

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

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 1999 calendar year, OR tax year period beginning July 1, 1999, and ending June 30, 2000

- B Check if: Change of address, Initial return, Final return, Amended return (required also for state reporting)

C Name of organization: Christmas in Hope Albany-Berkeley
D Employer identification number: 94-3238591
E Telephone number: (510) 644-8980
F Check if exemption application is pending

G Type of organization: Exempt under section 501(c)(3) (insert number) OR section 4947(a)(1) nonexempt charitable trust
Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates?
(b) If "Yes," enter the number of affiliates for which this return is filed.
(c) Is this a separate return filed by an organization covered by a group ruling?

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 it received a Form 990-EZ Package in the mail it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15)

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Table with 21 rows and 4 columns: Description, Sub-column 1, Sub-column 2, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes handwritten notes like 'RECEIVED OSC 01' and 'RECEIVED IN CORRES'.

3-1-12 4

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 19.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	+	+		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	+	+		
25	Compensation of officers, directors, etc.	0	+	0	0
26	Other salaries and wages	89093	63948	9135	16000
27	Pension plan contributions	+	+	+	+
28	Other employee benefits	5547	3982	569	996
29	Payroll taxes	7120	5111	730	1279
30	Professional fundraising fees	+	+	+	+
31	Accounting fees	2973	0	2973	0
32	Legal fees	+	+	+	+
33	Supplies	5773	2880	1446	1447
34	Telephone	2361	1771	295	295
35	Postage and shipping	5594	3916	200	1478
36	Occupancy	7600	6080	760	760
37	Equipment rental and maintenance	724	579	72	73
38	Printing and publications	7447	3375	372	3700
39	Travel	3056	1525	0	1531
40	Conferences, conventions, and meetings	478	239	+	239
41	Interest	1	+	1	+
42	Depreciation, depletion, etc. (attach schedule)	798	+	798	+
43a	Other expenses (itemize) a Insurance	2446	1835	306	305
43b	b Contractors	3430	92	3338	0
43c	c Materials, Fees, Rentals	15137	15197	+	+
43d	d Taxes, Licenses, Dues, Fees	3928	1309	1310	1309
43e	e Fundraising & Volunteer Supplies	16198	+	+	16198
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	345924	278039	22305	45610

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 \$ N/A (ii) the amount allocated to Program services \$ _____
 (iii) the amount allocated to Management and general \$ N/A and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 22)

What is the organization's primary exempt purpose? Repair & Improve homes of Disadvantaged
 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 <u>Volunteers renovated and added safety modifications to 35+ homes and 9+ facilities. Homes of low-income seniors and disabled residents. Community facilities that serve low-income population.</u>	278039
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	278039

Part IV Balance Sheets (See Specific Instructions on page 22)

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	2941	45	34969
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b		
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		
	49 Grants receivable	89755	49	42016
	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		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule)		54	
	55a Investments—land, buildings, and equipment basis	55a 3988		
	b Less accumulated depreciation (attach schedule). <i>Schedule I</i>	55b 1536	3249	55c 2452
	56 Investments—other (attach schedule)		56	
	57a Land buildings and equipment basis	57a		
	b Less accumulated depreciation (attach schedule).	57b		
	58 Other assets (describe ► _____)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	95945	59	119437	
Liabilities	60 Accounts payable and accrued expenses	16949	60	17111
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers directors, trustees, and key employees (attach schedule).		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► _____)		65	
	66 Total liabilities (add lines 60 through 65)	16949	66	17111
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		67	
	67 Unrestricted.		68	
	68 Temporarily restricted		69	
	69 Permanently restricted			
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	75747	70	99874
	71 Paid-in or capital surplus, or land, building, and equipment fund	3249	71	2452
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	78996	73	102326	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	95945	74	119437	

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 24)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	
b	Amounts included on line a but not on line 12, Form 990:	b	
	(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	
c	Line a minus line b ▶	c	
d	Amounts included on line 12, Form 990 but not on line a:	d	
	(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____		
	(2) Other (specify) _____		
 \$ _____		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return N/A

a	Total expenses and losses per audited financial statements . . . ▶	a	
b	Amounts included on line a but not on line 17, Form 990:	b	
	(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	
c	Line a minus line b ▶	c	
d	Amounts included on line 17, Form 990 but not on line a:	d	
	(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____		
	(2) Other (specify) _____		
 \$ _____		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 24)

(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
Bill Cain 1010 Curtis St Albany CA 94706	President 5 HRS	0	0	0
Julie Waldman 4244 Edge Dr Oakland CA 94602	Vice President 1 Hr	0	0	0
Caleb Dardick 2047 Hakusan Court Berkeley 94705	Vice President 2 HRS	+	+	+
Michelle Edrads 305 Vernon St #4 Oakland 94610	Treasurer 1 Hr	+	+	+
Jenny Liu 5835 El Dorado St #F El Cerrito	Secretary 1 Hr	+	+	0
Christa Hill 2344 14th St SF CA 94114	Executive Director 40 HRS	44542	0	+
Erica Menkin/Christine Hagedorn (+ Jeff Shotts / Sec. Schedule 4)	Asst. Director 20-40 Hrs.	29562	0	0
Rachel Trachten 1757 Jan Lorenz Ave Berkeley	Development Dir 20 HRS	16000	0	0
Other Board Members (See Schedule 3)	Members AT Large 1 Hr/Each	0	0	0

