

Return of Organization Exempt From Income Tax

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

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning OCTOBER 01, 2004, and ending SEPTEMBER 30, 2005

- 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. Address: 202 E. MCDOWELL RD, SUITE 165, Phoenix AZ 85004

D Employer identification number: 86-1045521. E Telephone number: (602) 262-2247. F Acctg. method: Cash

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.CAIRAZ.ORG

J Organization type: 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000...

- H & I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if organization is not required to attach Sch B.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 130,054

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows for revenue and expenses. Line 1d Total: 130,054. Line 17 Total expenses: 119,771. Line 21 Net assets at end of year: 23,444.

SCANNED MAR 22 2006

RECEIVED FEB 21 2006

RCVD IN BATCHING FEB 28 2006

**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 instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 29,248	16,569	12,679	
26 Other salaries and wages	26 21,735			
27 Pension plan contributions	27			
28 Other employee benefits	28 2,500		2,500	
29 Payroll taxes	29 5,088		5,088	
30 Professional fundraising fees	30			
31 Accounting fees	31 750		750	
32 Legal fees	32			
33 Supplies	33 7,428		7,428	
34 Telephone	34 2,903	1,654	1,249	
35 Postage and shipping	35 172		172	
36 Occupancy	36 7,680		7,680	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 4,342	4,342		
39 Travel	39 2,345	2,345		
40 Conferences, conventions, and meetings	40 235	235		
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize) <b>a Training</b>	43a 78	78		
<b>b Program Expenses</b>	43b 6,824	6,824		
<b>c Internet Connection</b>	43c 751	751		
<b>d Banquet/Fund Raising</b>	43d 17,785			17,785
<b>e See attachment 2</b>	43e 9,907	3,110	6,297	500
<b>44 Total functional expenses</b> (add lines 22 through 43). <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	44 119,771	35,908	43,843	18,285

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) 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 instructions.)

What is the organization's primary exempt purpose? **Protect Muslim Civil Rights & Ed**  
 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) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)	Amount
<b>a</b> Guest Speaker/Diversity/ Sensitivity Training-70 occurrences, attendees from 10-50 with publication distribution. Media meetings/intervies & pres conferences-35 Individual?organization interf(Grants and allocations \$ _____)	10,054
<b>b</b> Social issues/Social Justice/Peace activities-40 occurrences, attendees 1-50 with publication distribution. Political and Law enforcement meetings/events-44 occurrences-10-50 attendees. Muslim Commun(Grants and allocations \$ _____)	11,123
<b>c</b> Diversity Events/Programs-23 occurrences, varying attendees with minor publication distribution Events outside of Mericopa County-20 occurrences-200 attendee with publication distributions(Grants and allocations \$ _____)	8,432
<b>d</b> Civil Rights Cases, Incident Reports, Counseling & Referrals 110 occurrences with minor publication distribution Assistance to individual-25 occurrences no publication distri (Grants and allocations \$ _____)	6,299
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	35,908

**Part IV Balance Sheets** (See Specific Instructions.)

				(A)		(B)
				Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
<b>A S S E T S</b>	45	Cash -- non-interest-bearing .....		8,089	45	-240
	46	Savings and temporary cash investments .....			46	
	47a	Accounts receivable .....	47a	21,944		
	b	Less: allowance for doubtful accounts .....	47b		47c	21,944
	48a	Pledges receivable .....	48a			
	b	Less: allowance for doubtful accounts .....	48b		48c	
	49	Grants receivable .....		4,945	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 type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a	Investments -- land, buildings, and equipment: basis .....	#1 55a	2,034		
	b	Less: accumulated depreciation (attach schedule) .....	55b		55c	2,034
	56	Investments -- other (attach schedule) .....		2,034	56	
	57a	Land, buildings, and equipment: basis .....	57a			
	b	Less: accumulated depreciation (attach schedule) .....	57b		57c	
	58	Other assets (describe .....			58	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....		15,068	59	23,738	
<b>L I A B I L I T I E S</b>	60	Accounts payable and accrued expenses .....		1,907	60	2,953
	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) .....		1,907	66	2,953	
<b>N E T A S S E T B A L A N C E S</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 type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds .....		13,161	70	20,785
	71	Paid-in or capital surplus, or land, building, and equipment fund .....			71	
	72	Retained earnings, endowment, accumulated income, or other funds .....			72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) .....		13,161	73	20,785	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....		15,068	74	23,738	

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.

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

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific 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 comp.	(E) Expense account and other allowances
Nure Elatari 10800 E. Cactus #14 Scottsdale	Prog Director 40	30,000		
Bushra Khan 10401 W. Roanoke, Avondale	Office Manager 40	24,000		
Mohamed El-Sharkawy 2510 Granite View, PHX	Chairman	0		
Mannan MOhamed 1408 W. Heather Ave, Gilbert	Vice-Chairman	0		
Hani Rahal 202 E. McDowell, PHX	Secretary	0		
Shadeh Atshan 202 E. McDowell, PHX	Treasurer	0		
Hassan El-Saad 368 W. Verde Ln, Tempe	Board Member	0		
Asim Ameer 202 E. McDowell, PHX	Board Member	0		
Ahsan Ahmad 202 E. McDowell, PHX	Board Member	0		
Sekar Cortez 202 E. McDowell, PHX	Board Member	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.

