Form: 9.90

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)

OMB No 1545-0047

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

Α	For	the	2004 calenda <u>r y</u>						, and	dending				
В	Chec	ck ıf	applicable p	Please	C Nam	e of organization						D Employ	yer identıfication	number
	Addr	ess		se IRS	Counc	cil on American-Is	slamic Relatio	ns-Marylar	nd		į (04-3617	757	
	Nam	e ch		ibel or rint or		ber and street (or P O				Room/			one number	
=			1.7	type.							, I	(004) 00		
님	Initia	reu		See		Woodmont Ave				21:		(301) 98		
	Final	l retu	irn i '	pecific	City	or town		State or co	untry	ZIP + 4		F Accou	nting method: [ˈ	X Cash Accrual
	Ame	nde		tions.	Bethe	sda		MD		20814		Ott	ner (specify)	
$\overline{\mathbf{x}}$	Anni	ıcatı	on pending	Section)(3) organizations and	d 4947(a)(1) none				are not	applicable	to section 527 org	nanizations
ىكبا	, ippi	iou u	on ponding -			tach a completed Sc							turn for affiliates?	Yes X No
G	Web	eita				•	,		•	1 '		•	mber of affiliates	<u> </u>
<u> </u>	****	3110	·							–				
	_					[V]a.	۰			H(c)		affiliates in		Yes X No
	Orga	niza	tion type (check on	ily one)		X 501(c)(3)	(insert no)	4947(a)(1)	or527		(IT "NO	," attach a	list See instruction	is)
Κ	Chec	k he	ere 🕨 时 if th	ne orgar	nization's	gross receipts are no	rmally not more th	nan \$25,000 T	he	H(d)	Is this	a separate	return filed by an	organization
	-					S, but if the organization		_	e in the		covere	ed by a grou	up ruling?	Yes X No
	maıl,	ıt sh	ould file a return wit	hout fin	ancial da	ata Some states requ	uire a complete r	eturn.		ī	Group	Exemption	Number ►	
										М	Check		If the organization	uo net roquirod
	C-00	- r	aninta Add linaa	ch or	o Ob o	nd 10h to line 12			188,24				jii tile organization Form 990, 990-EZ	
						nd 10b to line 12		F						
Pa	_					nd Changes in			Balances	(See p	age	18 of th	e instruction	s.)
	1			•	•	, and similar amo			1 . 1					
_									1a		186	3,148		
	ſ	b	Indirect public	suppo	ort .				1b				K.	
$ \leq $		C	Government co	ontribu	utions	(grants)			1c					
>		d	Total (add line	s 1a t	hrough	11c) (cash \$	185,24	48 noncash	\$		900)	10	d	186,148
	2	!	Program service	ce rev	enue ii	ncluding governm	nent fees and	contracts (from Part	VII, line	93) .	. 2	?	2,100
ט ה	3		Membership du										3	0
2	4		•			nporary cash inve							,	0
2	5			-		n securities								0
Ų									6a					<u>~</u>
\$	"								6b					
OCANNED	1			•		(subtract line 6b							· 1	0
	١,					•	nom me oa)							0
9	3 7		Other investme				(4)		1 1	(5) 0	0) '	'	<u> </u>
Povenie	9		Gross amount				-, -, -	Securities		(B) O	tner			
á			-						8a			0	4	
						nd sales expense			8b	_		0		
				•		dule)			8c			0	• 1	
			-			e line 8c, columns					٠. ٦	. 8	d	0
	9)	Special events a	ind act	ivities (attach schedule). If	f any amount is	from gamin	g, check he	ere	▶∟			
		а	Gross revenue	(not i	includi	ng \$	180	<u>6,148</u> of						
			en le tions re	enorte	ed on li	ne 1a)			9a			0 0		
	RE	الا	Lese: direct ex	nse	es othe	ng \$ ine 1a) er than fundraisin	g expenses		9b			0	4	
_	-	_	Net income of	leethH.	from s	special events (si	ubtract line 9h	from line 9	9a)			. 9	c	0
- 1	10) ą	Gross 2000 of	\iff een	ntory, le	ess returns and a	llowances .		10a					
(8)	NC	W	Less: cost of g	oods	sold				10b					
رها	١,,,	ے	Gross profit of	oss) fi	om sale	es of inventory (atta	ach schedule) (s	subtract line	10b from lir	ne 10a)		10)c	0
1	412	5	200 Er levenue	tirom	Part \	es of inventory (atta /II, line 103)						. 1		0
1	1	,	Total revenue	(add	lines 1	ld, 2, 3, 4, 5, 6c,	7. 8d. 9c. 10d	and 11)				. 1	2	188,248
七	1	3				e 44, column (B)							3	91,943
Ø.						(from line 44, col							4	26,691
Expenses	15					column (D))							5	77,740
Q.	16					ich schedule) .							6	77,740
ш	17					s 16 and 44, colu								196,374
			Fyees at /dif	20147 t-	u iiies	oor (oubtract !!-	1111 (/^))	12)	· · · ·	· · · ·		· 1	8	-8,126
Mot Accept	g 18					ear (subtract line								
ě	19					es at beginning of							9	20,516
<u>.</u>	20					ts or fund balanc							0	0
	21		Net assets or f	rund b	alance	es at end of year	(combine line	s 18, 19, ai	nd 20) .	<u></u>		. 2	1	12,390

