

# 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)

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

OMB No 1545-0047

**2004**

Open to Public Inspection

**A** For the **2004** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>COUNCIL ON AMERICAN-ISLAMIC RELATIONS, INC</b>		<b>D</b> Employer identification number 52-1887951
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>453 NEW JERSEY AVENUE SE</b>		<b>E</b> Telephone number 202-488-8787
		City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20003</b>		<b>F</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**H** and **I** are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**G** Website: WWW.CAIR-NET.ORG

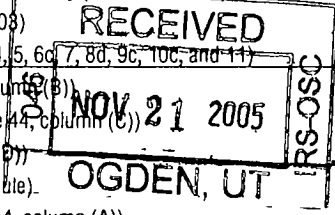
**J** Organization type (check only one)  501(c) ( 4 ) (insert no.)  4947(a)(1) or  527

**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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,614,586.**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	2,166,270.		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 2,166,270. noncash \$ )	<b>1d</b>		2,166,270.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		146,945.	
	<b>3</b> Membership dues and assessments	<b>3</b>		119,029.	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	136,641.		
	<b>b</b> Less: rental expenses <b>SEE STATEMENT 2</b>	<b>6b</b>	92,995.		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		43,646.	
<b>7</b> Other investment income (describe )	<b>7</b>				
Expenses	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
	<b>8d</b>				
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ 124,688. of contributions reported on line 1a)	<b>9a</b>	45,701.		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	152,917.		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>SEE STATEMENT 3</b>		-107,216.
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 108)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			2,368,674.	
Net Assets	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		1,051,186.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		716,415.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		262,914.	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			2,030,515.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			338,159.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			4,434,987.	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STATEMENT 4</b>		192,771.	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			4,965,917.	



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**COUNCIL ON AMERICAN-ISLAMIC RELATIONS,  
INC**

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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.

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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	278,979.	92,063.	86,483.
26	Other salaries and wages	26	719,684.	510,976.	151,134.
27	Pension plan contributions	27	13,269.	5,602.	5,191.
28	Other employee benefits	28	92,585.	26,678.	52,945.
29	Payroll taxes	29	77,328.	33,651.	34,169.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	16,039.	1,193.	10,644.
34	Telephone	34	52,881.	8,905.	43,543.
35	Postage and shipping	35	37,502.	9,844.	14,924.
36	Occupancy	36	13,113.	2,876.	1,570.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	122,397.	62,662.	9,871.
39	Travel	39	101,360.	16,984.	27,759.
40	Conferences, conventions, and meetings	40	2,518.	815.	
41	Interest	41	1,384.		1,384.
42	Depreciation, depletion, etc. (attach schedule)	42	91,157.		91,157.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	<b>SEE STATEMENT 5</b>	43e	410,319.	278,937.	185,641.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	2,030,515.	1,051,186.	716,415.

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) the 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**

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others.)

<b>a</b>	<b>THE ORGANIZATION WORKS WITH VARIOUS INTELLIGENCIA &amp; MEDIA TO PROMOTE BETTER UNDERSTANDING OF ISLAM AND MUSLIMS IN NORTH AMERICA AND IN THE SOCIETY AS A WHOLE.</b>	714,806.
	(Grants and allocations \$ _____)	
<b>b</b>	<b>THE ORGANIZATION ALSO RESPONDS TO REQUESTS FOR DONATIONS OF INFORMATIVE BOOKS AND PUBLICATIONS ABOUT ISLAM AND MUSLIMS FOR LIBRARIES.</b>	336,380.
	(Grants and allocations \$ _____)	
<b>c</b>	_____	
	(Grants and allocations \$ _____)	
<b>d</b>	_____	
	(Grants and allocations \$ _____)	
<b>e</b>	Other program services (attach schedule)	(Grants and allocations \$ _____)
<b>f</b>	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>1,051,186.</b>

