

Return of Organization Exempt from Income Tax

2002

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

Open to Public Inspection

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 2002 calendar year, or tax year beginning 2002, 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

TOWNSPEOPLE, INC
3960 PARK BOULEVARD B
SAN DIEGO, CA 92103

D Employer Identification Number

33-0623634

E Telephone number

619-295-8802

F Accounting method

- Cash
[X] 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)

H and I are not applicable to section 527 organizations

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

H (b) If Yes, enter number of affiliates

H (c) Are all affiliates included? Yes No

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

G Web site N/A

J Organization type (check only one)

[X] 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.

I Enter 4-digit GEN

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 213,664.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 12 columns: Line number, Description, Sub-column (a, b, c), and Total. Rows include Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-c), Other investment income (7), Gross amount from sales of assets (8a-c), Special events (9a-c), Gross sales of inventory (10a-c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).

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EXAMINERS

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**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 (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 70,245	25 58,537.	25 5,854	25 5,854
26	Other salaries and wages	26 35,761	26 35,761.		
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 8,215	29 7,373	29 421	29 421.
30	Professional fundraising fees	30			
31	Accounting fees	31 3,200	31 576	31 2,624	
32	Legal fees	32			
33	Supplies	33 3,224	33 3,224.		
34	Telephone	34 3,764	34 3,764		
35	Postage and shipping	35 1,588.	35 1,588		
36	Occupancy	36 20,579.	36 20,579		
37	Equipment rental and maintenance	37			
38	Printing and publications	38 2,435.	38 2,435		
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41 7,710	41 7,710		
42	Depreciation, depletion, etc (attach schedule)	42 11,138	42 11,138		
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	43a 34,713.	43a 32,074	43a 2,639.	
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44 202,572	44 184,759	44 11,538	44 6,275.

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? <u>PROVIDE HOUSING FOR PEOPLE W/AIDS, HIV</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 3 ----- ----- (Grants and allocations \$ _____)	184,759.
b ----- ----- (Grants and allocations \$ _____)	
c ----- ----- (Grants and allocations \$ _____)	
d ----- ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	184,759.

**Part IV Balance Sheets** (See Instructions)

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
ASSETS	45	Cash — non-interest bearing		22,562	45	29,928.
	46	Savings and temporary cash investments		94,078.	46	78,267.
	47a	Accounts receivable	47 a 14,116.			
		b Less allowance for doubtful accounts	47 b	12,849.	47 c	14,116
	48a	Pledges receivable	48 a 15,000.			
		b Less allowance for doubtful accounts	48 b		48 c	15,000.
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes & loans receivable (attach sch)	51 a			
		b Less allowance for doubtful accounts	51 b		51 c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		5,023.	53	5,233.
	54	Investments — securities (attach schedule) SEE ST 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		20.	54	20.
	55a	Investments — land, buildings, & equipment basis		55 a		
		b Less accumulated depreciation (attach schedule)	55 b		55 c	
56		Investments — other (attach schedule)			56	
57a		Land, buildings, and equipment basis	57 a 298,799.			
	b Less accumulated depreciation (attach schedule) STATEMENT 5	57 b 60,806.	232,433	57 c	237,993.	
58	Other assets (describe ► _____)			58		
59	Total assets (add lines 45 through 58) (must equal line 74)		366,965.	59	380,557	
LIABILITIES	60	Accounts payable and accrued expenses		418	60	380
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax exempt bond liabilities (attach schedule)			64 a	
		b Mortgages and other notes payable (attach schedule) SEE STATEMENT 6		257,000.	64 b	257,000.
	65	Other liabilities (describe ► SEE STATEMENT 7)		55,040.	65	68,328.
66	Total liabilities (add lines 60 through 65)		312,458	66	325,708.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		50,194.	67	39,849
	68	Temporarily restricted		4,313.	68	15,000.
	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)		54,507.	73	54,849.
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		366,965.	74	380,557.

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total revenue, gains, and other support per audited financial statements	a	213,664
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	SEE STM 8 \$ 10,750.		
	Add amounts on lines (1) through (4)	b	10,750.
c	Line a minus line b	c	202,914.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	202,914.

a	Total expenses and losses per audited financial statements	a	213,322
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	SEE STMT 9 \$ 10,750.		
	Add amounts on lines (1) through (4)	b	10,750.
c	Line a minus line b	c	202,572
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	202,572.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
JOSE SANCHEZ 3960 PARK BLVD, SUTE B SAN DIEGO, CA 92103	DIRECTOR NONE	0.	0.	0.
MARITZA HADDOCK 3960 PARK BOULEVARD B SAN DIEGO, CA 92103	DIRECTOR NONE	0.	0.	0.
CHRISTOPHER DUNDA 3960 PARK BOULEVARD B SAN DIEGO, CA 92103	TREASURER NONE	0.	0.	0.
MICHAEL SPRAGUE 3960 PARK BOULEVARD B SAN DIEGO, CA 92103	INTERIM PRES NONE	0.	0.	0.
JAMES PUCCHETTI 3960 PARK BLVD., STE B SAN DIEGO, CA 92103	EXECUTIVE DIREC FULL TIME	58,537.	0.	0.
JUANA CASTRO 3960 PARK BLVD, STE B SAN DIEGO, CA 92103	VICE PRESIDENT NONE	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