1361

Part I		izations must complete colun					1) organizations
	Functional Expenses and sect Do not include amounts reported of	ion 4947(a)(1) nonexempt ch	aritable ti		(B) Program	(C) Management	T
	6b, 8b, 9b, 10b, or 16 of Part			(A) Total	services	and general	(D) Fundraising
22	Grants and allocations (attach schedule)					27	2773.00 C * /
	(cash \$ 0 noncash		22	0	l 0		12.32.24.5
23	Specific assistance to individuals (attach		23	0	 		
24	Benefits paid to or for members (attach s		24	0			
25	Compensation of officers, directors, etc.		25	67,429		13,486	20,229
26	Other salaries and wages		26	12,595			
27	Pension plan contributions		27	0		2,010	3,1.7
28	Other employee benefits		28	0			
29	Payroll taxes		29	6,137		1,227	1,841
30	Professional fundraising fees		30	0,101		1,	.,
31	Accounting fees		31	708	354	142	212
32	Legal fees		32	500			(
33	Supplies		33	3,320			996
34	Telephone		34	7,011			
35	Postage and shipping		35	1,321			
36	Occupancy		36	14,279			
37	Equipment rental and maintenance		37	336	· · · · · ·		
38	Printing and publications		38	5,123			
39	Travel		39	2,147			·
40	Conferences, conventions, and meetings		40	48,435			39,096
41	Interest		41	0			
42	Depreciation, depletion, etc. (attach sche		42	2,437		487	731
43	Other expenses not covered above (itemize):	•	43a	4,932			
	Public Relation	•••••	43b	8,504			2,551
	Other Exp		43c	3,752			
	Mahaita Maintanana		43d	1,981			
	Auto Exp		43e	3,306			
	Books		43f	2,122			C
44	Total functional expenses (add lines 22 through	43). Organizations		·			
	completing columns (B)-(D), carry these totals		44	196,374	91,943	26,691	77,740
Joint	Costs. Check ▶ if you are follow	ina SOP 98-2.					
	/ joint costs from a combined educational camp		licitation	reported in (B) F	Program services?	? ▶□	Yes No
	" enter (i) the aggregate amount of these joint						,
	amount allocated to Management and general				ount allocated to F		
Part I							
					10		Program Service
What	is the organization's primary exempt purpo	ose? Education a	na Aav	ocacy			Expenses
All orga	anizations must describe their exempt purpose	achievements in a clear	and cor	ncise manner St	ate the number	1 '	Required for 501(c)(3) and
	ts served, publications issued, etc. Discuss ac						(4) orgs , and 4947(a)(1)
	cations and 4947(a)(1) nonexempt charitable true					.)	trusts, but optional for others)
	erved 120 Clients seeking Civil rights acco						
••			(Gra	ants and alloca	tions \$)	53,892
b M	edia relations- Consultant on ISLAM and	Muslim for local media	a				
			(Gra	ants and alloca	tions \$)]	17,964
c P	rovided Education to and networked with I	ocal civil rights organ	izations	to promote be	tter relationship	with Governi	
			(Gra	ants and alloca	tions \$)	17,965
d Li	brary Project to educate people for better	understanding of Isla	m				
			(Gra	ants and alloca	tions \$)	2,122
	ther program services (attach schedule)			ants and alloca)	
	otal of Program Service Expenses (sho	uld equal line 44, colu	ımn (B)	. Program serv	ices)	•	91,943

Part IV Balance Sheets (See page 25 of the instructions.)

