

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public Inspection**

**A** For the 2000 calendar year, or tax year period beginning n/a, 2000, and ending n/a, 20

- B** Check if applicable
- Change of address
  - Change of name
  - Initial return
  - Final return
  - Amended return

**C** Name of organization  
**COUNCIL ON AMERICAN-ISLAMIC RELATIONS, N CAL**

**D** Employer identification number  
77-0411194

Number and street (or PO box if mail is not delivered to street address) Room/suite  
3000 SCOTT BLVD STE 104

**E** Telephone number  
408/986-9874

City or town state or country and ZIP code  
SANTA CLARA CA 95054-3321

**F** Check  if application pending

**G** Organization type (check only one)  501(c)(3) (insert no)  527 or  4947(a)(1)  
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**J** Accounting method  Cash  Accrual  Other (specify) ▶

**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

**Note** H and I are not applicable to section 527 orgs  
**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. See inst.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit group exemption no. (GEN) ▶ n/a  
**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	348,990	
	b	Indirect public support	1b	0	
	c	Government contributions (grants)	1c	0	
	d	Total (add lines 1a through 1c) (cash \$ 348,990 noncash \$ 0)	1d	348,990	
	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		
	6a	Gross rents	6a		
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ North American Islamic Trust )	7	14,729		
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
b	Less cost or other basis and sales expenses	(B) Other	8b		
c	Gain or (loss) (attach schedule)	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ 317,990 of contributions reported on line 1a)	9a	31,000		
b	Less direct expenses other than fundraising expenses	9b	47,252		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	(16,252)		
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	347,467		
Expenses	13	Program services (from line 44, column (B))	13	242,742	
	14	Management and general (from line 44, column (C))	14	59,824	
	15	Fundraising (from line 44, column (D))	15	0	
	16	Payments to affiliates (attach schedule)	16	0	
	17	Total expenses (add lines 16 and 44, column (A))	17	302,566	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	44,901	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	341,322	
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	386,223	

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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 Specific Instructions on page 20)

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 \$ <u>7,001</u> noncash \$ <u>0</u> )	7,001	7,001		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	87,200	69,760	17,440	0
26	Other salaries and wages	58,800	47,040	11,760	
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	16,060	12,848	3,212	
30	Professional fundraising fees				
31	Accounting fees	2,095		2,095	
32	Legal fees				
33	Supplies	10,846	8,677	2,169	
34	Telephone	15,472	12,378	3,094	
35	Postage and shipping	11,779	9,423	2,356	
36	Occupancy	35,576	28,461	7,115	
37	Equipment rental and maintenance	1,854	1,483	371	
38	Printing and publications	24,013	24,013		
39	Travel	8,554	8,554		
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	916	733	183	
43	Other expenses (itemize) a Insurance	8,720	6,976	1,744	
b	Bank/credit-processing fees	6,136		6,136	
c	Miscellaneous expenses	6,744	5,395	1,349	
d	Bad debt expense	800		800	
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D); carry these totals to lines 13 - 15.	302,566	242,742	59,824	0

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  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 Specific Instructions on page 23)

What is the organization's primary exempt purpose? <b>Combating discrimination against Islam</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) nonexempt charitable trusts but optional for others)
a Conducted 33 civil- and religious-rights advocacy campaigns, assisting 30 members of the Muslim community who had suffered discrimination because of their religious beliefs and practices. (Grants and allocations \$ _____)	97,097
b Conducted 26 community outreach programs and 10 media outreach events designed to educate the general public regarding Islam and discrimination against practicing Muslims. (Grants and allocations \$ _____)	60,686
c Issued 36 Action Alerts in response to discrimination cases, media bias, and civil rights violations. (Grants and allocations \$ _____)	36,411
d Published 66 articles in local newspapers regarding issues that affect the rights of practicing Muslims; conducted 10 educational workshops, teaching a course entitled "Know Your Rights in the Workplace" (Grants and allocations \$ _____)	48,548
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	242,742

