGRAM EXPENSES AT THIS TIME. CURRENTLY IN THE PROCESS OF CONVERTING THEIR APARTMENT COMPLEX TO PROVIDE TRANSITIONAL HOUSING TO LOW INCOME FAMILIES. (Grants and allocations \$ _____)	0.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	0.

**Part IV Balance Sheets**

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	5,838.	45	19,054.
	46 Savings and temporary cash investments	111,826.	46	211,259.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	4,188.	53	16,355.
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a	1,894,836.		
b Less accumulated depreciation STMT 3	57b	72,033.	57c	
58 Other assets (describe ▶ )		1,870,906.	58	
59 Total assets (add lines 45 through 58) (must equal line 74)		1,992,758.	59	2,069,471.
<b>Liabilities</b>	60 Accounts payable and accrued expenses	28,423.	60	12,067.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 4	1,434,718.	64b	1,422,953.
65 Other liabilities (describe ▶ )		65		
66 Total liabilities (add lines 60 through 65)		1,463,141.	66	1,435,020.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	508,553.	67	604,946.
	68 Temporarily restricted	21,064.	68	29,505.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal or current funds		70	
	71 Paid-in or capital surplus or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		529,617.	73	634,451.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		1,992,758.	74	2,069,471.

Form 990 is available for public inspection and, for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



**CONTRA COSTA INTERFAITH TRANSITIONAL  
HOUSING, INC.**

Form 990 (2001)

91-1797391

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Part VI Other Information	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12 for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0. section 4912 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0. section 4955 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0.		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter Amount of tax on line 89c above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> CALIFORNIA		
b Number of employees employed in the pay period that includes March 12, 2001	90b	1
91 The books are in care of <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> CONTRA COSTA INTERFAITH TRANS. HOUS Telephone no <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 925-957-0538		
Located at <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> 525 MAIN ST., #209, MARTINEZ, CA ZIP + 4 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 94553		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

CONTRA COSTA INTERFAITH TRANSITIONAL HOUSING, INC.

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	4,296.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a RENTAL INCOME	531110	242,179.			
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		242,179.		4,296.	0.
105 Total (add line 104, columns (B), (D) and (E))					246,475.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

- (a) Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

accompanying schedules and statements and to the best of my knowledge and belief it is true, and the information of which preparer has any knowledge

1-26-02 H. M. H. COSTER TRUSTEE

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **CONTRA COSTA INTERFAITH TRANSITIONAL HOUSING, INC.**

Employer Identification number  
**91 1797391**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE -----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	<b>0</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

CONTRA COSTA INTERFAITH TRANSITIONAL

**Part III Statements About Activities** (See page 2 of the instructions)

Yes No

1 During the year, has the organization attempted to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors officers, creators, key employees or members of their families, or with any taxable organization with which any such person is affiliated as an officer director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )

a Sale, exchange or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?

2d X

e Transfer of any part of its income or assets?

2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

CONTRA COSTA INTERFAITH TRANSITIONAL

Schedule A (Form 990 or 990-EZ) 2001 HOUSING, INC.

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**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	535,038.	41,138.	34,550.		610,726.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,040.	1,516.	400.		5,956.
<b>19</b> Net income from unrelated business activities not included in line 18	<13,116.>				<13,116.>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	525,962.	42,654.	34,950.	0.	603,566.
<b>24</b> Line 23 minus line 17	525,962.	42,654.	34,950.		603,566.
<b>25</b> Enter 1% of line 23	5,260.	427.	350.		
<b>26</b> Organizations described on lines 10 or 11	<p><b>a</b> Enter 2% of amount in column (e), line 24</p> <p><b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p><b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).</p> <p><b>d</b> Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____</p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p><b>26a</b> 12,071.</p> <p><b>26b</b> 0.</p> <p><b>26c</b> 603,566.</p> <p><b>26d</b> &lt;7,160.&gt;</p> <p><b>26e</b> 610,726.</p> <p><b>26f</b> 101.1863%</p>
<b>27</b> Organizations described on line 12	<p><b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A</p> <p>(2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p><b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records to show the name of and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A</p> <p>(2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p><b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____</p> <p><b>d</b> Add: Line 27a total _____ and line 27b total _____</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e): N/A</p> <p><b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p><b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p><b>27c</b> N/A</p> <p><b>27d</b> N/A</p> <p><b>27e</b> N/A</p> <p><b>27f</b> N/A</p> <p><b>27g</b> N/A %</p> <p><b>27h</b> N/A %</p>
<b>28</b> Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.				