-	Note:	Where required, attached schedules and amounts within the description	(A)		(B)
	45	Cash—non-interest-bearing	Beginning of year 12,507	45	End of year 1,090
	46	Savings and temporary cash investments	12,307	46	1,090
	70	Cavings and temporary cash investments		70	
	47 a	Accounts receivable			
	ľ	Less: allowance for doubtful accounts 47b 0	0	47c	0
	_		<u> </u>		<u> </u>
	48 a	Pledges receivable			
		Less: allowance for doubtful accounts 48b 0	0	48c	0
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			
		(attach schedule)	0	50	0
"	51 a	Other notes and loans receivable (attach			
Assets		schedule)			
As	b	Less: allowance for doubtful accounts 51b 0	0	51c	0
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments—securities (attach schedule) ▶CostFMV _	0	54	0
	55 a	Investments—land, buildings, and			
		equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	0
	56	Investments—other (attach schedule)	0	56	0
		Land, buildings, and equipment: basis 57a 13,482			
	b	Less: accumulated depreciation (attach	-		44.045
		schedule)	7,269		11,045
	58	Other assets (describe	740	58	300
	E0	Total access (add lines 45 through 50) (much accel line 74)	20 546	-	10 405
	59 60	Total assets (add lines 45 through 58) (must equal line 74)	20,516	60	12,435
	61	Accounts payable and accrued expenses		61	
	62	Deferred revenue		62	
40	63	Loans from officers, directors, trustees, and key employees (attach		02	
Ę.	03	schedule)		63	0
Liabilities	64 a	Tax-exempt bond liabilities (attach schedule)		64a	0
Ë	1	Mortgages and other notes payable (attach schedule)		64b	0
	65	Other liabilities (describe Loans and Advances)		65	45
	66	Total liabilities (add lines 60 through 65)	0	66	45
	Orga	inizations that follow SFAS 117, check here X and complete lines			
		67 through 69 and lines 73 and 74.			
so.	67	Unrestricted	20,516	67	12,390
ဦ	68	Temporarily restricted	·	68	
ᇷ	69	Permanently restricted		69	
8	Orga	ınizations that do not follow SFAS 117, check here ▶ and			
Ĕ		complete lines 70 through 74.		F	
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds		70	
S O	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Š	72	Retained earnings, endowment, accumulated income, or other funds		72	
Ą	73	Total net assets or fund balances (add lines 67 through 69 or		~	
1 50		lines 70 through 72;		- a	
		column (A) must equal line 19; column (B) must equal line 21)	20,516		12,390
	74	Total liabilities and net assets / fund balances (add lines 66 and 73) .	20,516	74	12,435

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.

