

Form **990**

**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)

OMB No 1545-0047

**2002**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2002** 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

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

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

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

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

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

**F** Accounting method:  Cash  Accrual

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

**J** Organization type:  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: **463,664.**

**H** and **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: **N/A**

**H(c)** Are all affiliates included?  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

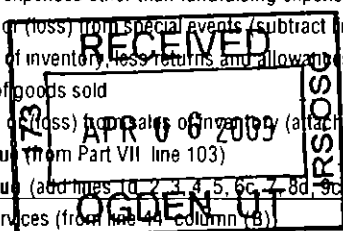
**I** Enter 4-digit GEN: **▶**

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

**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	68,086.		
	b	Indirect public support	1b	134,262.		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ <u>202,348.</u> noncash \$ _____ )	1d			202,348.
	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			3,264.
	6a	Gross rents SEE STATEMENT 1	6a	256,020.		
	b	Less rental expenses SEE STATEMENT 2	6b	272,533.		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			<16,513.>
7	Other investment income (describe <b>▶ GAIN ON SALE OF INVESTMENTS</b> )	7			311.	
Expenses	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	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				
Net Assets	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit (gross) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11	Other revenue (from Part VII line 103)	11			1,721.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			191,131.
13	Program services (from line 44 column (B))	13				
14	Management and general (from line 44 column (C))	14			153,300.	
15	Fundraising (from line 44 column (D))	15			41,214.	
16	Payments to affiliates (attach schedule)	16				
17	Total expenses (add lines 16 and 44, column (A))	17			194,514.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			<3,383.>	
19	Net assets or fund balances at beginning of year (from line 73 column (A))	19			634,451.	
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			631,068.	

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

91-1797391

**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 Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</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	18,250.	0.	18,250.	0.
26 Other salaries and wages	26	19,018.		6,864.	12,154.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	2,882.		1,667.	1,215.
30 Professional fundraising fees	30				
31 Accounting fees	31	8,460.		8,460.	
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	2,010.		2,010.	
35 Postage and shipping	35	752.		752.	
36 Occupancy	36	9,838.		9,838.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	289.		289.	
39 Travel	39	518.		518.	
40 Conferences conventions and meetings	40	456.		456.	
41 Interest	41				
42 Depreciation depletion etc (attach schedule)	42	48,170.		48,170.	
43 Other expenses not covered above (itemize)					
a CONSULTANTS	43a	29,670.		1,825.	27,845.
b DUES & SUBSCRIPTIONS	43b	50.		50.	
c INSURANCE	43c	2,832.		2,832.	
d REDEVELOPMENT	43d	36,024.		36,024.	
e RELOCATION	43e	15,295.		15,295.	
44 <small>Total functional expenses (add lines 22 through 43) Organizations completing columns (B), (D) carry these totals to lines 13-15</small>	44	194,514.	0.	153,300.	41,214.

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 3**

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 PERMANENT HOUSING TO HOMELESS FAMILIES.**

(Grants and allocations \$ \_\_\_\_\_)

**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.

CONTRA COSTA INTERFAITH TRANSITIONAL  
HOUSING, INC.

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**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	
Assets	45 Cash - non-interest-bearing	19,054.	45	25,993.	
	46 Savings and temporary cash investments	211,259.	46	203,655.	
	47 a Accounts receivable	47a 17,558.			
	b Less allowance for doubtful accounts	47b	47c	17,558.	
	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	16,355.	53	77.	
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments - land buildings and equipment basis	55a 1,898,907.			
	b Less accumulated depreciation STMT 4	55b 120,203.	1,822,803.	55c 1,778,704.	
56 Investments - other		56			
57 a Land, buildings and equipment basis	57a				
b Less accumulated depreciation	57b	57c			
58 Other assets (describe ▶ )		58	0.		
59 Total assets (add lines 45 through 58) (must equal line 74)		2,069,471.	59	2,025,987.	
Liabilities	60 Accounts payable and accrued expenses	12,067.	60	34,746.	
	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 5	1,422,953.	64b	1,360,173.	
65 Other liabilities (describe ▶ )		65			
66 Total liabilities (add lines 60 through 65)		1,435,020.	66	1,394,919.	
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	604,946.	67	568,626.	
	68 Temporarily restricted	29,505.	68	62,442.	
	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)		634,451.	73	631,068.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,069,471.	74	2,025,987.