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**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	2,552,732.	45	1,683,904.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees	27,373.	50	21,204.
	51 a Other notes and loans receivable	51a 245,500.		
	b Less: allowance for doubtful accounts	51b	51c	245,500.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	17,277.
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 3,013,228.			
b Less: accumulated depreciation <b>STMT 7</b>	57b 443,518.	57c	2,569,710.	
58 Other assets (describe ▶ <b>SEE STATEMENT 8</b> )		58	718,500.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	5,350,276.	59	5,256,095.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	3,651.	60	45,736.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	900,000.	64b	239,609.
	65 Other liabilities (describe ▶ <b>SECURITY DEPOSIT</b> )	11,638.	65	4,833.
<b>66 Total liabilities</b> (add lines 60 through 65)	915,289.	66	290,178.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	3,434,987.	67	4,965,917.
	68 Temporarily restricted	1,000,000.	68	0.
	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		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
<b>73 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)	4,434,987.	73	4,965,917.	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	5,350,276.	74	5,256,095.	

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.

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<b>Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return</b>	
a Total revenue, gains, and other support per audited financial statements	a 2,652,315.
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$ _____	
(2) Donated services and use of facilities \$ _____	
(3) Recoveries of prior year grants \$ _____	
(4) Other (specify): <b>STMT 9</b> \$ 283,641.	
Add amounts on lines (1) through (4)	b 283,641.
c Line a minus line b	c 2,368,674.
d Amounts included on line 12, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify): \$ _____	
Add amounts on lines (1) and (2)	d 0.
e Total revenue per line 12, Form 990 (line c plus line d)	e 2,368,674.

<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>	
a Total expenses and losses per audited financial statements	a 2,559,890.
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services and use of facilities \$ _____	
(2) Prior year adjustments reported on line 20, Form 990 \$ _____	
(3) Losses reported on line 20, Form 990 \$ _____	
(4) Other (specify): <b>STMT 10</b> \$ 529,375.	
Add amounts on lines (1) through (4)	b 529,375.
c Line a minus line b	c 2,030,515.
d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify): \$ _____	
Add amounts on lines (1) and (2)	d 0.
e Total expenses per line 17, Form 990 (line c plus line d)	e 2,030,515.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
OMAR M. AHMAD 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	CHAIRMAN 15	0.	0.	0.
NEHAD HAMMAD 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	SECRETARY & TREASURER 60	121,746.	0.	0.
NABIL SADOUN 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	DIRECTOR 10	0.	0.	0.
FOUAD KHATEEB 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	DIRECTOR 10	0.	0.	0.
AHMAD AL-AKHRAS 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	DIRECTOR 10	0.	0.	0.
PARVEZ AHMED 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	DIRECTOR 10	0.	0.	0.
IHSAN BAGBY 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	DIRECTOR 10	0.	0.	0.
KHALID IQBAL 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	DIRECTOR OF OPERATIONS 50	74,120.	0.	0.
CARY DOUGLAS HOOPER 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	NATL DIRECTOR COMMUNICATNS 50	83,113.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No

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	<b>Part VI Other Information</b>		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		<b>X</b>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		<b>X</b>
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		<b>X</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		<b>X</b>
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	<b>X</b>	
b	If "Yes," enter the name of the organization <b>▶ ZAHARA INVESTMENT CORPORATION (COMBINED)</b> _____ and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a</span> <u>0.</u>			
b	Did the organization file Form 1120-POL for this year?	81b		<b>X</b>
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		<b>X</b>
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.) <span style="float:right">82b</span> <u>N/A</u>			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<b>X</b>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? <span style="float:right">N/A</span>	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<b>X</b>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?	85a	<b>X</b>	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	<b>X</b>	
c	Dues, assessments, and similar amounts from members <span style="float:right">85c</span> <u>N/A</u>			
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d</span> <u>N/A</u>			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e</span> <u>N/A</u>			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f</span> <u>N/A</u>			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>	85g		
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? <span style="float:right">N/A</span>	85h		
86	<b>501(c)(7) organizations</b> Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a</span> <u>N/A</u>			
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b</span> <u>N/A</u>			
87	<b>501(c)(12) organizations</b> Enter: a Gross income from members or shareholders <span style="float:right">87a</span> <u>N/A</u>			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b</span> <u>N/A</u>			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		<b>X</b>
89 a	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>▶ N/A</b> ; section 4912 <b>▶ N/A</b> ; section 4955 <b>▶ N/A</b>			
b	<b>501(c)(3) and 501(c)(4) organizations</b> 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		<b>X</b>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> <u>0.</u>			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">▶</span> <u>0.</u>			
90 a	List the states with which a copy of this return is filed <b>▶ DC</b>			
b	Number of employees employed in the pay period that includes March 12, 2004 <span style="float:right">90b</span> <u>46</u>			
91	The books are in care of <b>▶ THE ORGANIZATION</b> Telephone no. <b>▶ 202-488-8787</b>			
	Located at <b>▶ 453 NEW JERSEY AVE SE, WASHINGTON, DC</b> ZIP + 4 <b>▶ 20003</b>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 92</span> <u>N/A</u>			

