Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
COUNCIL ON AMERICAN-ISLAMIC RELATIONS, CALIFORNIA

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3000 SCOTT BOULEVARD | STE 104

City or town | State or country | ZIP + 4
SANTA CLARA | CA | 95054-3321

D Employer identification number
77-0411194

E Telephone number
408-986-9874

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).**

G Website: ▶ www.cair-net org

H *and* **I** *are not applicable to section 527 organizations*

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ 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.**

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,250,126

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	1,137,876	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	**Total** (add lines 1a through 1c) (cash $ 1,137,876 noncash $)			1d 1,137,876
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 0
	3	Membership dues and assessments			3 0
	4	Interest on savings and temporary cash investments			4 0
	5	Dividends and interest from securities			5 0
	6 a	Gross rents	6a	0	
	b	Less: rental expenses	6b	0	
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c 0
	7	Other investment income (describe ▶)			7 0
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: 0	8a	(B) Other: 0	
	b	Less: cost or other basis and sales expenses	8b	0	
	c	Gain or (loss) (attach schedule)	8c	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 ▶ ☐			
	a	Gross revenue (not including $ 648,095 of contributions reported on line 1a)	9a	112,250	
	b	Less: direct expenses other than fundraising expenses	9b	138,838	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c -26,588
	10 a	Gross sales of inventory, less returns and allowances	10a	0	
	b	Less: cost of goods sold	10b	0	
	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 0
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 1,111,288
Expenses	13	Program services (from line 44, column (B))			13 807,360
	14	Management and general (from line 44, column (C))			14 207,764
	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 1,015,124
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 96,164
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 1,496,576
	20	Other changes in net assets or fund balances (attach explanation)			20 -639,669
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 953,071

SCANNED DEC 1 8 2004

RECEIVED
NOV. 2 3 2004
1300
OGDEN, UT

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2003)

(HTA)

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 $ 26,025 noncash $ 0)	22	26,025	26,025		
23	Specific assistance to individuals (attach schedule)	23	200	200		
24	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc.	25	142,207	120,876	21,331	
26	Other salaries and wages	26	206,908	175,872	31,036	
27	Pension plan contributions	27	0			
28	Other employee benefits	28	40,827	34,703	6,124	
29	Payroll taxes	29	120,081	102,069	18,012	
30	Professional fundraising fees	30	0			
31	Accounting fees	31	9,231		9,231	
32	Legal fees	32	8,231	8,000	231	
33	Supplies	33	37,631	31,986	5,645	
34	Telephone	34	15,457	13,138	2,319	
35	Postage and shipping	35	0			
36	Occupancy	36	26,765	22,750	4,015	
37	Equipment rental and maintenance	37	1,111		1,111	
38	Printing and publications	38	40,506	40,506		
39	Travel	39	18,223	18,223		
40	Conferences, conventions, and meetings	40	0			
41	Interest	41	0			
42	Depreciation, depletion, etc. (attach schedule)	42	29,170		29,170	
43	Other expenses not covered above (itemize) a MISC.	43a	10,475	90	10,385	
	b OUTREACH ACTIVITIES/CIVIL RIGHTS PROJECT	43b	194,771	194,771		
	c ADVERTISING	43c	18,151	18,151		
	d PROPERTY TAX	43d	10,088		10,088	
	e BANK CHARGES	43e	11,003		11,003	
	f OUTSIDE SERVICES	43f	48,063		48,063	
44	**Total functional expenses** (add lines 22 through 43) *Organizations completing columns (B)-(D), carry these totals to lines 13-15*	44	1,015,124	807,360	207,764	0

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 $ 0 , (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? ▶ **Combating discrimination against Islam & Muslims**