If 'Yes,' attach schedule - see instructions

**Part VI Other Information** (See instructions)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>77</b> 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		X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>78b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80a</b> 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?		X
<b>80b</b> If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures See line 81 instructions	81a	0
<b>81b</b> Did the organization file Form 1120-POL for this year?		X
<b>82a</b> 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?		X
<b>82b</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
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
<b>85 501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	85a	N/A
<b>b</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
<b>c</b> Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	87a	N/A
<b>b</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
<b>88</b> 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
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0</u>		
<b>b 501(c)(3) and 501(c)(4) organizations</b> 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
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90a</b> List the states with which a copy of this return is filed <u>CALIFORNIA</u>	90a	3
<b>90b</b> Number of employees employed in the pay period that includes March 12, 2002 (See instructions)		
<b>91</b> The books are in care of <u>JAMES PUC CETTI</u> Telephone number <u>(619) 295-8802</u> Located at <u>3960 PARK BLVD, #B, SAN DIEGO, CA</u> ZIP + 4 <u>92103</u>		
<b>92</b> 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 <u>92</u>		N/A

**Part VII Analysis of Income-Producing Activities** (See instructions)

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) Exclusion code	(D) Amount	
93 Program service revenue					
a RENTAL INCOME - WILSO					26,112.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	1,496.	
96 Dividends & interest from securities					
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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	-2,272.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS					53.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-776.	26,165.
105 Total (add line 104, columns (B), (D), and (E))					25,389.

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 instructions)

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)
	SEE STATEMENT 10

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(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 instructions)

- 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

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please

*[Signature]*

2/14/03  
Date

EXECUTIVE DIRECTOR

Date Check # Preparer's SSN or PTIN (see instructions)

**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

**2002**

Supplementary Information — (See separate instructions)

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

TOWNSPEOPLE, INC.

Employer identification number

33-0623634

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See 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	0	

**Part III** Statements About Activities (See instructions)

	Yes	No
<p>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 ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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.</p>		X
<p>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.)</p> <p>SEE STATEMENT 11</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p> <p>SEE FORM 990, PART V</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>		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 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 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 instructions)

**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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	152,468	152,047.	188,887.	142,288.	635,690
<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	28,010.	53,502.	25,188.	6,121	112,821.
<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	3,580	3,402	603	220.	7,805.
<b>19</b> Net income from unrelated business activities not included in line 18					
<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	184,058	208,951.	214,678	148,629.	756,316.
<b>24</b> Line 23 minus line 17	156,048	155,449.	189,490.	142,508.	643,495.
<b>25</b> Enter 1% of line 23	1,841.	2,090.	2,147.	1,486.	

<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24	<b>26a</b>	12,870.
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		<b>26b</b>	
c Total support for section 509(a)(1) test. Enter line 24, column (e).		<b>26c</b>	643,495.
d Add: Amounts from column (e) for lines <b>18</b> <u>7,805.</u> <b>19</b> _____		<b>26d</b>	7,805
<b>22</b> _____ <b>26b</b> _____		<b>26e</b>	635,690.
e Public support (line 26c minus line 26d total)		<b>26e</b>	635,690.
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>		<b>26f</b>	98.79 %

<b>27 Organizations described on line 12:</b> N/A	
a 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.	(2001) _____ (2000) _____ (1999) _____ (1998) _____
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.	(2001) _____ (2000) _____ (1999) _____ (1998) _____
c Add: Amounts from column (e) for lines <b>15</b> _____ <b>16</b> _____	
<b>17</b> _____ <b>20</b> _____ <b>21</b> _____	
d Add: Line 27a total _____ and line 27b total _____	<b>27c</b> _____
e Public support (line 27c total minus line 27d total)	<b>27d</b> _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	<b>27e</b> _____
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27f</b> _____
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27g</b> _____ %
	<b>27h</b> _____ %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.

**Part V Private School Questionnaire** (See instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		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 ) ----- ----- -----		
<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 ) ----- -----		
<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 ) ----- ----- -----		
<b>34a</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		





CLIENT 97083

TOWNSPEOPLE, INC.