**Part VII Analysis of Income-Producing Activities** (See page 33 of the 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>SALE OF PUBLICATIONS</b>					9,550.
b <b>LIBRARY PROJECT</b>					114,920.
c <b>MISCELLANEOUS</b>					22,475.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					119,029.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	43,646.	
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					-107,216.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		43,646.	158,758.
105 Total (add line 104, columns (B), (D), and (E))					202,404.

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 page 34 of the 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).
▼	SEE STATEMENT 11

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the 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)

Please Sign Here	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.			
	Signature of officer	Date	Type or print name and title.	
	<i>Nejad Jorak</i>	11/15/05	NEHAD HAMMAD, SECY/TREASURER	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4	11/15/05	<input type="checkbox"/>	
	MILLER MUSMAR, PC			
	1861 WIEHLE AVENUE, SUITE 125			
	RESTON, VA 20190			
423181 01-13-05			EIN	Phone no.
				703-437-8877

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
10453	NEW JERSEY/LAND	091599	L			512,000.			512,000.			0.
12208	G STREET/LAND	091599	L			35,908.			35,908.			0.
	* 990 PAGE 2 TOTAL OTHER					547,908.		0.	547,908.	0.	0.	0.
	PROGRAM SERVICES FURNITURE/OFFICE											
1EQUIPMENT 75%	FURNITURE/OFFICE	060198	200DB	7.00	17	22,247.			22,247.	19,269.		1,985.
4EQUIPMENT 75%	FURNITURE/OFFICE	060199	200DB	7.00	17	15,479.			15,479.	12,025.		1,382.
7	453 NEW JERSEY/BUILDING 75%	091599	SL	35.00	16	1,535,635.			1,535,635.	186,469.		43,875.
11	1208 G STREET/BUILDING FURNITURE/OFFICE	091599	SL	35.00	16	143,632.			143,632.	17,441.		4,104.
13EQUIPMENT 75%	FURNITURE/OFFICE	060100	200DB	7.00	17	7,680.			7,680.	5,281.		685.
16EQUIPMENT 75%		060101	200DB	7.00	17	11,850.			11,850.	6,668.		1,481.
19	COMPUTERS 75%	060101	200DB	5.00	17	2,561.			2,561.	1,824.		295.
25	COMPUTER/HOOPER	032302	200DB	5.00	17	3,509.			3,509.	1,825.		674.
28	SONY CAMERA/IQBAL 80%	040902	200DB	5.00	17	2,867.			2,867.	1,491.		550.
35	453 NEW JERSEY/BASIS COSTS 75%	090602	SL	35.00	16	38,524.			38,524.	1,468.		1,101.
38	CAMERS-M. ELKOT	060903	200DB	5.00	17	600.			600.	120.		192.
39	COMPUTER/BAYOUMI	040703	200DB	5.00	17	1,020.			1,020.	204.		326.
41	DELL SYSTEM-1	062503	200DB	5.00	17	788.			788.	158.		252.
42	DELL SYSTEM-2	062503	200DB	5.00	17	658.			658.	132.		210.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
43	DELL SYSTEM-3	062503	200DB	5.00	17	688.			688.	138.		220.
44	DELL SYSTEM-4	062503	200DB	5.00	17	548.			548.	110.		175.
46	DELL SYSTEM-6	062503	200DB	5.00	17	623.			623.	125.		199.
47	PRINTER-KHALID	072203	200DB	5.00	17	1,084.			1,084.	217.		347.
48	DIGITAL CAMERA	062904	SL	7.00	16	926.			926.			66.
49	DELL COMPUTER	081104	SL	5.00	16	1,109.			1,109.			93.
50	DELL COMPUTER	121304	SL	5.00	16	525.			525.			9.
51	LAPTOP	010704	SL	5.00	16	2,372.			2,372.			474.
52	PRINTER	042904	SL	5.00	16	715.			715.			107.
53	COMPUTER HARDWARE	051004	SL	5.00	16	100.			100.			13.
54	COMPUTER HARDWARE	052304	SL	5.00	16	167.			167.			22.
55	COMPUTER HARDWARE	071504	SL	5.00	16	709.			709.			71.
56	COMPUTER	090304	SL	5.00	16	1,174.			1,174.			78.
57	COMPUTER	090304	SL	5.00	16	669.			669.			45.
58	NEW ROOF-HEADQUARTERS NEW	123104	SL	15.00	16	25,000.			25,000.			1,667.
59	COOLING-HEADQUARTERS	123104	SL	7.00	16	22,500.			22,500.			3,214.
60	CAPITAL LEASE #10615	083104	SL	5.00	16	35,200.			35,200.			2,347.
61	CAPITAL LEASE #10612	070801	SL	5.00	16	18,859.			18,859.	9,430.		3,772.