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	**Conducted 74 civil rights advocacy campaigns, assisting 1,215 members of the Muslim community who had suffered discrimination because of their religious beliefs and practices.** (Grants and allocations $)	201,840
b	**Conducted 215 community outreach events and 48 media outreach events designed to educate the general public regarding Islam and discrimination against practicing Muslims. Initiated and contributed to 55 newspaper articles and participated in 350 print and broadcast interviews.** (Grants and allocations $)	403,680
c	**Issued 13 Action Alerts in response to 221 discrimination cases and instances of media bias and civil rights violations. Organized 3 annual conferences (2 in Northern California, 1 in Southern California) attended by close to 3000 participants, including public officials and law enforcement representatives, Interfaith leaders and members of the** (Grants and allocations $)	
d	**Muslim community. The purpose was to update the public regarding the work of our organization, address civil rights concerns, and raise funds for the organization.** (Grants and allocations $)	201,840
e	Other program services (attach schedule) (Grants and allocations $)	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	807,360

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			350,780	45	382,749
	46 Savings and temporary cash investments				46	
	47 a Accounts receivable	47a	1,793			
	b Less: allowance for doubtful accounts	47b	0	-1,842	47c	1,793
	48 a Pledges receivable	48a	0			
	b Less: allowance for doubtful accounts	48b	0	0	48c	0
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a	0			
	b Less: allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			7,327	53	
	54 Investments—securities (attach schedule) ▶ ☐ Cost ☐ FMV			0	54	0
	55 a Investments—land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56 Investments—other (attach schedule)			325,000	56	325,000
	57 a Land, buildings, and equipment: basis	57a	646,621			
	b Less: accumulated depreciation (attach schedule)	57b	29,170	1,124,229	57c	617,451
	58 Other assets (describe ▶)			0	58	0
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			1,805,494	59	1,326,993
Liabilities	60 Accounts payable and accrued expenses			838	60	
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b Mortgages and other notes payable (attach schedule)			303,627	64b	373,922
	65 Other liabilities (describe ▶)			4,453	65	0
	66 **Total liabilities** (add lines 60 through 65)			308,918	66	373,922
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted				67	
	68 Temporarily restricted				68	
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☒ 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			1,496,576	72	953,071
	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)			1,496,576	73	953,071
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			1,805,494	74	1,326,993

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 page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): $ $		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b ▶	c	0
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $ $		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	0

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

a	Total expenses and losses per audited financial statements ▶	a	N/A
b	Amounts included on line a but not on line 17, Form 990.		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): $ $		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b ▶	c	0
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $ $		
	Add amounts on lines (1) and (2) ▶	d	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 page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Fouad Khatib Str 4797 Calais Ct City San Jose ST CA ZIP 95124	Title President Hr/WK 2.5	0	0	0
Name Rashid Ahmad Str 3636 Kingsport Wy City Sacramento ST CA ZIP 95826	Title Vice President Hr/WK 3.0	0	0	0
Name Dr Ashraf Ibrahim Str 8192 Andora Dr City La Mirada ST CA ZIP 90638	Title Treasurer Hr/WK 2.0	0	0	0
Name Hussam Ayloush Str 2994 McDonald Ln City Corona ST CA ZIP 92881	Title Sec/Exec Dir Hr/WK 60.0	67,165	1,058	0
Name Omar Ahmad Str 2713 Gentry Ct City Santa Clara ST CA ZIP 95051	Title Board Member Hr/WK 2.0	0	0	0
Name Helal Omeira Str 330 Elan Villg #335 City San Jose ST CA ZIP 95134	Title Exec Dir Hr/WK 60.0	55,792	7,778	0
Name Rashad Baadgir Str 7545 Grnhavn #329 City Sacramento ST CA ZIP 95831	Title Exec Dir Hr/WK 18.5	19,250	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

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 page 28 of the instructions.

Part VI **Other Information** (See page 28 of the instructions.)

			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
78 a	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
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?	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt **or** ☐ nonexempt.			
81 a	Enter direct and indirect political expenditures. See line 81 instructions 81a 00			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
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?	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 in Part III.) 82b N/A			
83 a	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	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
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		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	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.			
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 0			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
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
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 00 ; section 4912 ▶ 00 ; section 4955 ▶ 00			
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			
90 a	List the states with which a copy of this return is filed ▶ CA			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b 11			
91	The books are in care of ▶ Name Emad Abdelmaksoud, CPA Telephone no ▶ 714-254-0098 Located at ▶ 800 So Brookhurst St, Ste 3B City Anaheim ST CA Zip + 4 ▶ 92804-4301			
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 page 33 of the instructions.)