Form 99		Council on Am				-Maryland 04-361775		Page 4
Part I			Par	t IV		iliation of Expenses		
	Financial Statements with Rev	•		Financial Statements wit			xpe	enses per
	Return (See page 27 of the instr	uctions.)	 		Return			
а	Total revenue, gains, and other support		a		-	and losses per	13	, v
	per audited financial statements	а				al statements	> <u>a</u>	
b	Amounts included on line a but not		b			led on line a but not		
	on line 12, Form 990:	1/244			on line 17, Forr			, , , , , , , , , , , , , , , , , , ,
(1)	Net unrealized gains			(1)	Donated servic	es	1	l San '
	on investments	<u> </u>		i	and use of facil	ities <u>\$</u>	╛	
(2)	Donated services and	13		(2)	Prior year adjus	stments	1	
	use of facilities				reported on line	20,		
(3)	Recoveries of prior			i	Form 990	<u>\$</u>		
	year grants \$			(3)	Losses reporte	d on	3	Ť ·
(4)	Other (specify):	33			line 20, Form 9	90 \$.*2
` '	\$				Other (specify):	<u> </u>	7	
	\$			` '	() , , , , ,	\$		1
	Add amounts on lines (1) through (4)	b 0				\$	٦.	
	(,,		1	•	Add amounts o	n lines (1) through (4)	Ьb	1 (
С	Line a minus line b	c 0	С		Line a mınus lır		C	†
ď	Amounts included on line 12.	- 1	d		Amounts includ		Ť	`
u	Form 990 but not on line a:		"		Form 990 but n	•	k, `	
(1)	Investment expenses	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Investment exp			
(1)	not included on line				not included on			
	6b, Form 990 \$				3b, Form 990			
(2)					•			
(2)	Other (specify):			(2)	Other (specify):	•		
	<u>\$</u>			-			- :	
	\$			-		\$	┦ ₫	- sinzi
	Add amounts on lines (1) and (2) .	0	ļ				<u> d</u>	ļ
е	Total revenue per line 12, Form 990		е			per line 17, Form 990]
	(line c plus line d) ▶	e 0					<u> • e</u>	<u>C</u>
Part V		tees, and Key E	mple	oye	es (List each o	ne even if not compensa	ated;	; see page 27
	of the instructions.)							
	40. 11	(B) Title and average h	nours	(C) Compensation	(D) Contributions to		(E) Expense
	(A) Name and address	per week devoted to po		1	(If not paid, enter -0)	employee benefit plans & deferred compensation		account and other allowances
Name	Saved Maydana St. 19409 Olivo Trop W	Title Exective Dir		┢	enter -0j	deletted compensation	+	allowarices
	Seyed Mowlana str 19409 Olive Tree W				27,708		٦	(
	Gaithesburg ST MD zip 20879	Hr/WK 40	-to 0	\vdash	21,100		4	
	Ibrahim A Moiz str 1706 Ascot Way	Title Dr Civil Righ	iis a		44 500			,
	Reston ST VA ZIP 20190	Hr/WK 40		₩	14,583		이	
	Mojahed O Idlibi str 6166 Leesburg Pike	1	irs		10.010		_	,
	Falls Church ST VA ZIP 22044	Hr/WK 40			10,346	•	<u> </u>	
	Shama Faroog Str 5525 Novada Ave N		hts	1				_
City	Washington ST DC ZIP 20015	Hr/WK 40		 	14,792	(0	
Name	Str	Title					1	
City	ST ZIP	Hr/WK		 			<u> </u>	
Name	Str	Title						
City	, ST ZIP	Hr/WK		Щ			\perp	
Name	s Str	Title						
City	, ST ZIP	Hr/WK		<u> </u>			_	
Name	Str	Title					1	

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? ► XNo If "Yes," attach schedule—see page 28 of the instructions.

Hr/WK Title

Hr/WK

Hr/WK

Tıtle

ST

Str

ST

ZIP

ZIP

City

City

Name

Form 99	o (2004) Council on American-Islamic Relations-Maryland 04-3617757			Page 5
Part \	Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Χ
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .	78a		Χ
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		Χ
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common	: 4	111	
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶	at VV		
	and check whether it is exempt or nonexempt.			*
81 a	Enter direct and indirect political expenditures. See line 81 instructions 81a		1	
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount	* * 1		11 TS
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . 82b N/A		-	**
	Did the organization comply with the public inspection requirements for returns and exemption applications? .	83a	Х	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	` .	1	, w
	or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the	. 200	· ε	
_	organization received a waiver for proxy tax owed for the prior year.	J.	`. <u> </u>	
	Dues, assessments, and similar amounts from members	*	•	k.
	Section 162(e) lobbying and political expenditures	4 8	-	*
	Taxable amount of lobbying and political expenditures (line 85d less 85e)		ŀ	
	· · · · · · · · · · · · · · · · · · ·	85g		
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to	Jug		
••	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h	ĺ	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		4 4	
b	Gross receipts, included on line 12, for public use of club facilities		. **3 3	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			1.0
b	Gross income from other sources. (Do not net amounts due or paid to other			
			,	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	- 1		
	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		<u>X</u>
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	*	./%	
	section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		**	T F
D	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		Х
_	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	55 13	1	
Ü	sections 4912, 4955, and 4958			
اء	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	and the second s			
	List the states with which a copy of this return is filed	-		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)			
91	The books are in care of ► Name Syed H Molana Telephone no. ► (301) 986			
	Located at ► 7752 Woodmount Ave City Bethesda ST MD ZIP + 4 ► 20814			<u></u> -
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			