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	* 990 PAGE 2 TOTAL PROGRAM SERVICES					1,900,018.		0.	1,900,018.	264,395.	0.	70,031.
	MANAGEMENT AND GENERAL FURNITURE/OFFICE											
2	EQUIPMENT 10% FURNITURE/OFFICE	060198	200DB	7.00	17	2,966.			2,966.	2,569.		265.
5	EQUIPMENT 10% FURNITURE/OFFICE	060199	200DB	7.00	17	2,064.			2,064.	1,603.		184.
	453 NEW											
8	JERSEY/BUILDING 10% FURNITURE/OFFICE	091599	SL	35.00	16	204,751.			204,751.	24,863.		5,850.
14	EQUIPMENT 10% FURNITURE/OFFICE	060100	200DB	7.00	17	1,024.			1,024.	704.		91.
17	EQUIPMENT 10% FURNITURE/OFFICE	060101	200DB	7.00	17	1,580.			1,580.	889.		197.
20	COMPUTERS 10% FURNITURE/OFFICE	060101	200DB	5.00	17	341.			341.	243.		39.
22	COMPUTER/IQBAL FURNITURE/OFFICE	020502	200DB	5.00	17	1,579.			1,579.	821.		303.
23	EQUIPMENT/IQBAL FURNITURE/OFFICE	021202	200DB	7.00	17	754.			754.	293.		132.
24	EQUIPMENT/SIEMENS FURNITURE/OFFICE	022602	200DB	7.00	17	656.			656.	255.		115.
27	EQUIPMENT/STAPLES DELL	040602	200DB	7.00	17	495.			495.	192.		87.
31	COMPUTER/O.M.AHMAD	081402	200DB	5.00	17	1,641.			1,641.	853.		315.
32	COMPUTER/IQBAL	110702	200DB	5.00	17	1,860.			1,860.	967.		357.
33	COMPUTER/RASHEED	122402	200DB	5.00	17	600.			600.	312.		115.
	453 NEW JERSEY/BASIS											
36	COSTS 10%	090602	SL	35.00	16	5,136.			5,136.	196.		147.
40	COMPUTER/TOOR	040703	200DB	5.00	17	846.			846.	169.		271.
45	DELL SYSTEM-5	062503	200DB	5.00	17	1,192.			1,192.	238.		382.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL					227,485.		0.	227,485.	35,167.	0.	8,850.
	FUNDRAISING											
	FURNITURE/OFFICE											
3	EQUIPMENT 15%	060198	200DB	7.00	17	4,449.			4,449.	3,853.		397.
	FURNITURE/OFFICE											
6	EQUIPMENT 15%	060199	200DB	7.00	17	3,096.			3,096.	2,405.		276.
	453 NEW											
9	JERSEY/BUILDING 15%	091599	SL	35.00	16	307,127.			307,127.	37,294.		8,775.
	FURNITURE/OFFICE											
15	EQUIPMENT 15%	060100	200DB	7.00	17	1,536.			1,536.	1,057.		137.
	FURNITURE/OFFICE											
18	EQUIPMENT 15%	060101	200DB	7.00	17	2,370.			2,370.	1,334.		296.
21	COMPUTERS 15%	060101	200DB	5.00	17	512.			512.	364.		59.
	COMPUTER/STALLION											
26	TECHNOLOGY	040402	200DB	5.00	17	8,623.			8,623.	4,484.		1,656.
29	SONY CAMERA/IQBAL 20%	040902	200DB	5.00	17	717.			717.	373.		138.
30	INTELLECT COMPUTERS	061202	200DB	5.00	17	1,033.			1,033.	537.		198.
	IPAQ 3955											
34	COMPUTER/KHAFAGI	123102	200DB	5.00	17	649.			649.	338.		124.
	453 NEW JERSEY/BASIS											
37	COSTS 15%	090602	SL	35.00	16	7,705.			7,705.	293.		220.
	* 990 PAGE 2 TOTAL											
	FUNDRAISING					337,817.		0.	337,817.	52,332.	0.	12,276.
	* GRAND TOTAL 990 PAGE											
	2 DEPR					3,013,228.		0.	3,013,228.	351,894.	0.	91,157.