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
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					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					-26,588
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		0	-26,588
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					-26,588

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

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
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

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

Note: *If "Yes" to (b), file Form 8870 **and** Form 4720 (see instructio*

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, inclu and belief, it is true, correct, and complete Declaration of preparer (other t

Fouad Khatib

Signature of officer

FOUAD KHATIB, PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Da

Firm's name (or yours if self-employed), address, and ZIP + 4

JOSH WAGNER/PLANRIGHT

203 NORTHROP PL, SANTA CRUZ

[redacted]

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

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

OMB No 1545-0047

2003

Name of the organization

COUNCIL ON AMERICAN-ISLAMIC RELATIONS, CALIFORNIA

Employer identification number

77-0411194

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*
Name --NONE-- Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over $50,000 ▶				

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
Name --NONE-- Check here if a business ☐ Str City ST ZIP Country		
Name Check here if a business ☐ Str City ST ZIP Country		
Name Check here if a business ☐ Str City ST ZIP Country		
Name Check here if a business ☐ Str City ST ZIP Country		
Name Check here if a business ☐ Str City ST ZIP Country		
Total number of others receiving over $50,000 for professional services ▶		

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 ► $ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	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.			
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?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? See Part V, Form 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

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** ► City ST Country
- 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.)
- 11 a ☒ 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.)
- 11 b ☐ 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	1,135,095	1,311,105	348,990	293,272	3,088,462
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	88,000	36,000	31,000	18,000	173,000
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	102,401	36,132	14,729	10,737	163,999
19 Net income from unrelated business activities not included in line 18					0
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					0
23 Total of lines 15 through 22	1,325,496	1,383,237	394,719	322,009	3,425,461
24 Line 23 minus line 17	1,237,496	1,347,237	363,719	304,009	3,252,461
25 Enter 1% of line 23	13,255	13,832	3,947	3,220	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶	**26a**	65,049
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 1999 through 2002 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶	**26b**	138,578
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	**26c**	3,252,461
d Add: Amounts from column (e) for lines: 18 163,999 19 0 22 0 26b 138,578 ▶	**26d**	302,577
e Public support (line 26c minus line 26d total) ▶	**26e**	2,949,884
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	**26f**	90.70%

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:*

(2002) ---------- (2001) ---------- (2000) ---------- (1999) ----------

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:

(2002) ---------- (2001) ---------- (2000) ---------- (1999) ----------

c Add: Amounts from column (e) for lines: 15 0 16 0 17 0 20 0 21 0 ▶	**27c**	0
d Add: Line 27a total 0 and line 27b total 0 ▶	**27d**	0
e Public support (line 27c total minus line 27d total) ▶	**27e**	0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶	**27f**	0
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	**27g**	0.00%
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	**27h**	0.00%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.) ***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?	29		
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?	30		
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.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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) ***NOT APPLICABLE***

Check ► **a** ☐ if the organization belongs to an affiliated group Check ► **b** ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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	0	0
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0	0
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	41	0	0
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0	0
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0	0
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0	0

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45	Lobbying nontaxable amount					0
46	Lobbying ceiling amount (150% of line 45(e))					0
47	Total lobbying expenditures					0
48	Grassroots nontaxable amount					0
49	Grassroots ceiling amount (150% of line 48(e))					0
50	Grassroots lobbying expenditures					0

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:			
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions:			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

COUNCIL ON AMERICAN-ISLAMIC RELATIONS, CALIFORNIA EIN: 77-0411194

****

Form 990 - Part I - Revenue, Expenses, etc.
Line 9 - Schedule of Special Events

The organization's special events consisted of 3 evenings of dinner and educational speakers, 2 in Northern California (1,150 guests @ retail value $35 = $40,250) and 1 in Southern California (1,800 guests @ retail value $40 = $72,000).

DESCRIPTION	NOR CALIF	SO CALIF	TOTALS
Gross Receipts	$260,345	$500,000	$760,345
Less Contributions	$220,095	$428,000	$648,095
Gross Revenue	$40,250	$72,000	$112,250
Less Direct Expenses	$48,312	$90,526	$138,838
Net Income	($8,062)	($18,526)	**($26,588)**

****

Line 20 - Changes in Net Assets

The correction on Line 20 - ($639,669) - is due to an overstatement of assets in 2002.