Form 990 (Council on Americ			04-3617757	Page 6
	nter gross amounts unless otherwise	Unrelated busin			on 512, 513, or 514	(E)
indicated	•			(C)		Related or
		(A) Business code	(B) Amount	Exclusion code	(D) Amount	exempt function
	Program service revenue:	Buomicos codo	7 11104110	Excideren code	741100111	income
	ibrary Project			+		2,100
						<u> </u>
				-		
e _	La di anno (M.La di anno di manusia materiale)					
	Medicare/Medicaid payments					
•	ees and contracts from government agencies .					
	Membership dues and assessments					
	nterest on savings and temporary cash investments .					
	let rental income or (loss) from real estate:					
		# 77 APA			-	
	ebt-financed property ot debt-financed property	- w w				
	et rental income or (loss) from personal property	·		···		
	Other investment income				+	
	ain or (loss) from sales of assets other than inventory				<u>† </u>	
	let income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
	other revenue: a					
b	die levelide.					
_				-		
e _		<u> </u>				
	ubtotal (add columns (B), (D), and (E))	¥;	·	0	0	2,100
	otal (add line 104, columns (B), (D), and (E))				,	2,100
	ne 105 plus line 1d, Part I, should equal the a	mount on line 12, I	Part I.			
Part VII	• • • • • • • • • • • • • • • • • • • •			urposes (See p	age 34 of the i	nstructions.)
Line No.					. T	
▼	of the organization's exempt purposes (other					
93a	Education: Projecting a positive image of is					
		•				
Part IX	Information Regarding Taxable St	ubsidiaries and l	Disregarded	Entities (See pa	age 34 of the ir	nstructions.)
	(A)	(B)		(C)	(D)	(E)
	Name, address, and EIN of corporation,	Percentage ownership into		ure of activities	Total income	End-of-year assets
N/A	partnership, or disregarded entity	Ownership inte	%		0	
IN/A		-	/ ₀ %		0	
			/ ₀ %		0	
			%			
Part X	Information Regarding Transfers	Accordated with		nofit Contracts	×	
	he organization, during the year, receive any funds, dire					Yes X No
(b) Did	the organization, during the year, pay premiu	ıms, directly or <u>indi</u>	rectly, on a per	rsonal benefit con	tract?	Yes X No
Note: If	" Yes" to (b) file Form 8870 apd Form 4720	0 (see instructi				
	Under penalties of perjury declare that I have examin	ed this return, inclu				
Diagon	and belief it is true, correct, and complete Declaration	of preparer (other				
Please	11. 00 %					
Sign	Signature of officer					
Here	Shama Farooq Director Civil Rights					
	Type or print name and title					
	Preparer's A					
Paid	signature	\mathcal{A}				
Preparer's	s 					
Use Only	if self-employed),	Suite 202 Lle				
	address, and ZIP + 4 1110-B Elden Street	Suite 203, He				

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

Supplementary Information—(See separate instructions.)