NONE

**CONTRA COSTA INTERFAITH TRANSITIONAL**

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe if "No" please explain (If you need more space attach a separate statement )		
<hr/>			
<hr/>			
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body faculty and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>			
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities? If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement )		
<hr/>			
<hr/>			
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587 covering racial nondiscrimination? If "No" attach an explanation		

CONTRA COSTA INTERFAITH TRANSITIONAL

Schedule A (Form 990 or 990-EZ) 2001 HOUSING, INC.

91-1797391 Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred )	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions) N/A

During the year, did the organization attempt to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h )			
c Media advertisements			
d Mailings to members legislators, or the public			
e Publications or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators their staffs government officials or a legislative body			
h Rallies, demonstrations, seminars conventions speeches lectures, or any other means			
i Total lobbying expenditures (Add lines c through h )			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

CONTRA COSTA INTERFAITH TRANSITIONAL  
HOUSING, INC.

Employer identification number

91-1797391

Organization type (check one)

Filers of

Section

Form 990 or 990 EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990 PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (**Note** Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions )

**General Rule-**

For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization  
 CONTRA COSTA INTERFAITH TRANSITIONAL  
 HOUSING, INC.

Employer identification number

91-1797391

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHN & DORIS BARNARD 3101 GREY EAGLE DRIVE WALNUT CREEK, CA 94595	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	W.E. BENNETT 699 SKY-HY CIRCLE LAFAYETTE, CA 94549	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	MC CUTCHEN, DOYLE ET. AL 1333 N. CALIFORNIA BLVD., #210 WALNUT CREEK, CA 94596	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	ST. MONICA CATHOLIC 1001 CAMINO PABLO MORAGA, CA 94556	\$ 5,316.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	DR. MORRIS COLLEN 4155 WALNUT BLVD. WALNUT CREEK, CA 94595	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	WELLS FARGO BANK 1 MONTGOMERY ST., 2ND FLOOR SAN FRANCISCO, CA 94104	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

## Name of organization

CONTRA COSTA INTERFAITH TRANSITIONAL HOUSING, INC.

## Employer identification number

91-1797391

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BRUCE & TRUDI GARLAND 133 EL TOYONAL ORINDA, CA 94563	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8	WILLIAM & JOAN HOBBS 3730 MEADOW LANE LAFAYETTE, CA 94549	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9	DOROTHY LEWIS 1325 N. ALLEN PLACE, #537 SEATTLE, WA 98103	\$ 15,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10	DAVID SWANBERG 1288 CANDY COURT LAFAYETTE, CA 94549	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11	JERRY WEINTRAUB & MELODY HOWE-WEINTRAUB 3903 HAPPY VALLEY RD. LAFAYETTE, CA 94549	\$ 22,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
12	LAFAYETTE-ORINDA PRESBYTERIAN CHURCH 49 KNOX DRIVE LAFAYETTE, CA 94549	\$ 17,214.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization <b>CONTRA COSTA INTERFAITH TRANSITIONAL HOUSING, INC.</b>	Employer identification number <b>91-1797391</b>
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**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	ST. TIMOTHY'S EPISCOPAL CHURCH 1550 DIABLO DRIVE DANVILLE, CA 94526	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
14	CALIFORNIA FEDERAL BANK 135 MAIN STREET SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
15	TEMPLE ISAIAH 3800 MT. DIABLO RD. LAFAYETTE, CA 94549	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

2001 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	BUILDINGS											
3	APARTMENT BUILDING	062900SL		27.50	19	1305230.			1305230.	23,732.		47,463.
	* 990 PAGE 2 TOTAL BUILDINGS					1305230.		0.	1305230.	23,732.	0.	47,463.
	MACHINERY & EQUIPMENT											
1	EQUIPMENT	VARIES	200DBS	5.00	17	3,198.			3,198.	198.		640.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT					3,198.		0.	3,198.	198.	0.	640.
	LAND											
2	LAND	062900L				586,408.			586,408.			0.
	* 990 PAGE 2 TOTAL LAND					586,408.		0.	586,408.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 2 DEPR					1894836.		0.	1894836.	23,930.	0.	48,103.