COUNCIL ON AMERICAN-ISLAMIC RELATIONS, CALIFORNIA EIN: 77-0411194

****

Part II - Statement of Expenses - Line 22 - Grants and Allocations

The organization made the following cash grants:

Grantee	Address	Purpose	Amount
Interfaith Airport Chapels of Chicago	PO Box 66353 Chicago IL 60666	Program support	$50
Partners for Peace	1250 4th St SW #WG-1, Washington DC 20024	Program support	$50
Hope for Life Foundation	1430 W Manchester Ave Los Angeles CA 90047	Program support	$150
ILM Foundation	PO Box 42125 Los Angeles CA 90042	Program support	$1,450
Refuse & Resist	6362 Hollywood Blvd #319 Los Angeles CA 90028	Program support	$100
Friends of the Human Relations Commission	70 West Hedding, LL San Jose CA 95110	Sponsor-ship	$575
San Francisco Muslim Community Center	850 Divisadero St San Francisco CA 94117	Sponsor-ship	$100
Indian Muslim Council	2060 Walsh Avenue #260 Santa Clara CA 95050	Program support	$1,000
CHIRLA	2533 W 3rd Street #101 Los Angeles CA 90057	Program support	$200
Office of the Americas	8124 W 3rd Street #202 Los Angeles CA 90048	Program support	$100
Muscular Dystrophy Assoc	3300 E Sunshine Dr Tucson AZ 85718	Program support	$20,000
United farm Workers	PO Box 62 Keene CA 93531	Program support	$250
Islamic Relief	1919 W Magnolia Blvd Burbank CA 91506	Program support	$1,000
LIFE	12912 Brookhurst St Garden Grove CA 92840	Program support	$1,000
TOTAL			**$26,025**

****

Form 990 - Part II - Statement of Functional Expenses
Line 23 - Specific Assistance to Individuals

The organization made a cash grant of **$200.00** to a family unrelated to the organization. The family was in urgent need of certain basic necessities of life.

****

Part II, Line 42 Depreciation *AND*
Part IV, Line 57b Accumulated Depreciation

Asset	Year Acqd	Cost	Method	Life	Current Deprec.
Building	2001	$560,000	S/L	39	$13,690*
Improvements	2001	$4,300	S/L	15	$286
Computers & Software	2001	$18,027	S/L	3.0	$6,009
Furniture & Equipment	1998	$64,294	S/L	7.0	$9,185
TOTALS		**$646,621**			**$29,170**

*partial year

****

Form 990 - Part IV - Balance Sheet
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.

****

Line 64b - Mortgages

The amount on Line 64b, Column B, $373,922, is the amount outstanding on the mortgage of the Southern California office building owned by the organization. The mortgage is with a party unrelated to the organization.

* If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II and check this box X

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	Name of Exempt Organization COUNCIL ON AMERICAN-ISLAMIC RELATIONS, CALIFORNIA	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 P.O. box, see instructions. 3000 SCOTT BOULEVARD, SUITE 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):

[X] 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 11/15/2004.

5 For calendar year 2003, or other tax year beginning _____ and ending _____.

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
ADDITIONAL TIME IS NEEDED TO FINALIZE THE ACCOUNTING IN ORDER TO PREPARE AN ACCURATE RETURN.

8 a 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 . . . . . $ 0

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 . . . . . $ 0

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 _____ Title TAX PREPARER Date 8/12/2004

NOTICE TO APPLICANT-TO BE COMPLETED BY THE IRS

[X] 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 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 _____

EXTENSION APPROVED

_____ By: _____ _____

Director Date AUG 2 7 2004

SUBMISSION PROCESSING, FIELD DIRECTOR, OGDEN

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/JOSH WAGNER
	NUMBER AND STREET (INCLUDE SUITE, ROOM, OR APT. NO.) OR A P.O. BOX NUMBER 203 NORTHROP PLACE
	CITY OR TOWN, PROVINCE OR STATE, AND COUNTRY (INCLUDING POSTAL OR ZIP CODE) SANTA CRUZ CA 95060-3129