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

2001

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

name of the	organization			Employer identil	ication number
Council or	n American-Islamic Relations-Maryla				1-3617757
Part I	Compensation of the Five Hi	ghest Paid Employees (Other Than Office	rs, Directors, and T	rustees
	(See page 1 of the instructions	. List each one. If there a	re none, enter "Nor	ne.")	
(a) Nar	ne and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name	_				
Str	NONE				
City	ST	Title			
Zip	Country	Avg hr/wk			
Name	Country	Avg III/WK			
Str					
	ST	Title			
City		1			
Zip	Country	Avg hr/wk			
Name					
Str	O.T.	·{i			
City	ST	Title			
Zip	Country	Avg hr/wk			
Name					
Str		·			
City	ST	Title			
Zip	Country	Avg hr/wk			
Name					
Str					
City	ST	Title			
Zıp	Country	Avg hr/wk			
Total numb	er of other employees paid over				K .
\$50,000 .	<u> </u>				
Part II	Compensation of the Five Hi	ghest Paid Independent	Contractors for I	Professional Servic	es
	(See page 2 of the instructions	. List each one (whether i	ndividuals or firms)). If there are none, e	nter "None.")
(a	Name and address of each independent contra	actor paid more than \$50,000	(b) T	ype of service	(c) Compensation
Name Str	NONE	Check here if a business			
City	·				
ST	ZIP Cou	ntry			
Name	211 000	Check here if a business			
Str		onock here is a pacinece			
City					
ST	ZIP Cou	ntry			
Name	211 300	Check here if a business			
		Oneck here if a business			
Str					
City	ZID Cou	into /			1
ST	ZIP Cou	Check here if a business			
Name		Check here if a business	L		
Str					
City	- 10	4.			
ST	ZIP Cou	intry			-
Name		Check here if a business	니		
Str					
City					
ST		<u>intry</u>			<u> </u>
	per of others receiving over \$50,000 for				i jag.
professiona	al services		63.42.9		

Par		Statements About Activities (See page 2 of the instructions.)		Yes	No
ſ	atte or in	ing the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities	1		X
	Org orga	nanizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities	*	##\$\$~~\`#*	
2	sub with own	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority her, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the isactions)		\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	×
а	Sale	e, exchange, or leasing of property?	2a		X
b		ding of money or other extension of credit?	2b		X
С	Furr	nishing of goods, services, or facilities?	2c		X
d	Pay	rment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
_	Tran	nsfer of any part of its income or assets?	2e		X
2 -		• •			
3 a	-	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments)	3a		X
ь	-	you have a section 403(b) annuity plan for your employees?	3b		X
4 a		you maintain any separate account for participating donors where donors have the right to provide advice			
		he use or distribution of funds?	4a		Х
b	Doy	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Part	IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)			
The o	rgani	zation 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	芦	A school Section 170(b)(1)(A)(ii). (Also complete Part V.)			
	H				
7	\vdash	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).			
8	닏	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(III). Enter the hospital's name, city, and state City ST Country			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)			
11 a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11 b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)			
	-	Provide the following information about the supported organizations (See page 5 of the instructions)			_
	-	(a) Name(s) of supported organization(s) (b) Line number from all			-
	-			· · · · · ·	-
14	ΠĪ	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions)			-

	V-A Support Schedule (Complete only if you check : You may use the worksheet in the instructions for conver					ting.
	ndar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received. (Do	(4) 2000	(5) 2502	(0) 2001	(4) 2000	(6) 10121
	not include unusual grants. See line 28.)	65,937				65,937
16	Membership fees received .					(
17	Gross receipts from admissions, merchandise		·			
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose		}			1 (
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		ľ			
	by the organization after June 30, 1975					(
19	Net income from unrelated business					
	activities not included in line 18 .					(
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf					. (
21	The value of services or facilities furnished to			']	I
	the organization by a governmental unit					I
	without charge. Do not include the value of					I
	services or facilities generally furnished to the					
	public without charge					C
22	Other income Attach a schedule. Do not				l	
	include gain or (loss) from sale of capital assets					C
23	Total of lines 15 through 22	65,937		0	 	65,937
24	Line 23 minus line 17	65,937	0	0		65,937
_25	Enter 1% of line 23	659	0	0	<u> </u>	
26	Organizations described on lines 10 or 11: a Enter 2% o	of amount in colum	n (e), line 24		▶ 26a	1,319
b	Prepare a list for your records to show the name of and amount				Ž.,	ka
	governmental unit or publicly supported organization) whose total amount shown in line 26a. Do not file this list with your return				>	iki v
_	•		i all triese excess	amounts		65.027
	Total support for section 509(a)(1) test: Enter line 24, column (e)	_			▶ 26c	65,937
a	Add Amounts from column (e) for lines: 18	0 19 0 26b	· 	0	. ► 26d	C
_	Public support (line 26c minus line 26d total)		·	<u> </u>	26e	65,937
	Public support percentage (line 26e (numerator) divided by		nator))		≥ 26f	100.00%
27	Organizations described on line 12: a For amounts including prepare a list for your records to show the name of, and total amounts including the control of					rson,"
	file this list with your return. Enter the sum of such amounts for		caon year monn, e	aon aisquainica	person Donot	
	-	· ·	001)		(2000)	
	(2003) (2002)				` /	
D	For any amount included in line 17 that was received from each show the name of, and amount received for each year, that was	•		, , ,	•	
	(Include in the list organizations described in lines 5 through 11,		· ', '			
	difference between the amount received and the larger amount					,
	amounts) for each year.		,			
	(2003) (2002)	(20	001)		(2000)	
	(2000)				(=====	
С	Add: Amounts from column (e) for lines 15	<u> </u>	0			
	170 20	0 21	0		▶ 27c	(
d	Add: Line 27a total0 and line	e 27b total	0		. ► 27d	(
е					. ► 27e	(
f	Total support for section 509(a)(2) test: Enter amount from line 2	23, column (e)	. ▶	27f	0	***
g					▶ 27g	0 00%
<u>h</u>	Investment income percentage (line 18, column (e) (numera	tor) divided by li	ne 27f (denomina	<u>itor))</u>	► 27h	0 00%
28	Unusual Grants: For an organization described in line 10, 11, or	or 12 that received	any unusual gran	ts during 2000 th	rough 2003, prep	are

