

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)

2004

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 2004 calendar year, or tax year beginning July 1, 2004, and ending June 30, 2005

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Contra Costa Interfaith Transitionl Housing		D Employer identification number 91 : 1797391
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 535 Main Street, Suite 209		E Telephone number (925) 957-0538
		City or town, state or country, and ZIP + 4 Martinez, CA 94553		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ N/A

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 222,132

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 (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	107,805		
	b Indirect public support	1b	113,000		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 220,805 noncash \$ 0)	1d		220,805	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		0	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		880	
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		0	
7 Other investment income (describe ▶)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	b Less: cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c	0	0	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		0		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
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		0		
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0		
11 Other revenue (from Part VII, line 103)	11		447		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		222,132		
Expenses	13 Program services (from line 44, column (B))	13		126,327	
	14 Management and general (from line 44, column (C))	14		60,799	
	15 Fundraising (from line 44, column (D))	15		22,571	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 13 and 14, column (A))	17		209,697	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		12,435		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		932,178		
20 Other changes in net assets or fund balances (attach explanation)	20		130,090		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,074,703		

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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. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	75,500	42,280	16,610
26	Other salaries and wages	26	69,388	52,991	16,397
27	Pension plan contributions	27			
28	Other employee benefits	28	8,069	6,167	1,902
29	Payroll taxes	29	7,282	5,556	1,726
30	Professional fundraising fees	30			
31	Accounting fees	31	15,855		15,855
32	Legal fees	32			
33	Supplies	33	10,506	6,002	2,272
34	Telephone	34	2,932	1,875	712
35	Postage and shipping	35	908	508	200
36	Occupancy	36	4,080	2,609	990
37	Equipment rental and maintenance	37			
38	Printing and publications	38	761	486	185
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	1,260	806	306
43	Other expenses not covered above (itemize): a	43a			
b	Other professional fees	43b	10,153	5,623	2,265
c	Insurance	43c	1,695	1,084	411
d	Miscellaneous	43d	1,308	340	968
e		43e			
44	Total functional expenses (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	44	209,697	126,327	60,799

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 (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Provide long-term, affordable housing.	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others)
a The organization provides housing to homeless families and support services that enable those families to become self-sufficient and maintain permanent housing. During the period covered 76 clients were served. (Grants and allocations \$ _____)	126,327
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)	126,327

Part IV Balance Sheets (See page 25 of the 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			30,812	45	11,835
	46 Savings and temporary cash investments			213,320	46	55,125
	47a Accounts receivable	47a				
	b Less: allowance for doubtful accounts	47b			47c	0
	48a Pledges receivable	48a	25,000			
	b Less: allowance for doubtful accounts	48b			48c	25,000
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	0
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54 Investments—securities (attach schedule)		<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment: basis	55a	986,702			
b Less: accumulated depreciation (attach schedule)	55b		685,935	55c	986,702	
56 Investments—other (attach schedule)				56		
57a Land, buildings, and equipment: basis	57a	7,040				
b Less: accumulated depreciation (attach schedule)	57b	4,544	2,699	57c	2,496	
58 Other assets (describe ▶ _____)				58		
59 Total assets (add lines 45 through 58) (must equal line 74)			932,766	59	1,081,158	
Liabilities	60 Accounts payable and accrued expenses		588	60	6,455	
	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)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶ _____)				65	
66 Total liabilities (add lines 60 through 65)			588	66	6,455	
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		880,380	67	1,049,703	
	68 Temporarily restricted		51,798	68	25,000	
	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)			932,178	73	1,074,703	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)			932,766	74	1,081,158	

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 (See page 28 of the instructions.)

Table with columns for question number, question text, and Yes/No columns. Includes rows 76 through 92 with various organizational details and financial data.

Part VII Analysis of Income-Producing Activities (See page 33 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) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	880	
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a <u>Miscellaneous</u>			01	447	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)).		0		1,327	0
105 Total (add line 104, columns (B), (D), and (E)).					1,327

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 34 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).
▼	Not applicable

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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
 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 Sign Here: *Louise Bourassa*
 Signature of officer _____ Date 2/13/06
 Louise Bourassa, Executive Director
 Type or print name and title.

Paid Preparer's Use Only: Preparer's signature *J.N.A.* Date 1/30/06 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4: Harrington Group, CPAs, LLP
2670 Mission St., Suite 200, San Marino, CA 91108
 EIN: 95-4557617
 Phone no.: (626) 403-6801
 Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2004

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 Contra Costa Interfaith Transitional Housing	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
James Wagner 535 Main Street, #209, Martinez, CA 94553	Service Coordinator 40 hours per week	60,000	2,400	0
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	

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...
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts...
a Sale, exchange, or leasing of property?
b Lending of money or other extension of credit?
c Furnishing of goods, services, or facilities?
d Payment of compensation...
e Transfer of any part of its income or assets?
3a Do you make grants for scholarships...
b Do you have a section 403(b) annuity plan...
4a Did you maintain any separate account...
b Do you provide credit counseling...