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.

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**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
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	3,264.	
97 Net rental income or (loss) from real estate					
a debt-financed property	531110	<16,513.>			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			18	311.	
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 MISCELLANEOUS INCOME			01	1,721.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B) (D) and (E))		<16,513.>		5,296.	0.
105 Total (add line 104 columns (B) (D) and (E))					<11,217.>

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 page 32 of the 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)
96	INTEREST INCOME FROM SAVINGS
97A	NET OPERATING LOSS FROM RENTAL OF APARTMENT COMPLEX
99	GAIN ON SALE OF DONATED STOCK
103A	OTHER MISCELLANEOUS INCOME

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the 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 page 33 of the 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

accompanying schedules and statements and to the best of my knowledge and belief it is true and correct

Date 4/2/03

Type or print name and title

Roberto Graetz, Chair

**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**

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	0			

**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	0	

CONTRA COSTA INTERFAITH TRANSITIONAL

Schedule A (Form 990 or 990-EZ) 2002 HOUSING, INC.

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<b>Part III Statements About Activities</b> (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 1 of Part VI-B) 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.		X
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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4	Do you have a section 403(b) annuity plan for your employees?		X
<b>Note:</b> 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.			

<b>Part IV Reason for Non-Private Foundation Status</b> (See pages 3 through 5 of the instructions)	
The organization is not a private foundation because it is: (Please check only ONE applicable box.)	
5	<input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6	<input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	<input type="checkbox"/> 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	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)
11a	<input checked="" type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)
11b	<input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)
12	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)
13	<input type="checkbox"/> 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	<input type="checkbox"/> An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2002

CONTRA COSTA INTERFAITH TRANSITIONAL

Schedule A (Form 990 or 990-EZ) 2002 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	233,840.	535,038.	41,138.	34,550.	844,566.
16 Membership fees received					
17 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					
18 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	4,296.	4,040.	1,516.	400.	10,252.
19 Net income from unrelated business activities not included in line 18	<18,223.>	<13,116.>			<31,339.>
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	219,913.	525,962.	42,654.	34,950.	823,479.
24 Line 23 minus line 17	219,913.	525,962.	42,654.	34,950.	823,479.
25 Enter 1% of line 23	2,199.	5,260.	427.	350.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 16,470.
	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 sum of all these excess amounts				26b 94,594.
	c Total support for section 509(a)(1) test Enter line 24 column (e)				26c 823,479.
	d Add Amounts from column (e) for lines 18 10,252. 19 <31,339.> 22 2,199. 26b 94,594.				26d 73,507.
	e Public support (line 26c minus line 26d total)				26e 749,972.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 91.0736%
27 Organizations described on line 12	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 N/A				
	(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 N/A				
	(2001)	(2000)	(1999)	(1998)	
	c Add Amounts from column (e) for lines 15 16 17 20 21				27c N/A
	d Add Line 27a total and line 27b total				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test Enter amount on line 23 column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

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

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
29	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?		
30	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?		
31	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.)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	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.)	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
35	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.	35	

CONTRA COSTA INTERFAITH TRANSITIONAL

Schedule A (Form 990 or 990-EZ) 2002 HOUSING, INC.

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**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	20% of the amount on line 40	
Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000	
Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000	
Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000	
Over \$17 000 000	\$1 000 000	
The lobbying nontaxable amount is -		
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) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	BUILDINGS											
3	APARTMENT BUILDING	062900SL		27.50	16	1305230.			1305230.	71,195.		47,463.
	* 990 PAGE 2 TOTAL											
	BUILDINGS					1305230.		0.	1305230.	71,195.	0.	47,463.
	MACHINERY & EQUIPMENT											
1	EQUIPMENT	VARIES	200DB	5.00	17	7,269.			7,269.	838.		707.
	* 990 PAGE 2 TOTAL											
	MACHINERY & EQUIPMENT					7,269.		0.	7,269.	838.	0.	707.
	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					1898907.		0.	1898907.	72,033.	0.	48,170.