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.

Private School Questionnaire (See page 7 of the instructions.) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 other governing instrument, or in a resolution of its governing body? . 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 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? 31 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 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c 32d 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.) Does the organization discriminate by race in any way with respect to: 33 33a Admissions policies? 33b 33c Employment of faculty or administrative staff? . Scholarships or other financial assistance? . . 33d Educational policies? . 33e <u>3</u>3f Use of facilities? . Athletic programs? 33g 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 34 a 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? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 35 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Par	VI-A Lobbying Expenditures by Electing (To be completed ONLY by an eligible				tions.)	NA
Chec	√ ►a	up Check ▶	b if you ch	ecked "a" and "lir	nited control" prov	isions apply
	Limits on Lobbying	•			(a) Affiliated group totals	(b) To be completed for ALL electing
	(The term "expenditures" means a	-	urred)	1 20	totalo	organizations
36 37	Total lobbying expenditures to influence public opinion (gr Total lobbying expenditures to influence a legislative body		•	36		
38	Total lobbying expenditures to influence a legislative body Total lobbying expenditures (add lines 36 and 37)	(direct lobbying)	•	38	0	0
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add lines 38 and 39)			. 40	0	0
41	Lobbying nontaxable amount. Enter the amount from the			1.52		. Nationalities (
	• •	ring nontaxable an	nount is—			
	Not over \$500,000	amount on line 40		}	<u> </u>	
	Over \$500,000 but not over \$1,000,000 \$100,000 ¡	plus 15% of the exc	ess over \$500,000) []-	, , ,	, ,
	Over \$1,000,000 but not over \$1,500,000 $$. $$. \$175,000 $$				0	0
	•	plus 5% of the exce		0 53		
		0		J ·	_	_
42	Grassroots nontaxable amount (enter 25% of line 41) .			42	0	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more th			43	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more th	ian line 38		. 44	, 0	
	Caution: If there is an amount on either line 43 or line 44,	you must file Form	4720.		5 	
	4-Year Average	ging Period Un	der Section 5	01(h)		
	(Some organizations that made a section 5			* *	olumns below	
	See the instructions for I	ines 45 through 50	on page 11 of the	instructions.)		
		Lobb	ying Expenditu	res During 4-Ye	ear Averaging F	Period
	Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount	35-2				0
46	Lobbying ceiling amount (150% of line 45(e))					0
47	Total lobbying expenditures					0
48	Grassroots nontaxable amount		1			О
			eric tour in			
49	Grassroots ceiling amount (150% of line 48(e))					0
50	Grassroots lobbying expenditures					0
	VI-B Lobbying Activity by Nonelecting P	ublic Charities	1	-	<u> </u>	<u> </u>
	(For reporting only by organizations th			(See page 11	of the instruction	ons)
		•				•
	g the year, did the organization attempt to influence nationa pt to influence public opinion on a legislative matter or refe			ariy	Yes No	Amount
allen	Volunteers	iendum, unougn ui	e use or			
b	Paid staff or management (Include compensation in expe	nses reported on lir	nes c through h .)			,
c	- '					
ď	Mailings to members, legislators, or the public					
е						
f	Grants to other organizations for lobbying purposes			•		
g	Direct contact with legislators, their staffs, government off	icials, or a legislativ	e body .			
h	Rallies, demonstrations, seminars, conventions, speeches	s, lectures, or any o	ther means		, an A-2	
i	Total lobbying expenditures (Add lines \boldsymbol{c} through $\boldsymbol{h.})$					0
	If "Yes" to any of the above, also attach a statement givin	g a detailed descrip	tion of the lobbyin	g activities		