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 25



Part VI Other Information (See Specific Instructions on page 25)

		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	✓
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	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
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	✓
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	✓
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	✓
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	✓
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	578387
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✓
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	✓
c	Dues, assessments, and similar amounts from members	85c	+
d	Section 162(e) lobbying and political expenditures	85d	0
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 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	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
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	✓
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____		
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	✓
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958.		+
d	Enter Amount of tax on line 89c, above, reimbursed by the organization.		-
90a	List the states with which a copy of this return is filed		California
b	Number of employees employed in the pay period that includes March 12, 1999 (See inst)	90b	
91	The books are in care of _____ Telephone no. _____ Located at _____ ZIP + 4 _____		Christmas in April (510) 2644-8979 3318 Adeline St. Berkeley, CA 94703-2705
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	92	



Department of the Treasury
Internal Revenue Service

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

Name of the organization

Christmas in April Albany Berkeley

Employer identification number

94:3238591

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities

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? 1 X
 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
- 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? 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)? 2d X
See part V FORM 990
- e Transfer of any part of its income or assets? 2e X
 If the answer to any question is "Yes," attach a detailed statement explaining the transactions
- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? 3 X
- 4a Do you have a section 403(b) annuity plan for your employees? 4a 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)

Part IV Reason for Non-Private Foundation Status (See pages 2 through 4 of the instructions)

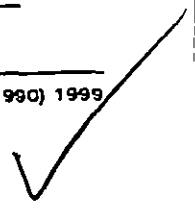
The organization is not a private foundation because it is (Please check only ONE applicable box)

- 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 4.)
- 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)(iv)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 4 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

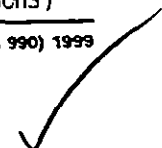
- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions)



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) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	211331	293049	233223	101030	828633
16 Membership fees received	0	0	0	0	0
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.	0	0	0	2	2
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.	0	0	0	0	0
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0	0	0	0	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	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	0	0	0	0	0
23 Total of lines 15 through 22	211331	293049	233223	101030	828633
24 Line 23 minus line 17.	211331	293049	233223	101028	828633
25 Enter 1% of line 23	2113	2930	2332	1010	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.					26a 16573
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 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of these excess amounts.					26b 19277
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 828633
d Add amounts from column (e) for lines 18, 19, 22, and 26b.					26d 19277
e Public support (line 26c minus line 26d total).					26e 809356
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).					26f 98%
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 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.					
(1998) _____ (1997) _____ (1996) _____ (1995) _____					
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.					
(1998) _____ (1997) _____ (1996) _____ (1995) _____					
c Add amounts from column (e) for lines 15, 16, 17, 20, and 21.					27c
d Add line 27c total and line 27b total.					27d
e Public support (line 27c total minus line 27d total).					27e
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27f 828633
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).					27h %
29 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, 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 4 of the instructions.)					

N/A



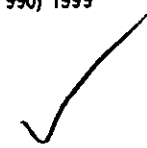
Part V

Private School Questionnaire (See page 4 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements and other written communications to the public dealing with student admissions programs and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	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.)		
34a	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 6 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

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

N/A

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 7 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(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 8 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		
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)			

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



	1	2	3	4
1	Schedule 1 Depreciation of Assets			
2	Straight Line Method Used			
3	5 year life (line 55 B)			
4				
5	Depr 1st Year 98-99	737-		
6	Depr 2nd Year 99-00	799-		
7	Total accum Depr	1536-		
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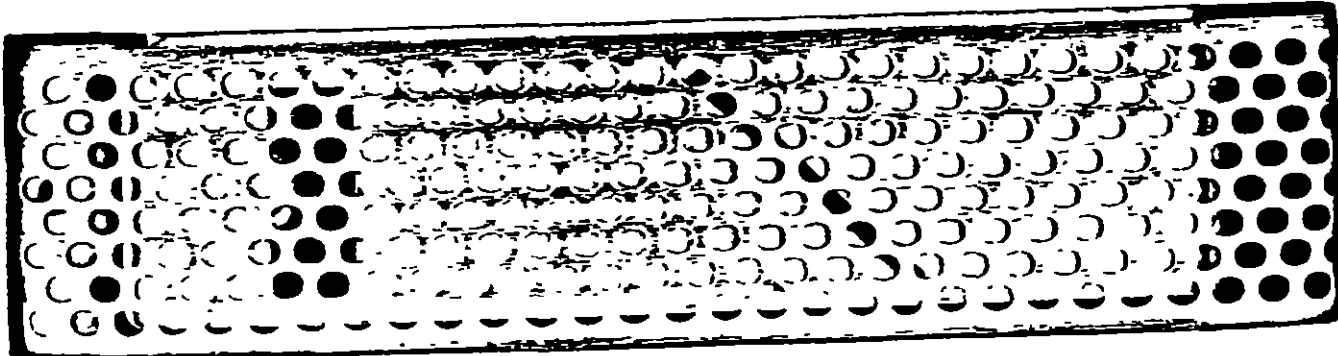