33-0623634

STATEMENT 1  
FORM 990, PART I, LINE 9  
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
MISCELLANEOUS	8,478	0.	8,478.	10,750.	-2,272.
TOTAL	<u>\$ 8,478</u>	<u>\$ 0</u>	<u>\$ 8,478</u>	<u>\$ 10,750.</u>	<u>\$ -2,272.</u>

STATEMENT 2  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	4,308	4,308.		
CLEANING/REFUSE/PEST	1,498.	1,498.		
CONTRACT LABOR	1,014	1,014.		
DEVELOPMENT	290.		290.	
FEES & LICENSES	597.	597		
INSURANCE	5,505.	3,172.	2,333	
MANAGEMENT	1,346.	1,346.		
MISCELLANEOUS	1,990.	1,974.	16.	
OFFICE	1,900	1,900		
REPAIRS & MAINTENANCE	11,210	11,210.		
RESIDENT MANAGER	4,322.	4,322.		
SECURITY	413.	413.		
VOLUNTEER EXPENSES	320.	320.		
TOTAL	<u>\$ 34,713</u>	<u>\$ 32,074</u>	<u>\$ 2,639.</u>	<u>\$ 0.</u>

STATEMENT 3  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
HOUSING INFORMATION & REFERRAL SERVICES FOR INDIVIDUALS WITH AIDS/HIV, AFFORDABLE HOUSING RESOURCE MANUAL FOR CASE MANAGERS AND SHELTER STAFF, LANDLORD RESOURCE GUIDE FOR LANDLORDS AND PROPERTY MANAGERS.		184,759.
	<u>\$ 0.</u>	<u>\$ 184,759.</u>

CLIENT 97083

TOWNSPEOPLE, INC.

33-0623634

STATEMENT 4  
FORM 990, PART IV, LINE 54  
INVESTMENTS - SECURITIES

OTHER SECURITIES	VALUATION METHOD	AMOUNT
GREENLAND CORP.	MARKET VALUE	\$ 20
	TOTAL	\$ 20
TOTAL INVESTMENTS - SECURITIES		<u>\$ 20.</u>

STATEMENT 5  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 632.	\$ 618.	\$ 14.
MACHINERY AND EQUIPMENT	13,630	12,436.	1,194.
BUILDINGS	184,843.	47,752.	137,091.
LAND	99,694.		99,694.
TOTAL	<u>\$ 298,799.</u>	<u>\$ 60,806.</u>	<u>\$ 237,993.</u>

STATEMENT 6  
FORM 990, PART IV, LINE 64B  
MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME:	SAN DIEGO HOUSING COMMISSION	
DATE OF NOTE:	12/01/1995	
MATURITY DATE:	12/01/2050	
INTEREST RATE:	3 00%	
SECURITY PROVIDED:	WILSON AVENUE DEED OF TRUST	
BALANCE DUE:		\$ 257,000.
	TOTAL	<u><u>                    </u></u>

STATEMENT 7  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

ACCRUED INTEREST	\$ 54,134.
PAYROLL TAXES PAYABLE	3,131.
SECURITY DEPOSITS	1,523.
VACATION PAYABLE	9,540.
TOTAL	<u>\$ 68,328.</u>

CLIENT 97083

TOWNSPEOPLE, INC.

33-0623634

STATEMENT 8  
FORM 990, PART IV-A, LINE B(4)  
OTHER AMOUNTS

SPECIAL EVENT EXPENSES

TOTAL	\$	10,750.
	\$	<u>10,750.</u>

STATEMENT 9  
FORM 990, PART IV-B, LINE B(4)  
OTHER AMOUNTS

SPECIAL EVENT EXPENSES

TOTAL	\$	10,750.
	\$	<u>10,750.</u>

STATEMENT 10  
FORM 990, PART VIII  
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	RENTAL INCOME FROM APARTMENTS RENTED TO LOW INCOME INDIVIDUALS WITH AIDS
101	REVENUES FROM FUNDRAISING ACTIVITIES INCREASES FUNDS AVAILABLE FOR EXEMPT PURPOSES AND INCREASES PUBLIC AWARENESS OF ORGANIZATION ACTIVITIES.
103A	REVENUES FROM UTILITY AND INSURANCE REIMBURSEMENTS. AMOUNTS USED FOR EXEMPT PURPOSE.