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
453 NEW JERSEY AVE. SE WASHINGTON, DC 20003		1	136,641.
TOTAL TO FORM 990, PART I, LINE 6A			136,641.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MECHANICAL SERVICE EXPENSE		12,732.	
TELEPHONE		697.	
PROPERTY MANAGEMENT		10,800.	
MAINTENANCE/REPAIRS		10,361.	
JANITORIAL SERVICES		9,996.	
UTILITIES		10,826.	
BANK CHARGES		101.	
TAXES		14,514.	
DEPRECIATION		22,968.	
- SUBTOTAL -	1		92,995.
TOTAL TO FORM 990, PART I, LINE 6B			92,995.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
ANNUAL DINNER	170,389.	124,688.	45,701.	152917.	-107,216.	
TO FM 990, PART I, LINE 9	170,389.	124,688.	45,701.	152917.	-107,216.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
PRIOR PERIOD ADJUSTMENT		192,771.	
TOTAL TO FORM 990, PART I, LINE 20		192,771.	

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONSULTANTS	5,530.	3,700.		1,830.	
COMMISSION/CREDIT CARD FEES	11,402.			11,402.	
DUES & SUBSCRIPTIONS	9,328.	1,429.	7,495.	404.	
LIABILITY INSURANCE	14,732.		14,732.		
OTHER TAXES & LICENSES	29,707.		29,707.		
MAINTENANCE/REPAIRS	67,211.		67,211.		
OFFICE EXPENSE	7,205.	797.	3,274.	3,134.	
PROMOTION & ADVERTISING	81,493.	65,779.	7,807.	7,907.	
PUBLIC RELATIONS	55,703.	50,047.	25.	5,631.	
RESEARCH & INFORMATION SERVICES	46,452.	46,218.	234.		
LIBRARY PROJECT	110,296.	110,296.			
CIVIL RIGHTS HONORARIUM	0. 3,000.			3,000.	
PROFESSIONAL FEES	47,078.	21,969.	25,109.		
CONTRACT WAGES	8,020.	6,770.	750.	500.	
CASUAL LABOR	223.	150.	73.		
CAIR CHAPTERS	41,936.		41,936.		
UTILITIES	21,785.		21,785.		
FUNDRAISING	70,397.			70,397.	
BANK SERVICE CHARGES	5.		5.		
SECURITY SERVICES	437.	437.			
RENTAL DEPRECIATION ADJUSTMENT	-22,968.		-22,968.		
ANNUAL DINNER ADJUSTMENT	-152,917.			-152,917.	
CASH BASIS ADJUSTMENT	-45,736.	-28,655.	-11,534.	-5,547.	
TOTAL TO FM 990, LN 43	410,319.	278,937.	185,641.	-54,259.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6  
PART III