**Part IV Balance Sheets** (See Specific Instructions on page 23 )

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	91,404	45	130,512
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable		47a	
	b	Less allowance for doubtful accounts		47b	47c
	48a	Pledges receivable		48a	
	b	Less allowance for doubtful accounts		48b	48c
	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
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments — securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		54	27,000
	55a	Investments — land, buildings, and equipment basis		55a	
	b	Less accumulated depreciation (attach schedule)		55b	55c
56	Investments — other (attach schedule)	247,466	56	227,175	
57a	Land, buildings, and equipment basis	6,206	57a		
b	Less accumulated depreciation (attach schedule)	4,670	57b	57c	
58	Other assets (describe ▶ _____ )	2,452	58	1,536	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	341,322	59	386,223	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	0	60	0
	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	<b>Total liabilities</b> (add lines 60 through 65)	0	66	0	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		67	
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" 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	341,322	72	386,223
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	341,322	73	386,223	
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	341,322	74	386,223	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25 )			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a Total revenue, gains, and other support per audited financial statements	▶ a	N/A	a Total expenses and losses per audited financial statements	▶ a	N/A
b Amounts included on line a but not on line 12, Form 990			b Amounts included on line a but not on line 17, Form 990		
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify)			(4) Other (specify)		
\$			\$		
Add amounts on lines (1) through (4)	▶ b		Add amounts on lines (1) through (4)	▶ b	
c Line a minus line b	▶ c	0	c Line a minus line b	▶ c	0
d Amounts included on line 12, Form 990 but not on line a			d Amounts included on line 17, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)			(2) Other (specify)		
\$			\$		
Add amounts on lines (1) and (2)	▶ d		Add amounts on lines (1) and (2)	▶ d	
e Total revenue per line 12, Form 990 (line c plus line d)	▶ e	0	e Total expenses per line 17, Form 990 (line c plus line d)	▶ e	0

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 25 )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- )	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Fouad Q. Khatib 4797 Calais Ct, San Jose CA	President 2	0	0	0
Haseeb Rizvi 119 Corte Madera, Portola Val CA	Vice-Pres 2	0	0	0
Malika Khan 1632 El Dorado, San Jose CA	Treasurer 2	0	0	0
Mahmud Musbah 4142 Davis St, Santa Clara CA	Secretary 2	0	0	0
Omar Ahmad 2713 Gentry Ct, Santa Clara CA	Brd Member 2	0	0	0
Abdul-Salam Chouia 1255 Lincoln #3, Santa Clara CA	Exec Dir N. Calif. 40	32,000	0	0
Hussam Ayloush 1758 W Glenoaks Ave, Anaheim CA	Exec Dir S. Calif. 40	55,200	0	0
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**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
 If "Yes," attach schedule — see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>00</u> , section 4912 <u>00</u> , section 4955 <u>00</u>			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			00
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			00
90a	List the states with which a copy of this return is filed <u>California</u>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b		4
91	The books are in care of <u>Helal Omeira</u> Telephone no <u>408/986-9874</u> Located at <u>3000 Scott Blvd, Ste 4, Santa Clara CA</u> ZIP code <u>95054-3321</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>			

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)**

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
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					
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			14	14,729	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					(16,252)
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))				14,729	(16,252)
105 Total (add line 104, columns (B), (D), and (E))					(1,523)

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 31)**

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)
101	Special events featured educational speakers addressing issues of importance to the organization, and included voluntary donations and pledges from those in attendance.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)**

(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 Specific Instructions on page 31)**

- (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)

including accompanying schedules and statements and to the best of my knowledge and belief (other than officer) is based on all information of which preparer has any knowledge (Important

4/13/2002 Foad Q. Khatib  
Date President



<b>Part III Statements About Activities</b>		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 ► \$ _____ 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 of its 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:		
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)? <b>SEE PART V FORM 990</b>	X	
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a	Do you have a section 403(b) annuity plan for your employees?		X
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. (See page 2 of the instructions.) <b>SEE STATEMENT</b>		

**Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 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, page 5.)
- 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)(v). (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 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	293,272	292,465	134,015	127,439	847,191
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	18,000	18,000	10,000	1,500	47,500
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	10,737	10,731			21,468
19 Net income from unrelated business activities not included in line 18					
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	322,009	321,196	144,015	128,939	916,159
24 Line 23 minus line 17	304,009	303,196	134,015	127,439	868,659
25 Enter 1% of line 23	3,220	3,212	1,440	1,289	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶	26a	17,373
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts		▶	26b	169,188
c Total support for section 509(a)(1) test. Enter line 24, column (e)		▶	26c	868,659
d Add Amounts from column (e) for lines	18 <u>21,468</u> 19 _____			
	22 _____ 26b <u>169,188</u>			
e Public support (line 26c minus line 26d total)		▶	26d	190,656
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26e	678,003
		▶	26f	78.05 %