STATEMENT 11  
SCHEDULE A, PART III, LINE 2  
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

SEE PART V, FORM 990

Asset Depreciation Short Report - Sorted by - ASSET A/C#

Company TOWNSPEOPLE

Method 1 - FEDERAL Std Conv Applied

Range 1500 - COMPUTER EQUIPMENT - 1525 - LAND

Year End 12/31/02

File G \JAF\CLIENT FILES\97083\AKTOWNSPEOPLE -

Include All assets

Page 1

Date 02/01/03

Time 09 58 18

Date Acq	Description	Meth/Life	Cost	Sec 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
<b>ASSET A/C# 1500 - COMPUTER EQUIPMENT</b>								
07/29/94	COMPUTER/PRINTER	SL/5 00	1,385 68	0 00	1,385 68	1,385 68	0 00	1 385 68
07/28/95	LASER PRINTER	SL/5 00	850 00	0 00	850 00	850 00	0 00	850 00
07/28/95	FAX MACHINE	SL/5 00	549 50	0 00	549 50	549 50	0 00	549 50
04/21/97	PRINTER	SL/5 00	150 00	0 00	150 00	123 33	15 00	138 33
05/12/97	PHONE SYSTEM	SL/5 00	941 16	0 00	941 16	862 49	78 67	941 16
05/14/97	COMPUTERS	SL/5 00	340 00	0 00	340 00	311 67	28 33	340 00
06/16/97	COMPUTER	SL/5 00	200 00	0 00	200 00	180 00	20 00	200 00
07/22/97	COMPUTER UPGRADE	SL/5 00	1 115 16	0 00	1 115 16	985 02	111 52	1 096 54
07/25/97	FAX MACHINE	SL/5 00	350 00	0 00	350 00	309 17	35 00	344 17
08/29/97	COMPUTER MONITOR	SL/5 00	269 34	0 00	269 34	233 57	26 93	260 50
10/30/97	COMPUTER/MONITOR	SL/5 00	480 00	0 00	480 00	400 00	48 00	448 00
12/15/97	COPIER	SL/5 00	4,000 00	0 00	4 000 00	3,233 33	400 00	3 633 33
12/16/98	Computer	SL/5 00	1 499 00	0 00	1 499 00	1 049 40	299 80	1 349 20
12/31/99	COMPUTER EQUIPMENT	SL/H/5 00	1 500 00	0 00	1,500 00	600 00	300 00	900 00
<b>Grand totals 1500 - COMPUTER EQUIPMENT (14 assets)</b>			<b>13 629 84</b>	<b>0 00</b>	<b>13 629 84</b>	<b>11 073 16</b>	<b>1 363 25</b>	<b>12 436 41</b>
<b>ASSET A/C# 1515 - FURNITURE</b>								
05/14/97	COUCHES/TABLE	SL/5 00	220 00	0 00	220 00	201 67	18 33	220 00
09/03/97	PICNIC TABLES	SL/5 00	411 84	0 00	411 84	356 57	41 18	397 75
<b>Grand totals 1515 - FURNITURE (2 assets)</b>			<b>631 84</b>	<b>0 00</b>	<b>631 84</b>	<b>558 24</b>	<b>59 51</b>	<b>617 75</b>
<b>ASSET A/C# 1520 - BUILDING</b>								
12/22/95	WILSON AVE BUILDING	SL/25 00	149,541 00	0 00	149,541 00	35,890 20	5 981 64	41 871 84
10/01/99	WINDOWS	SL/25 00	9,967 75	0 00	9,967 75	897 10	398 71	1 295 81
01/29/01	ENTRY SYSTEM	SL/5 00	2,847 00	0 00	2,847 00	284 70	569 40	854 10
10/29/01	PAINTING	SL/3 00	5,790 00	0 00	5,790 00	965 00	1,930 00	2 895 00
10/01/02 A	REPIPING	SL/10 00	16 697 80	0 00	16,697 80	0 00	834 89	834 89
<b>Grand totals 1520 - BUILDING (5 assets)</b>			<b>184,843 55</b>	<b>0 00</b>	<b>184,843 55</b>	<b>38,037 00</b>	<b>9,714 64</b>	<b>47,751 64</b>
<b>ASSET A/C# 1525 - LAND</b>								
12/22/95	WILSON AVE LAND	LAND/0 00	99,694 00	0 00	99,694 00	0 00	0 00	0 00
<b>Grand totals 1525 - LAND (1 assets)</b>			<b>99 694 00</b>	<b>0 00</b>	<b>99 694 00</b>	<b>0 00</b>	<b>0 00</b>	<b>0 00</b>
<b>Grand totals for all accounts (22 assets)</b>			<b>298 799 23</b>	<b>0 00</b>	<b>298 799 23</b>	<b>49 668 40</b>	<b>11 137 40</b>	<b>60,805 80</b>

Codes that may appear next to the date acquired include A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics for Assets

	Cost	Current Year Section 179	Depreciable Basis	Beginning Accum Depr	Current Depreciation	Ending Accum Depr	Net Book Value
<b>Grand Totals for all assets</b>	298 799 23	0 00	298,799 23	49 668 40	11 137 40	60 805 80	237 993 43
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
<b>Net Totals (Active Assets)</b>	<b>298,799 23</b>	<b>0 00</b>	<b>298,799 23</b>	<b>49 668 40</b>	<b>11,137 40</b>	<b>60 805 80</b>	<b>237 993 43</b>