

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

**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  
**HUMAN INVESTMENT PROJECT, INC.**

**D** Employer identification number  
**94-2154614**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**364 SOUTH RAILROAD AVENUE**

City or town, state or country, and ZIP + 4  
**SAN MATEO, CA 94401-4024**

**E** Telephone number  
**650-348-6660**

**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)

**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 \_\_\_\_\_

**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 **WWW.HIPHOUSING.ORG**

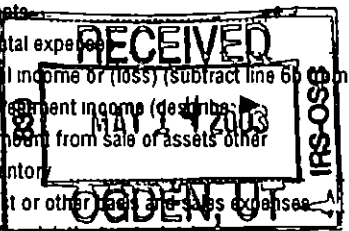
**J** Organization type (check only one)  501(c) ( **3** ) (insert no)  4947(a)(1) or  527

**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 **1,065,042.**

**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	158,128.	
	b	Indirect public support	1b	25,785.	
	c	Government contributions (grants)	1c	592,124.	
	d	Total (add lines 1a through 1c) (cash \$ <b>776,037.</b> noncash \$ _____ )	1d	776,037.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	171,805.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	1,825.	
	5	Dividends and interest from securities	5	12,210.	
	6a	Gross rental income	6a		
	6b	Less rental expenses	6b		
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7			
Revenue	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	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
Revenue	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	9a	103,165.	
	b	Less direct expenses other than fundraising expenses	9b	31,490.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	71,675.	
	10a	Gross sales of inventory, less returns and allowances	10a		
Revenue	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		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,033,552.		
Expenses	13	Program services (from line 44, column (B))	13	975,318.	
	14	Management and general (from line 44, column (C))	14	20,500.	
	15	Fundraising (from line 44, column (D))	15	90,919.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	1,086,737.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<53,185.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	963,828.	
	20	Other changes in net assets or fund balances (attach explanation)	20	14,627.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	925,270.	



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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 (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	83,000.	72,376.	2,125.	8,499.
26	Other salaries and wages	411,737.	359,035.	10,540.	42,162.
27	Pension plan contributions				
28	Other employee benefits	99,773.	87,002.	2,571.	10,200.
29	Payroll taxes	50,361.	43,915.	1,289.	5,157.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy	51,220.	40,041.	1,024.	10,155.
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest	14,554.	14,554.		
42	Depreciation, depletion, etc (attach schedule)	53,582.	52,774.	193.	615.
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 3	322,510.	305,621.	2,758.	14,131.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,086,737.	975,318.	20,500.	90,919.

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 4**

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	TO INVEST IN HUMAN POTENTIAL BY IMPROVING THE HOUSING CONDITIONS AND LIFE SKILLS OF PEOPLE IN NEED THROUGH VARIOUS PROGRAMS, PROPERTY DEVELOPMENT, REDEVELOPMENT AND MANAGEMENT. (Grants and allocations \$ _____)	705,997.
b	TO PROVIDE AFFORDABLE HOUSING OPPORTUNITIES FOR THOSE WHO LIVE, OR WISH TO LIVE, IN SAN MATEO COUNTY. (Grants and allocations \$ _____)	269,321.
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)	975,318 ✓

**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	55,336.	47,365.
	46 Savings and temporary cash investments	494,721.	388,410.
	47 a Accounts receivable	37,901.	
	b Less allowance for doubtful accounts		
		15,777.	37,901.
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	1,910.	10,708.
	54 Investments - securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	156,316.	169,699.
	55 a Investments - land, buildings, and equipment basis		
b Less accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment basis	1,186,930.		
b Less accumulated depreciation	466,646.		
58 Other assets (describe SEE STATEMENT 6 )	389,105.	513,991.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,879,702.	1,888,358.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	44,826.	40,300.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	804,622.	802,725.
	65 Other liabilities (describe SEE STATEMENT 7 )	66,426.	120,063.
66 Total liabilities (add lines 60 through 65)	915,874.	963,088.	
<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	881,405.	840,462.
	68 Temporarily restricted	82,423.	84,808.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	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)	963,828.	925,270.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,879,702.	1,888,358.	

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.



Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80 b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt
81 a Enter direct or indirect political expenditures See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
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?
82 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)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85 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?
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
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?
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0.
89 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?
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed CALIFORNIA
90 b Number of employees employed in the pay period that includes March 12, 2001 23

91 The books are in care of THE ORGANIZATION Telephone no 650-348-6660
Located at 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA ZIP + 4 94401

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**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 RENTAL INCOME					76,276.
b PROPERTY MANAGEMENT FEE					95,529.
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			14	1,825.	
96 Dividends and interest from securities			14	12,210.	
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			01	71,675.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		85,710.	171,805.
105 Total (add line 104, columns (B), (D), and (E))					257,515. ✓

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)
93A	RENTAL INCOME FROM LOW INCOME HOUSING RENTAL PROGRAM
93B	FEES AND EXPENSE REIMBURSEMENTS RECEIVED IN CONNECTION WITH THE MANAGEMENT OF AFFORDABLE HOUSING FOR LOW AND MODERATE INCOME PERSONS.

**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, correct, and complete information of which preparer has any knowledge

8/123 JUDITH GAITHER EXECUTIVE DIRECTOR



**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 <b>\$ _____ \$ _____</b> (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)? SEE PART V, FORM 990	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.		

**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)

**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
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,046,859.	984,894.	868,598.	821,497.	3,721,848.
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	378,192.	95,143.			473,335.
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	49,042.	27,861.	12,913.	16,208.	106,024.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization a 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	1,474,093.	1,107,898.	881,511.	837,705.	4,301,207.
24 Line 23 minus line 17	1,095,901.	1,012,755.	881,511.	837,705.	3,827,872.
25 Enter 1% of line 23	14,741.	11,079.	8,815.	8,377.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	76,557.
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.		26b	123,443.
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	3,827,872.
d Add: Amounts from column (e) for lines 18 <u>106,024.</u> 19 _____		26d	229,467.
22 _____ 26b <u>123,443.</u>		26e	3,598,405.
e Public support (line 26c minus line 26d total)		26f	94.0054%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

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	(2000)	(1999)	(1998)	(1997)
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		(2000)	(1999)	(1998)	(1997)
c Add: Amounts from column (e) for lines 15 _____ 16 _____		27c	N/A		
17 _____ 20 _____ 21 _____		27d	N/A		
d Add: Line 27a total _____ and line 27b total _____		27e	N/A		
e Public support (line 27c total minus line 27d total)		27f	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 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

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





# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	HUMAN INVESTMENT PROJECT, INC.	94-2154614
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions	
	364 SOUTH RAILROAD AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SAN MATEO, CA 94401-4024	

### Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 18, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning JUL 1, 2001, and ending JUN 30, 2002

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Melita Brito GA Title ▶ \_\_\_\_\_ Date ▶ 11/13/02

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>HUMAN INVESTMENT PROJECT, INC.</b>	Employer identification number <b>94-2154614</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>364 SOUTH RAILROAD AVENUE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SAN MATEO, CA 94401-4024</b>	

Check type of return to be filed (File a separate application for each return)

Form 990     Form 990-EZ     Form 990-T (sec 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870

Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 2003

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2001 and ending JUN 30, 2002

6 If this tax year is for less than 12 months, check reason  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension  
**ALL THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE. THEREFORE, AN EXTENSION OF TIME TO FILE IS RESPECTFULLY REQUESTED.**

8a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Mark Britton PA* Title \_\_\_\_\_ Date 2/12/03

**Notice to Applicant - To Be Completed by the IRS**

We have approved this application. Please attach this form to the organization's return.

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.

We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

Other \_\_\_\_\_

**EXTENSION APPROVED**

**FEB 21 2003**

Director \_\_\_\_\_ By \_\_\_\_\_

LINDA WEISKOFF, FIELD DIRECTOR, SUPERVISOR OF PROCESSING, CUBEN

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>LINDQUIST, VON HUSEN &amp; JOYCE</b>
	Number and street (include suite, room, or apt. no.) Or a P O box number <b>90 NEW MONTGOMERY STREET, 11TH FLOOR</b>
	City or town, province or state, and country (including postal or ZIP code) <b>SAN FRANCISCO, CA 94105</b>

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**FORM 990** **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT 1**


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<u>DESCRIPTION OF EVENT</u>	<u>GROSS RECEIPTS</u>	<u>CONTRIBUT. INCLUDED</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
DONATIONS, CENTERPIECES, RAFFLE TICKETS, AUCTION, INDIVIDUAL TICKETS	103,165.		103,165.	31,490.	71,675.
TO FM 990, PART I, LINE 9	103,165.		103,165.	31,490.	71,675.