Part	VII			fers To and Transaction page 11 of the instructions	is and Relationships With Noncharita .)	ble			
51			<u>~</u>		ing with any other organization described in secti 527, relating to political organizations?	on			
а				noncharitable exempt organization			Yes	No	
		Cash				51a(i)		Х	
	• •	Other assets				a(ii)		Х	
b	Other	transactions							
	(i)	Sales or exchanges of	of assets with a no	ncharitable exempt organization		b(i)		Х	
	• • •	=		ole exempt organization		b(ii)		Х	
		Rental of facilities, eq		· -		b(iii)		Х	
		Reimbursement arran	•			b(iv)		Х	
		Loans or loan guarant	_			b(v)		Х	
	• •	•		or fundraising solicitations .		b(vi)		Х	
С						c		Х	
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees									
		· •			the organization received less than fair market va		-		
in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.									
(a) (b) (c) (d)									
Line	Line no Amount involved Name of nonchantable exempt organization Description of transfers, transactions, and sharing								
									
						-			
									
				· · · · · · · · · · · · · · · · · · ·					
									
		-							

52 a	descri	bed in section 501(c) s," complete the follow	of the Code (other	ed with, or related to, one or more than section 501(c)(3)) or in se	ction 527?	Yes	X	No	
		(a) Name of organizatior	1	(b) Type of organization	(c) Description of relationship				
		·····							
								<u>. </u>	
									

Ŀi	ne 1a (990) - Direct public support						
1 2	Contributions	s from the public))	· · · · · ·		1 2 3	154,541 900
5	Government contributions (grants)					4 5	
6 7 8	Special events contributions (Line 9 - Special Eve Contribution receive from CAIR National					. 7 . 8	30,707
9	Total					9	186,148
	ne 57 (990) - Land, buildings, and ed					·	
	Land (net of any amortization)				Land (net of	any a	
1					Beginning 1		End
2					2	1-1	
3					3		
4					4	\vdash	
5 6	Total land (net of any amortization)				6		0
	Buildings and equipment	Buildings an Beginning	nd equ	ipment End	Accumula Beginning	ted de	epreciation End
7	Computer 7	3,662		6,028	Degining	1	1,206
8	Mobile 8	700		700	T c		100
9	Printer 9	2,907		2,907	C		550
10	Photocopier 10	0		3,847	0		581
11 12	11 12 12		-			1 1	
13	12						<u></u>
14	14						
15	15						
16	16	7.000		40.400			0.407
	Total buildings and equipment	7,269		13,482	8 7,269		2,437 11,045
	Total land, buildings and equipment				9 7,269	- P	11,045
							
			_	1	Accumulated	тт	
	Category or Item		Co	st/Other Basis	Depreciation		Book Value
1	category of them.	•	1	33 3 3 3 3 3 3 3 3	2 oprosiduori		Dook valde
2			2				
3		;	3	·			
4 5			4 -				
6			⁵ -			+	
7			7			\vdash	<u> </u>
8			8				
9			9				

Line 58 (990) - Other assets

			Beginning	End
1	Security Deposits Loan from Officers	1	300	300
' 2	Loan from Officers	2	440	0
3		3		
4		4		
5		5		
6		6	- 1	
7		7		
8		8		
9		9		
10		10		- 7 • • • • •
11	Total other assets	11	740	300

Line 65 (990) - Other liabilities

		Beginning	End
1 Loans and Advances	1 [45
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
В	8		
9	9		
0	10		
1 Total other liabilities	11	0	45