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person" attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year

(1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_ (1996) \_\_\_\_\_

b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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

(1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_ (1996) \_\_\_\_\_

c Add Amounts from column (e) for lines	15 _____ 16 _____			
	17 _____ 20 _____ 21 _____			
d Add Line 27a total _____ and line 27b total _____		▶	27c	
e Public support (line 27c total minus line 27d total)		▶	27d	
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)		▶	27e	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶	27f	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶	27g	%
		▶	27h	%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

**Part V Private School Questionnaire (See page 5 of the instructions) THIS PAGE NOT APPLICABLE**  
**(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.)  _____  _____		
34a 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		

**Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions )**  
 (To be completed ONLY by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check here  a if the organization belongs to an affiliated group  
 Check here  b if you checked "a" above 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
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 —                      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	
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 9 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 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

- 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)

Yes	No	Amount
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		

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



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

**Schedule of Contributors**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

**2000**

Name of organization COUNCIL ON AMERICAN-ISLAMIC RELATIONS, N. CAL		Employer identification number 77-0411194
Organization type (check one) — Section <input checked="" type="checkbox"/> 501(c)(3) (enter number) <input type="checkbox"/> 527 or <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust		

**A Section 501(c)(7), (8), or (10) organizations —**  
Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

**Note:** This form is generally not open to public inspection except for section 527 organizations.

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ

**Caution** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ)

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the

schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

**Contributors Required To Be Listed on Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations

**General rule** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year

**Section 501(c)(3) organizations** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A)) —

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a))

**Example** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000

**Section 501(c)(7), (8), or (10) organizations** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above

Name of organization

Employer identification number

COUNCIL ON AMERICAN-ISLAMIC RELATIONS, N. CAL.

77-0411194

**Part I** Contributors **NOT OPEN TO PUBLIC INSPECTION**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	----- ----- -----	\$ <u>19,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>	----- ----- -----	\$ <u>13,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>	----- ----- -----	\$ <u>13,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>4</u>	----- ----- -----	\$ <u>8,200</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>5</u>	----- ----- -----	\$ <u>11,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>6</u>	----- ----- -----	\$ <u>10,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

Name of organization

COUNCIL ON AMERICAN-ISLAMIC RELATIONS, N. CAL.

Employer identification number

77-0411194

**Part I**

**Contributors NOT OPEN TO PUBLIC INSPECTION**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	----- ----- -----	\$ <u>10,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>8</u>	----- ----- -----	\$ <u>16,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>9</u>	----- ----- -----	\$ <u>14,500</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>10</u>	----- ----- -----	\$ <u>14,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>11</u>	----- ----- -----	\$ <u>50,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>12</u>	----- ----- -----	\$ <u>49,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

COUNCIL ON AMERICAN-ISLAMIC RELATIONS, N. CAL.

EIN: 77-0411194

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Form 990 - Schedule A - Part IV-A

Line 26b - Donors Whose Total Gifts Exceeded Amount on Line 26a

Name	Total Gifts
	\$91,978
	\$50,000
	\$27,210
<b>TOTAL</b>	<b>\$169,188</b>

NOT OPEN TO PUBLIC INSPECTION



COUNCIL ON AMERICAN-ISLAMIC RELATIONS, N. CAL.

EIN: 77-0411194

\*\*\*\*\*

Form 990 - Part I - Revenue, Expenses, etc

Line 9 - Schedule of Special Events

The organization's special events consisted of 2 evenings of dinner and educational speakers, 1 each in Northern and Southern California (Note: Gross revenue calculated as follows: 1,550 total guests @ estimated \$20 "retail value" of each event)\*

Gross Receipts . . . . .	\$348,990
Less Contributions . . . . .	<u>\$317,990</u>
Gross Revenue . . . . .	*\$31,000
Less Direct Expenses . . . . .	<u>\$47,252</u>
Net Income or (Loss) . . . . .	(\$16,252)

\*\*\*\*\*

Line 22 - Grants and Allocations

The organization made the following grants:

Grantee	Address	Purpose	Amount
Islamic Relief	1919 W. Magnolia Burbank, CA	Aid to Islamic needy	\$20
MSA CSU Fullerton	P.O Box 34080 Fullerton, CA 92834	Aid to student association	\$250
Chaudry Legal Fund	2180 W Crescent #5 Anaheim CA 92810	Islamic defense fund	\$20
Holy Land Foundation	PO Box 832390 Richardson, TX	Aid to Islamic needy	\$851
Council on Amer- Islamic Relations, Michigan	28820 Southfield-#126 Lathrup Vil MI 48076	Education-re- Muslims in America	\$5,515
Free Iraq Foundation	PO Box 4973 Culver City CA 90231	Aid to Islamic needy	\$345
<b>TOTAL</b>			<b>\$7,001</b>

COUNCIL ON AMERICAN-ISLAMIC RELATIONS, N. CAL.

EIN: 77-0411194

\*\*\*\*\*

Form 990 - Part II - Statement of Functional Expenses

Line 42 - Depreciation

ASSET	TOTAL	PROGRAM	MANAGE.	FUND.
Computer 1995	\$215	\$172	\$43	\$0
Fax Machine 1995	\$45	\$36	\$9	\$0
Printer 1995	\$42	\$34	\$8	\$0
Refrigerator 1996	\$57	\$46	\$11	\$0
Copiers (2) 1998	\$303	\$242	\$61	\$0
Computer/printer 1998	\$254	\$203	\$51	\$0
<b>TOTAL</b>	<b>\$916</b>	<b>\$733</b>	<b>\$183</b>	<b>\$0</b>

\*\*\*\*\*

Line 54 - Securities

The organization purchased 100,000 shares of I-Views.com @ \$.27 per share.

\*\*\*\*\*

Line 56 - Other Investments

The organization invested funds with the North American Islamic Trust, an investment fund that makes conservative investments on behalf of Islamic organizations.

COUNCIL ON AMERICAN-ISLAMIC RELATIONS, N. CAL.

EIN: 77-0411194

\*\*\*\*\*

Form 990 - Line 57b - Schedule of Accumulated Depreciation

ASSET	COST/BASIS	ACCUM DEPREC	BOOK VALUE
Computer 1995	\$2,150	\$2,150	\$0
Fax Machine 1995	\$450	\$450	\$0
Printer 1995	\$420	\$420	\$0
Refrigerator 1996	\$400	\$257	\$143
Copiers (2) 1998	\$1,516	\$758	\$758
Computer/printer 1998	\$1,270	\$635	\$635
<b>TOTALS</b>	<b>\$6,206</b>	<b>\$4,670</b>	<b>\$1,536</b>

\*\*\*\*\*

Schedule A - Part III

Line 4b - Qualifications of Grantees

All grantee organizations are very well known and established in the American Islamic communities for their humanitarian, educational, and relief work.

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- 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)

ENVELOPE POSTMARK DATE AUG 13 2001

<b>Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.</b>		
Type or print	Name of Exempt Organization COUNCIL ON AMERICAN-ISLAMIC RELATIONS, N. CAL.	Employer identification number 77-0411194
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a PO box, see instructions 3000 SCOTT BLVD STE 104	For IRS use only
	City town or post office, state, and ZIP code For a foreign address, see instructions SANTA CLARA CA 95054-3321	

**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) N/A 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 11/15, 2001

5 For calendar year 2000, or other tax year beginning \_\_\_\_\_, 20\_\_ and ending \_\_\_\_\_, 20\_\_

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 \_\_\_\_\_

The hiring of a new Executive Director and office personnel necessitates additional time for us to finalize our accounts.

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 \$ n/a

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 \$ 0

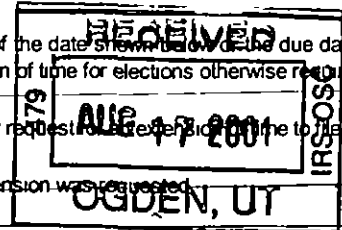
**Signature and Verification**

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 J. Wagner Title Tax Preparer Date 8/13/2001

**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 a 10-day grace period We are not granting a 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 \_\_\_\_\_



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

**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 PLANRIGHT
	Number and street (include suite, room, or apt no) Or a PO box number 203 NORTHROP PLACE
	City or town, province or state, and country (including postal or ZIP code) SANTA CRUZ CA 95060-3129