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**FORM 990** **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT 2**


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<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAINS ON INVESTMENTS	14,627.
TOTAL TO FORM 990, PART I, LINE 20	14,627.

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**FORM 990** **OTHER EXPENSES** **STATEMENT 3**


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<u>DESCRIPTION</u>	<u>(A) TOTAL</u>	<u>(B) PROGRAM SERVICES</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING</u>
RENTAL ASSISTANCE PROGRAMS	161,999.	161,999.		
ADMINISTRATIVE OPERATING AND MAINTENANCE	69,690.	56,062.	1,498.	12,130.
UTILITIES	30,318.	29,557.	85.	676.
INSURANCE	11,697.	10,310.	687.	700.
SUPPORTIVE SERVICES	9,317.	8,204.	488.	625.
PROJECT EXPENSES	3,925.	3,925.		
TOTAL TO FM 990, LN 43	35,564.	35,564.	2,758.	14,131.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

THE CORPORATION IS ORGANIZED TO IMPROVE THE HOUSING CONDITIONS AND LIFE SKILLS OF PEOPLE IN NEED THROUGH ITS PROGRAMS, PROPERTY DEVELOPMENT, REDEVELOPMENT AND MANAGEMENT OF AFFORDABLE HOUSING PROJECTS.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE SECURITIES			169,699.		169,699.
TO 990, LN 54 COL B			169,699.		169,699.

FORM 990 OTHER ASSETS STATEMENT 6

DESCRIPTION	AMOUNT
RESTRICTED CASH	293,082.
GRANT RECEIVABLE	36,045.
DUE FROM AFFILIATES	183,736.
OTHER ASSETS	1,128.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	513,991.

FORM 990 OTHER LIABILITIES STATEMENT 7

DESCRIPTION	AMOUNT
TENANT SECURITY DEPOSITS	11,214.
TRUST FUND DEPOSITS	59,581.
ACCRUED INTEREST PAYABLE	49,268.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	120,063.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
SPECIAL EVENTS EXPENSE		31,490.	
TOTAL TO FORM 990, PART IV-A		31,490.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
SPECIAL EVENT EXPENSE		31,490.	
TOTAL TO FORM 990, PART IV-B		31,490.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	10
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOE CARBERRY 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
DENNIS LANTERMAN 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
RONALD COLLINS 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
TERRY LINEBERGER 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.

LOUISE DELLA MAGGIORA 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
MARYANN LIST 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
DAVID G. FINKELSTEIN 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
JACK MATTHEWS 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	PRESIDENT 2	0.	0.	0.
HELEN FISICARO 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	VICE PRESIDENT 2	0.	0.	0.
GREGORY MEYER 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
MARVIN FRIEDMAN 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
DORIS MORSE 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
JEFFERY T. GRIFFITH 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
DAVID SCHEMEL 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	EX-OFFICIO 2	0.	0.	0.

HUMAN INVESTMENT PROJECT, INC.

94-2154614

STEVEN HOCHHAUSER 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
EVELYN SZELENYI 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
ROBERT HOLDEN 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	SECRETARY 2	0.	0.	0.
CLAUDIA KENNEDY 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
THOMAS H. VOCKER 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	TREASURER 2	0.	0.	0.
KEVIN MULLIN 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	DIRECTOR 2	0.	0.	0.
JUDITH GAITHER 364 SOUTH RAILROAD AVENUE, SAN MATEO, CA 94401-4024	EXE. DIR. 40	83,000.	6,640.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>83,000.</u>	<u>6,640.</u>	<u>0.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 11  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
HOUSING ASSOCIATION FOR THE NEEDY AND DISPOSSESSED, INC.	X	
HIP-EDGEWATER ISLE, INC.	X	
REDWOOD OAKS ASSOCIATES, INC.	X	