

COUNCIL ON AMERICAN-ISLAMIC RELATIONS,
OKLAHOMA, INC.

FACSIMILE TRANSMITTAL SHEET

TO: Ms. Nancy Stuerenberg	FROM: Lobna Hewedi for Council on American-Islamic Relations, Oklahoma, Inc.
COMPANY:	DATE: 12/29/2006
FAX NUMBER: 513-263-4540	TOTAL NO. OF PAGES INCLUDING COVER: 13 w/cover
PHONE NUMBER: 513-263-3724	SENDER'S REFERENCE NUMBER: EIN# 87-0764660
RE: Information needed	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Dear Ms. Stuerenberg,

Following is the information you requested. Our Articles of Incorporation were filed with the Secretary of State office. I have included the Articles along with a letter from a representative with the Secretary of State's office indicating that they were filed in February 2006. Please let me know if you need additional information. Thank you for your time.

Sincerely,

Lobna Hewedi
Lobna Hewedi

|CLICK HERE AND TYPE RETURN ADDRESS|

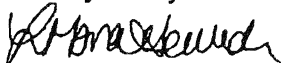
Dear Ms. Stuerenberg,

Following are answers to the questions given on pages 9 and 10 along with the revised 1023 form and page 11.

- A. The Council on American-Islamic Relations, Oklahoma, Inc does not plan to engage in any activities to influence legislation.
- B. There will be no direct or indirect activities to influence legislation.
- C. We have not filed Form 5768 as we do not plan on making expenditures to influence legislation.
- D. Activities and programs that fall into the political education area include:
 1. Voter registration drives – The Council on American-Islamic Relations, Oklahoma, Inc will encourage the greater community to take advantage of their civic responsibility and vote, regardless of party affiliation. We will offer registration forms for individuals to get registered to vote. We will not offer, however, any advice, consultation, or opinion on any political party, office holder, or candidate.
- E. The Council on American-Islamic Relations, Oklahoma, Inc will not intervene in any political campaign on behalf of any candidate for public office.
- F. No member of the governing body are now or intend to be political candidates.
- G. No time or revenue will be devoted to attempting to influence legislation.
- H. No activities (direct or indirect) will be conducted to influence legislation.
- I. Activities devoted to trainings, seminars and workshops will not be conducted to influence legislation. Trainings, seminars, and workshops will be devoted to educating individuals on:
 1. Public speaking: general public speaking skills.
 2. Media relations: understanding how the media works and learning how to develop relationships with media professionals in order to promote an accurate and positive image of Islam and Muslims in America.
 3. Voter education: encourage the community to take advantage of their civic responsibilities and vote.
 4. Civil rights: trainings on understanding one's civil rights.
 5. Interfaith relations: conducting dialogues with our fellow Americans in the interfaith communities to build bridges of understanding, friendships and respect.
- J. We have not filed Form 5768 and do not wish to make the election as we do not plan to influence legislation.
- K. Voter registration drive activities consist of attending various community events and having a table with information on the organization and providing voter registration forms for people to register to vote. Information and/or consultation on party affiliation choice or who to vote for will never be given. The Council on American-Islamic Relations, Oklahoma, Inc will only advocate becoming an informed and educated voter. Additionally, townhall forums will be put on where representatives from all political parties, law enforcement, FBI, the interfaith community, and others will be invited to educate the community on both our rights and responsibilities as community members.

The 1023 application, page 5, part 8, item 2a and b is checked that our organization will attempt to influence legislation. This was checked in error. Our organization does not plan to influence legislation. I apologize for the error. I have included a revised page 5. We have not conducted any activities to this point and therefore have no materials or sample work to provide. Please let me know if you have any questions or need additional information.

Thank you for your time. Sincerely,



Lobna Hewedi

Director

Council on American-Islamic Relations, Oklahoma, Inc

**Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code**

OMB No. 1545-0056
Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)	
Council on American-Islamic Relations (CAIR OK), <i>Inc</i>			
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)	
2721 Frost Ln.		87-0764660	
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)	
Norman, OK 73071-1163		12	
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone: 405-310-3711	
a Name: Lobna Hewedi		c Fax: (optional)	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a Organization's website:			
b Organization's email: (optional)			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) <i>02/28/2006</i>			
12 Were you formed under the laws of a foreign country ? If "Yes," state the country.			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

POSTMARK

RECEIVED

AUG 05 '06

AUG 11 '06

CINCINNATI
SERVICE CENTER

Part X Public Charity Status (Continued)

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

.....
(Signature of Officer, Director, Trustee, or other authorized official)

.....
(Type or print name of signer)

.....
(Date)

.....
(Type or print title or authority of signer)

For Director, Exempt Organizations

By Date

b Request for Definitive Ruling: Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).

(i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____

(b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.

(ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.

(b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. Yes No