(nine C plus one W)

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 22)

(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
Lisa Bullwinkel 2934 Fulton St Berkeley CA 94705	President 5 Hrs	0	0	0
Caleb Dardick 3047 Hakyon Court Berkeley CA 94705	Vice President 1 Hr	0	0	0
Henry VanBrocklin 2123 California St Berkeley CA 94703	Vice President 2 Hrs	0	0	0
Rosaleigh Wilson 2916 Ellis St Berkeley CA 94703	Treasurer 1 Hr	0	0	0
Bill Cain 1010 Curtis St Albany CA 94706	Secretary 1 Hr	0	0	0
Christa Hill 4044 18th St SF CA 94114	Executive Director 40 Hrs	34,297 -	0	0
Christine Mayer-Patel 51 Del Mar Ave Berkeley CA 94705	Asst. Director 40 Hrs	26,904 -	0	0
Jeff Shotts 2480 Merritt Place Livermore CA 94550	Asst Director 20 Hrs	1008 -		0
Other Board Members (See Attachment A)	Members at Large 1 Hr/Each	0	0	0

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 22



Schedule 3

Rebuilding Together with Christmas in April * Albany-Berkeley-Emeryville

BOARD OF DIRECTORS

✓ Bill Cain President	Albany Board of Education	1010 Curtis Street Albany, CA 94708	510-287-1198 (w) 247-1457 FAX 510-524-4329 (h & f), bcain@ebmud.com 510-437-7369 (p), 510-305-8520 (c)
Julie Waldman Vice President	Community Member	4244 Edge Drive Oakland, CA 94602	510-531-4363 (h) 510-47754F floribunda1@cs.com
Caleb Dardick Vice President	Public Relations Consultant	3047 Halcyon Court Berkeley CA 94705	510-704-0130 (w) 510-843-0511 (h & f), cdardick@hotmail.com
✓ Michelle Estrada Treasurer	UC Berkeley	305 Vernon Street #4 Oakland, CA 94610	510-843-4392 (w), 510-325-8456 (cell) 510-842-9442 (h) michelle_estrada@yahoo.com medrada@cp.berkeley.edu
Jenny Liu Secretary	North American Medical Mgt	5835 El Dorado Street, Apt F El Cerrito, CA 94530	510-326-2899 (cell) jliu@podsmg.com 601-1412 510-450-1500x159 (w), 510-440-2422 (h)
✓ Rosaleigh Wilson Member at Large	UC Consultant	2918 Ellis Street Berkeley CA 94703	510-845-1774 (h) 510-845-2060 F
Dash Butler	Berkeley Police Department	2171 McKnight Avenue Berkeley, CA 94703	510-644-6668 (w), 510-644-6358 (h) 987-574F bpd26@msn.com 981-5700
Robert Donnelly	Summerhill Homes	119 Wild Horse Valley Road Novato CA 94947	415-897-8968 (h), rpdonnelly@hotmail.com 850-857-0122 (w) 650-857-1077 FAX
Marc Lajoie	Ans-MSO, LLC	2729 Grant Street Berkeley CA 94703	510-845-3530 (h) lajoie@ix.netcom.com
Janice Mason	Community member	P O Box 391 Berkeley CA 94701-0391	510-540-7267 (h), LJSkip@hotmail.com 510-633-5100 (w) (F) 633-5101
Neha Shah	UC Liaison	2634 Virginia Street #13 Berkeley, CA 94709	510-865-8765 (h) nehashah@uchink4.berkeley.edu
Eurus Thornton	City of Oakland	2024 103rd Avenue Oakland, CA 94603	510-238-6284 (w) 510-582-0558 (h), thorton@adl.com
Steve Tomasiyay	West Office Exhibition	1531 9th Street Berkeley CA 94710	510-524-8893 (h) 510-822-7804 x131 (w) stave@wood.com

ADVISORY BOARD OF DIRECTORS

Robert Good	Former Mayor City of Albany	1000 San Pablo Avenue Albany CA 94706	528-4785 (w)
Snirley Dean	Mayor, City of Berkeley	2180 Milvia Street Berkeley CA 94704	644-6484 (w)
Loni Hancock	US Dept of Education	50 United Nations Pl #205 San Francisco CA 94102	415-437-7520 (w)

STAFF

Christmas in April Office	Albany-Berkeley-Emeryville	3318 Adelina Street Berkeley CA 94703	510-844-8979 (w) 510 644 6213 (f) chrsinapril@earthlink.net www.christmas-in-april.org/abe.htm
Jill Davis Executive Director	Christmas in April Staff	3138 Kingeland Avenue Oakland, CA 94619	510-533-0504 (h)
Esate Menker Assistant Director	Christmas in April Staff	1927 Dwight Way, #307 Berkeley, CA 94704	510-849-2132 (h)
Rachel Trachten Development Director	Christmas in April Staff	1757 San Lorenzo Avenue Berkeley CA 94707	510 524-5148 (h)

Schedule 3