(D) - Asset disposed

FORM 990 OTHER EXPENSES STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	16,925.			16,925.
CONTRACT LABOR	150.			150.
PROPERTY MANAGEMENT	30,362.		30,362.	
BANK SERVICE CHARGES	21.		21.	
DUES & SUBSCRIPTIONS	40.		40.	
INSURANCE	6,399.		6,399.	
REDEVELOPMENT	25,403.		25,403.	
RELOCATION	5,206.		5,206.	
PROPERTY TAX	26,228.		26,228.	
TURNOVER EXPENSE	80.		80.	
UTILITIES	21,940.		21,940.	
<b>TOTAL TO FM 990, LN 43</b>	<b>132,754.</b>		<b>115,679.</b>	<b>17,075.</b>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2  
PART III

EXPLANATION

TO INCREASE TRANSITIONAL HOUSING IN CONTRA COSTA FOR LOW INCOME FAMILIES.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 3

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	3,198.	838.	2,360.
LAND	586,408.	0.	586,408.
APARTMENT BUILDING	1,305,230.	71,195.	1,234,035.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>1,894,836.</b>	<b>72,033.</b>	<b>1,822,803.</b>

FORM 990	MORTGAGES PAYABLE	STATEMENT	4
DESCRIPTION		BALANCE DUE	
CAL FED BANK		1,422,953.	
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B		1,422,953.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	5
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LOUISE FIX 56 CAMINO SOBRANTE ORINDA, CA 94563	CHAIR VARIED	0.	0.	0.
RABBI ROBERTO GRAETZ 3800 MT. DIABLO BLVD. LAFAYETTE, CA 94549	VICE CHAIR VARIED	0.	0.	0.
HAL FOSTER 109 VALLECITO LANE WALNUT CREEK, CA 94596	TREASURER VARIED	0.	0.	0.
ELIZABETH SIMMONDS 1082 RAHARA DR. LAFAYETTE, CA 94549	SECRETARY VARIED	0.	0.	0.
LOIS FUGATE 1800 FALLBROOK DR. ALAMO, CA 94507	DIRECTOR VARIED	0.	0.	0.
BILL GRIFFITS 2102 BRYCE DR. MARTINEZ, CA 94553	DIRECTOR VARIED	0.	0.	0.
MARY LOU LAUBSCHER 1122 LOVELL COURT CONCORD, CA 94520	DIRECTOR VARIED	0.	0.	0.
LLOYD MAC DONALD 5910 HORSEMAN'S CANYON DR., #5C WALNUT CREEK, CA 94595	DIRECTOR VARIED	0.	0.	0.

CONTRA COSTA INTERFAITH TRANSITIONAL HOU

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JOHN MCCLURE 5 ESTATES DRIVE ORINDA, CA 94563	DIRECTOR VARIED	0.	0.	0.
NED ROBINSON 1195 GLEN ROAD LAFAYETTE, CA 94549	DIRECTOR VARIED	0.	0.	0.
JOSEPH SINGLAR 3300 WALNUT LANE LAFAYETTE, CA 94549	DIRECTOR VARIED	0.	0.	0.
ELEANOR A. SPILLANE 3251 SWEET DRIVE LAFAYETTE, CA 94549	DIRECTOR VARIED	0.	0.	0.
CYNTHIA SCHREINER 135 DEVON DRIVE MORAGA, CA 94556	DIRECTOR VARIED	0.	0.	0.
TOM CONRAD 32 BIG OAK COURT WALNUT CREEK, CA 94596	EXECUTIVE DIRECTOR 40	33,000.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>33,000.</u>	<u>0.</u>	<u>0.</u>