<b>Part VI Other Information</b> (See Specific Instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity . . . . .		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .		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? . . . . .		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 direct and indirect political expenditures. See line 81 instructions . . . . . <b>81a</b> N/A		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		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? . . . . .		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.) . . . . . <b>82b</b> N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .		X
	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 . . . . . <b>85c</b> N/A		
d	Section 162(e) lobbying and political expenditures . . . . . <b>85d</b> N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b> N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b> N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		X
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? . . . . .		X
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. . . . . <b>86a</b> N/A		
b	Gross receipts, included on line 12, for public use of club facilities. . . . . <b>86b</b> N/A		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders. . . . . <b>87a</b> 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.) . . . . . <b>87b</b> 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 . . . . .		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A		
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 . . . . .		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization. . . . . ► N/A		
90a	List the states with which a copy of this return is filed ► N/A		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) . . . . . <b>90b</b> N/A		
91	The books are in care of ► _____ Telephone no. ► _____ Located at ► _____ ZIP + 4 ► _____		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>92</b> N/A		

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Excl. code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees & contracts from govt. agencies . . . . .					
94 Membership dues & assessments . . . . .					
95 Interest on savings and temporary cash investments					
96 Dividends & interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . .					
102 Gross profit/(loss) from sales of inventory . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	0
105 Total (add line 104, columns (B), (D), and (E))					0

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.)

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).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(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.)

(a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: Nure Elatari Date: 2/14/06

Type or print name and title: Nure Elatari Communication Director

**Paid Preparer's Use Only**

Preparer's signature: M. [Signature] Date: 2/13/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: CRESCENT ACCTNG & TAX SERVICE  
1153 W Windhaven Ave  
Gilbert AZ 85233

Preparer's SSN or PTIN (See Gen. Inst. W): 86-0913738

EIN: 86-0913738 Phone no.: 480-539-2870

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information — (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization  
**COUNCIL ON AMERICAN ISLAMIC RELATIONS**

Employer identification number  
**86-1045521**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 .....		0		

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services .....		0

<b>Part III</b> <b>Statements About Activities</b> (See the instructions.)	Yes	No
<b>1</b> 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, . . . ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) . . . . .	<b>1</b>	<input checked="" type="checkbox"/>
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.		
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	<input checked="" type="checkbox"/>
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	<input checked="" type="checkbox"/>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	<input checked="" type="checkbox"/>
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>	<input checked="" type="checkbox"/>
<b>3a</b> 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.) . . . . .	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	<b>3b</b>	<input checked="" type="checkbox"/>
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>4b</b>	<input checked="" type="checkbox"/>

**Part IV Reason for Non-Private Foundation Status** (See the instructions.)

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

**5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

**6**  A school. Section 170(b)(1)(A)(ii) (Also complete Part V)

**7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

**8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

**9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** \_\_\_\_\_

**10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)

**11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

**11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

**12**  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions -- subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

**13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

(a) Name(s) of supported organization(s)	(b) Line number from above
NONE	

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See 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. N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) . . . . .					
<b>16</b> Membership fees received . . . . .					
<b>17</b> 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 . . . . .					
<b>18</b> 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 . . . . .					
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> 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 . . . . .					
<b>22</b> Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22 . . . . .					
<b>24</b> Line 23 minus line 17 . . . . .					
<b>25</b> Enter 1% of line 23 . . . . .					

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24 . . . . . ▶	<b>26a</b>	N/A
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶		<b>26b</b>	N/A
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶		<b>26c</b>	N/A
<b>d</b> Add: Amounts from column (e) for lines: . . . 18 _____ 19 _____ 22 _____ 26b _____ .. ▶		<b>26d</b>	N/A
<b>e</b> Public support (line 26c minus line 26d total) . . . . . ▶		<b>26e</b>	N/A
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶		<b>26f</b>	N/A %

**27 Organizations described on line 12:**

**a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2003)     N/A     (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

**b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2003)     N/A     (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

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

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) PAGE 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? . . . . .	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	
<hr/> <hr/> <hr/>		
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.)		
<hr/> <hr/> <hr/>		
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.)		
<hr/> <hr/> <hr/>		
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 the instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table --			
<b>If the amount on line 40 is --</b>			
<b>The lobbying nontaxable amount is --</b>			
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 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> 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 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
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) . . . . .			

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



## SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990 Page 2, Part II, Line 43

<b>Open to Public</b>			
<b>Inspection</b>	<b>For calendar year 2004 or tax period beginning</b> 10-01-2004, <b>and ending</b> 09-30-2005.		
<b>Name of Organization</b> COUNCIL ON AMERICAN ISLAMIC RELATIONS			<b>Employer Identification Number</b> 86-1045521

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Office Expenses	2,223		2,223	
Merchant Service Fees	758	758		
Micellaneous	202	202		
Insurance	3,783		3,783	
Dues & Subscriptions	417	417		
Contributions	415	415		
Bank Service Charges	250		250	
Automobile Expenses	41		41	
Advertisement	1,818	1,318		500
<b>Page Total</b>	<b>9,907</b>	<b>3,110</b>	<b>6,297</b>	<b>500</b>
<b>Total</b>	<b>9,907</b>	<b>3,110</b>	<b>6,297</b>	<b>500</b>

## SCHEDULE OF INVESTMENT - LAND, BUILDING & EQUIPMENT

Attachment 1: page 1 - 990 Page 3, Part IV, Line 55a-c

<b>Open to Public Inspection</b>	<b>For calendar year 2004 or tax period beginning</b> 10-01-2004, <b>and ending</b> 09-30-2005.		
<b>Name of Organization</b> COUNCIL ON AMERICAN ISLAMIC RELATIONS			<b>Employer Identification Number</b> 86-1045521

Description of Property	Cost or Other Basis	Accumulated Depreciation	Book Value	Fair Market Value (Form 990-PF only)
	2,034		2,034	
<b>Total</b>	2,034		2,034	