EXPLANATION

PROTECT CIVIL RIGHTS, ENCOURAGE CIVIC PARTICIPATION AND VOTER REGISTRATION, AND ADVOCATE FOR ISSUES RELEVANT TO MUSLIMS IN NORTH AMERICA.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE/OFFICE EQUIPMENT 75%	22,247.	21,254.	993.
FURNITURE/OFFICE EQUIPMENT 10%	2,966.	2,834.	132.
FURNITURE/OFFICE EQUIPMENT 15%	4,449.	4,250.	199.
FURNITURE/OFFICE EQUIPMENT 75%	15,479.	13,407.	2,072.
FURNITURE/OFFICE EQUIPMENT 10%	2,064.	1,787.	277.
FURNITURE/OFFICE EQUIPMENT 15%	3,096.	2,681.	415.
453 NEW JERSEY/BUILDING 75%	1,535,635.	230,344.	1,305,291.
453 NEW JERSEY/BUILDING 10%	204,751.	30,713.	174,038.
453 NEW JERSEY/BUILDING 15%	307,127.	46,069.	261,058.
453 NEW JERSEY/LAND	512,000.	0.	512,000.
208 G STREET/BUILDING	143,632.	21,545.	122,087.
208 G STREET/LAND	35,908.	0.	35,908.
FURNITURE/OFFICE EQUIPMENT 75%	7,680.	5,966.	1,714.
FURNITURE/OFFICE EQUIPMENT 10%	1,024.	795.	229.
FURNITURE/OFFICE EQUIPMENT 15%	1,536.	1,194.	342.
FURNITURE/OFFICE EQUIPMENT 75%	11,850.	8,149.	3,701.
FURNITURE/OFFICE EQUIPMENT 10%	1,580.	1,086.	494.
FURNITURE/OFFICE EQUIPMENT 15%	2,370.	1,630.	740.
COMPUTERS 75%	2,561.	2,119.	442.
COMPUTERS 10%	341.	282.	59.
COMPUTERS 15%	512.	423.	89.
COMPUTER/IQBAL	1,579.	1,124.	455.
FURNITURE/OFFICE EQUIPMENT/IQBAL	754.	425.	329.
FURNITURE/OFFICE EQUIPMENT/SIEMENS	656.	370.	286.
COMPUTER/HOOPER	3,509.	2,499.	1,010.
COMPUTER/STALLION TECHNOLOGY	8,623.	6,140.	2,483.
FURNITURE/OFFICE EQUIPMENT/STAPLES	495.	279.	216.
SONY CAMERA/IQBAL 80%	2,867.	2,041.	826.
SONY CAMERA/IQBAL 20%	717.	511.	206.
INTELLECT COMPUTERS	1,033.	735.	298.
DELL COMPUTER/O.M.AHMAD	1,641.	1,168.	473.
COMPUTER/IQBAL	1,860.	1,324.	536.
COMPUTER/RASHEED	600.	427.	173.