Table with 3 columns: Question ID, Yes, No. Contains 'X' marks for 'No' in rows 1, 2a, 2b, 2c, 2d, 2e, 3a, 3b, 4a, 4b.

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...
6 A school...
7 A hospital...
8 A Federal, state, or local government...
9 A medical research organization...
10 An organization operated for the benefit of a college...
11a An organization that normally receives a substantial part of its support from a governmental unit...
11b A community trust...
12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions...
13 An organization that is not controlled by any disqualified persons...

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

Table with 2 columns: (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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	434,846	184,790	233,840	535,038	1,388,514
16 Membership fees received					0
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					0
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	217,334	259,595	4,296	4,040	485,265
19 Net income from unrelated business activities not included in line 18.		(50,151)	(18,223)	(13,116)	(81,490)
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	647	1,721	0	0	2,368
23 Total of lines 15 through 22	652,827	395,955	219,913	525,962	1,794,657
24 Line 23 minus line 17	652,827	395,955	219,913	525,962	1,794,657
25 Enter 1% of line 23	6,528	3,960	2,199	5,260	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 35,893
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 226,138
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,794,657
d Add: Amounts from column (e) for lines: 18 485,265 19 (81,490) 22 2,368 26b 226,138					26d 632,281
e Public support (line 26c minus line 26d total)					26e 1,162,376
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 64.77 %
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: (2003) N/A (2002) N/A (2001) N/A (2000) N/A					
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: (2003) N/A (2002) N/A (2001) N/A (2000) N/A					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 page 7 of the instructions.)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	N/A	N/A
38	Total lobbying expenditures (add lines 36 and 37)	N/A	N/A
39	Other exempt purpose expenditures	N/A	N/A
40	Total exempt purpose expenditures (add lines 38 and 39)	N/A	N/A
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount 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
41		0	0
42	Grassroots nontaxable amount (enter 25% of line 41)	N/A	N/A
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	N/A	N/A
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	N/A	N/A

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				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	N/A	N/A	N/A	N/A	N/A
46					N/A
47					N/A
48					N/A
49					N/A
50	N/A	N/A	N/A	N/A	N/A

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.)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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.

Contra Costa Interfaith Housing, Inc.
Form 990 and Schedule A Attached Statements
For the fiscal year ended June 30, 2005

EIN: 91-1797391

Statement #1: Form 990, Part II, line 42. Depreciation, depletion, etc.

See also statement #3 for cost or basis, accumulated depreciation, and net book value by class.

	Depreciation Method	Useful life	Current year's expense
Buildings, furniture and equipment	Straight line	various	\$ 1,260
Total depreciation, depletion, etc.			\$ 1,260

Statement #2: Form 990, Part IV, line 55 Investments in land, buildings, and equipment

	Cost or basis	Accumulated Depreciation	Book value
Garden Park Apartments investment equity	\$ 986,702	\$ -	\$ 986,702
Total investments in land, buildings, and equip't.	\$ 986,702	\$ -	\$ 986,702

Statement #3: Form 990, Part IV, line 57. Land, buildings, and equipment

See also statement #1 for depreciation method, useful life, and current year's depreciation expense by class.

	Cost or basis	Accumulated Depreciation	Book value
Equipment	\$ 7,040	\$ 4,544	\$ 2,496
Total land, buildings, and equipment	\$ 7,040	\$ 4,544	\$ 2,496

Statement #4: Form 990, Part V List of Officers, Directors, Trustees, and Key Employees

Bill Griffiths - Chair		John McClure - Vice Chair
Frank Krisnowich - Treasurer		Leslie Reitzes - Secretary
	Other Board Members	
Rabbi Roberto Graetz	Maureen Nelson	Decky Thornton
Michael Bealmear	Mary Lou Blumer	Pat Conroy
Connie Davis	Gail Dutcher	Garry Graffort
Dave Krug	Susan Lawson	Pastor Charie Reid
Ned Robinson	Elizabeth Simmonds	Joseph Singlar
	Louise Fix, Emeritus member	

Statement #5: Form 990 Schedule A, Part III, line 2d Payment of compensation

See Form 990, Page 4, Part V for detail on compensation of officers, directors, trustees, and key employees.

Statement #6: Form 990 Schedule A, Part IV-A, line 22 Other income

	2003	2002	2001	2000	Total
Miscellaneous income	\$ 647	\$ 1,721	\$ -	\$ -	\$ 2,368

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization Contra Costa Interfaith Transition	Employer identification number 91 : 1797391
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. 535 Main Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Martinez, CA 94553	

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 |

• The books are in the care of ▶ Contra Costa Interfaith Transition

Telephone No. ▶ (925) 957-0538 FAX No. ▶ (925) 957-0541

- 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-months for a **Form 990-T corporation**) extension of time until February 15 , 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 or
 tax year beginning July 1 , 2004 and ending June 30 , 2005

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 \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.