

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

C Name of organization: COUNCIL ON AMERICAN ISLAMIC RELATIONS
Number and street (or P.O. box if mail is not delivered to street address): 202 E. MCDOWELL RD, SUITE 165
City or town, state or country, and ZIP + 4: Phoenix AZ 85004

D Employer identification number: 86-1045521
E Telephone number: (602) 262-2247
F Acctg. method: [X] Cash [ ] Accrual [ ] Other (specify)

G Website: WWW.CAIRAZ.ORG
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H & I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No
I Group Exemption Number

J Organization type (check only one) [X] 501(c)(3) [ ] 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 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 12 130,054

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions.)

Table with 21 rows and 4 columns: Description, Sub-column, Amount, Total. Includes rows for Contributions (130,054), Program service revenue, Membership dues, Dividends, Net rental income, Special events, Inventory sales, and Net assets at beginning/end of year.

SCANNED MAR 09 2006

RECEIVED FEB 21 2005 OGDEN, UT

RECEIVED FEB 21 2005 OGDEN, UT

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See instructions.)

Do not include amounts reported on line 8b, 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 Pogram 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
44 <b>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** **Program Service Expenses** (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)

<b>a Guest Speaker/Diversity/ Sensitivity Training-70 occurrences, attendees from 10-50 with publication distribution. Media meetings/intervies &amp; pres conferences-35 Individual?organization interf(Grants and allocations \$ _____)</b>	10,054
<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 \$ _____)</b>	11,123
<b>c 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 \$ _____)</b>	8,432
<b>d Civil Rights Cases, Incident Reports, Counseling &amp; Referrals 110 occurrences with minor publication distribution Assistance to individual-25 occurrences no publication distri (Grants and allocations \$ _____)</b>	6,299
<b>e Other program services (attach schedule) (Grants and allocations \$ _____)</b>	
<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>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	4,945	
	49	Grants receivable .....			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) .....			50		
	51a	Other notes and loans receivable (attach schedule) .....	51a				
	b	Less: allowance for doubtful accounts .....	51b		51c		
	52	Inventories for sale or use .....			52		
	53	Prepaid expenses and deferred charges .....			53		
	54	Investments -- securities (attach schedule) .....		<input 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) .....			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 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) must equal line 19; column (B) must 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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions.)

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

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

<b>a</b> Total expenses and losses per audited financial statements . . . . . ▶	<b>a</b>	
<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1) Donated services & 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>b</b>	
<b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	
<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1) Investment expenses not included on line 6b, Form 990 \$ _____		
(2) Other (specify): _____ \$ _____		
Add amounts on lines (1) and (2) . . . . ▶	<b>d</b>	
<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	0

**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.



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

Table with 5 main columns: (A) Business code, (B) Amount, (C) Excl. code, (D) Amount, (E) Related or exempt function income. Rows include categories like Program service revenue, Membership dues & assessments, etc.

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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Signature and title section for Nure Elatari - Communication Director, dated 2/14/06. Includes preparer's signature M. [unclear] dated 2/13/06 and firm information: CRESCENT ACC'NG & TAX SERVICE, 1153 W Windhaven Ave, Gilbert AZ 85233.



**Part III** Statements About Activities (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) . . . . . 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.	1	X
<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? . . . . .	2a	X
<b>b</b> Lending of money or other extension of credit? . . . . .	2b	X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
<b>e</b> Transfer of any part of its income or assets? . . . . .	2e	X
<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.) . . . . .	3a	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X
<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? . . . . .	4a	X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	X

**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 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? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See 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	<b>41</b>	
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 c through h.) . . . . .			
<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 c through h.) . . . . .			

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 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>		<b>Employer Identification Number</b>	
COUNCIL ON AMERICAN ISLAMIC RELATIONS		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>	9,907	3,110	6,297	500
<b>Total</b>	9,907	3,110	6,297	500

## SCHEDULE OF INVESTMENT - LAND, BUILDING & EQUIPMENT

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

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