IPAQ 3955 COMPUTER/KHAFAGI	649.	462.	187.
453 NEW JERSEY/BASIS COSTS 75%	38,524.	2,569.	35,955.
453 NEW JERSEY/BASIS COSTS 10%	5,136.	343.	4,793.
453 NEW JERSEY/BASIS COSTS 15%	7,705.	513.	7,192.
CAMERS-M. ELKOT	600.	312.	288.
COMPUTER/BAYOUMI	1,020.	530.	490.
COMPUTER/TOOR	846.	440.	406.
DELL SYSTEM-1	788.	410.	378.
DELL SYSTEM-2	658.	342.	316.
DELL SYSTEM-3	688.	358.	330.
DELL SYSTEM-4	548.	285.	263.
DELL SYSTEM-5	1,192.	620.	572.
DELL SYSTEM-6	623.	324.	299.
PRINTER-KHALID	1,084.	564.	520.
DIGITAL CAMERA	926.	66.	860.
DELL COMPUTER	1,109.	93.	1,016.
DELL COMPUTER	525.	9.	516.
LAPTOP	2,372.	474.	1,898.
PRINTER	715.	107.	608.
COMPUTER HARDWARE	100.	13.	87.
COMPUTER HARDWARE	167.	22.	145.
COMPUTER HARDWARE	709.	71.	638.
COMPUTER	1,174.	78.	1,096.
COMPUTER	669.	45.	624.
NEW ROOF-HEADQUARTERS	25,000.	1,667.	23,333.
NEW COOLING-HEADQUARTERS	22,500.	3,214.	19,286.
CAPITAL LEASE #10615	35,200.	2,347.	32,853.
CAPITAL LEASE #10612	18,859.	13,202.	5,657.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>3,013,228.</b>	<b>443,051.</b>	<b>2,570,177.</b>

FORM 990	OTHER ASSETS	STATEMENT	8
DESCRIPTION		AMOUNT	
DEPOSIT ON REAL PROPERTY PURCHASE		718,500.	
<b>TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B</b>		<b>718,500.</b>	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
RENTAL EXPENSES NETTED ON LINE 6B OF FORM 990		92,995.	
ANNUAL DINNER EXPENSES NETTED ON LINE 9B OF FORM 990		152,917.	
FASB 116 REQUIRED ADJUSTMENT		37,729.	
<b>TOTAL TO FORM 990, PART IV-A</b>		<b>283,641.</b>	

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
RENTAL EXPENSES NETTED ON LINE 6B OF FORM 990	92,995.
BAD DEBT ON NOTE RECEIVABLE NOT RECOGNIZED FOR TAX PURPOSES ON FORM 990	200,000.
ANNUAL DINNER EXPENSES NETTED ON LINE 9B OF FORM 990	152,917.
FASB 116 REQUIRED ADJUSTMENT	37,729.
CASH BASIS ADJUSTMENT	45,734.
TOTAL TO FORM 990, PART IV-B	529,375.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 11

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PUBLICATIONS PROMOTE A BETTER UNDERSTANDING OF ISLAM AND MUSLIMS
93B	CONFERENCES/SEMINARS PROVIDE TRAINING PROMOTING BETTER UNDERSTANDINGS
93C	VARIOUS SPECIAL PROJECTS TO PROMOTE BETTER UNDERSTANDING
94	MEMBERSHIP DUES MEASURES THE ORGANIZATION'S SUCCESS & BASE OF SUPPORT
97B	RENTING OUT PORTIONS OF THE BUILDING DEFRAYS THE COST OF OCCUPANCY.
101	ANNUAL DINNER PROVIDES THE OPPORTUNITY FOR SIGNIFICANT FUNDRAISING

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FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT 12

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EXPLANATION

ADDITIONAL TIME IS REQUIRED TO OBTAIN INFORMATION NECESSARY FOR THE PREPARATION OF AN ACCURATE AND COMPLETE RETURN THAT IS NOT YET AVAILABLE FROM THIRD PARTIES



• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>COUNCIL ON AMERICAN-ISLAMIC RELATIONS, INC</b>	Employer identification number <b>52-1887951</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>453 NEW JERSEY AVENUE SE</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>WASHINGTON, DC 20003</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870
- Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **THE ORGANIZATION**  
Telephone No **202-488-8787** FAX No. \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005**
- 5 For calendar year **2004**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension  
**SEE STATEMENT 12**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ **N/A**

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *[Signature]* Title CPA Date 2/12/2005

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)