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
2387 LISA LANE, PLEASANT HILL, CA APARTMENT COMPLEX		1	256,020.
TOTAL TO FORM 990, PART I, LINE 6A			256,020.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PROPERTY MANAGEMENT FEES		56,890.	
INSURANCE		3,168.	
REPAIRS AND MAINTENANCE		22,447.	
MORTGAGE INTEREST EXPENSE		117,768.	
PROPERTY TAX		27,314.	
UTILITIES		44,946.	
- SUBTOTAL -	1		272,533.
TOTAL TO FORM 990, PART I, LINE 6B			272,533.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 3

EXPLANATION

TO INCREASE PERMANENT HOUSING IN CONTRA COSTA FOR HOMELESS FAMILIES.

FORM 990	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT	4
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	7,269.	1,545.	5,724.
LAND	586,408.	0.	586,408.
APARTMENT BUILDING	1,305,230.	118,658.	1,186,572.
TOTAL TO FORM 990, PART IV, LN 55	1,898,907.	120,203.	1,778,704.

FORM 990	MORTGAGES PAYABLE	STATEMENT	5
<u>DESCRIPTION</u>		<u>BALANCE DUE</u>	
	CAL FED BANK		1,360,173.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B			1,360,173.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	6
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
	GROSS EXPENSES		272,533.
TOTAL TO FORM 990, PART IV-A			272,533.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	7
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
	RENTAL EXPENSES		272,533.
TOTAL TO FORM 990, PART IV-B			272,533.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LOUISE FIX 56 CAMINO SOBRANTE ORINDA, CA 94563	EXECUTIVE COMMITTEE VARIED	0.	0.	0.
RABBI ROBERTO GRAETZ 3800 MT. DIABLO BLVD. LAFAYETTE, CA 94549	CHAIR VARIED	0.	0.	0.
REVEREND RUTH REINHOLD 1801 LACASSIE AVENUE WALNUT CREEK, CA 94596	DIRECTOR VARIED	0.	0.	0.
ELIZABETH SIMMONDS 1082 RAHARA DR. LAFAYETTE, CA 94549	DIRECTOR VARIED	0.	0.	0.
RICK UNDERWOOD 2315 BRANTFORD CT WALNUT CREEK, CA 94596	DIRECTOR VARIED	0.	0.	0.
BILL GRIFFITTS 2102 BRYCE DR. MARTINEZ, CA 94553	VICE CHAIR VARIED	0.	0.	0.
MARY LOU LAUBSCHER 1122 LOVELL COURT CONCORD, CA 94520	SECRETARY VARIED	0.	0.	0.
LLOYD MAC DONALD 6516 HORSEMAN'S CANYON DRIVE WALNUT CREEK, CA 94595	DIRECTOR VARIED	0.	0.	0.
JOHN MCCLURE 5 ESTATES DRIVE ORINDA, CA 94563	TREASURER 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.

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LESLIE REITZES 110 RANDOM WAY PLEASANT HILL, CA 94523	DIRECTOR VARIED	0.	0.	0.
CYNTHIA SCHREINER 135 DEVON DRIVE MORAGA, CA 94556	DIRECTOR VARIED	0.	0.	0.
LINDA WOHLRABE 535 MAIN STREET, #209 MARTINEZ, CA 94595	DIRECTOR 40	18,250.	0.	0.
GENE WOLFE 5313 TERRA GRANADA DRIVE, #1A WALNUT CREEK, CA 94595	EXECUTIVE COMMITTEE VARIED	0.	0.	0.
GARRY GRAFFORT 2700 LYON CIRCLE CONCORD, CA 94518	DIRECTOR VARIED	0.	0.	0.
MARTIN JOHNKE 419 APPALACHIAN WAY MARTINEZ, CA 94553	DIRECTOR VARIED	0.	0.	0.
FRANK KRISNOWICH 751 WEST BOYD ROAD PLEASANT HILL, CA 94523	DIRECTOR VARIED	0.	0.	0.
PASTOR CHARIE REID 2100 TICE VALLEY BLVD WALNUT CREEK, CA 94595	DIRECTOR VARIED	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		18,250.	0.	0.