

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning SEP 1, 2003 **and ending** AUG 31, 2004

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
AUTOMOTIVE DISMANTLERS & RECYCLERS ASSOCIATION

D Employer identification number
94-6102974

Number and street (or P.O. box if mail is not delivered to street address) **3975 FAIR RIDGE DRIVE** Room/suite **20**

E Telephone number
703-385-1001

City or town, state or country, and ZIP + 4
FAIRFAX, VA 22033-2924

F Accounting method: Cash Accrual
 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).

G Website: WWW.A-R-A.ORG

J Organization type (check only one) 501(c) (6) (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 1,405,765.

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.)

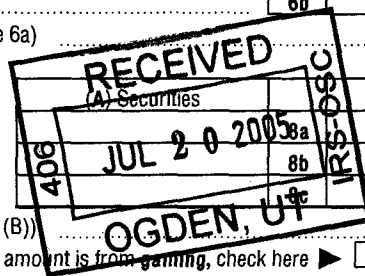
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number _____

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a		
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		475,226.
	3 Membership dues and assessments	3		552,082.
	4 Interest on savings and temporary cash investments	4		188.
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe _____)	7			
8 a Gross amount from sales of assets other than inventory	8a			
b Less: cost or other basis and sales expenses	8b			
c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11		378,269.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,405,765.	
Expenses	13 Program services (from line 44, column (B))	13		
	14 Management and general (from line 44, column (C))	14		
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		1,160,485.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	245,280.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<708,150.>	
	20 Other changes in net assets or fund balances (attach explanation)	20	0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	<462,870.>	



CANCELED AUG 12 2005

**AUTOMOTIVE DISMANTLERS & RECYCLERS
ASSOCIATION**

94-6102974

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. Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</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	165,378.		
26 Other salaries and wages	26	158,155.		
27 Pension plan contributions	27			
28 Other employee benefits	28	16,648.		
29 Payroll taxes	29	30,111.		
30 Professional fundraising fees	30			
31 Accounting fees	31	38,338.		
32 Legal fees	32	49,142.		
33 Supplies	33	3,045.		
34 Telephone	34	15,255.		
35 Postage and shipping	35	11,553.		
36 Occupancy	36	154,212.		
37 Equipment rental and maintenance	37	1,037.		
38 Printing and publications	38	30,260.		
39 Travel	39	15,490.		
40 Conferences, conventions, and meetings	40	141,029.		
41 Interest	41	1,705.		
42 Depreciation, depletion, etc. (attach schedule) ...	42	35,766.		
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 1	43e	293,361.		
44 <small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44	1,160,485.		

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 2**

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.)

a SEE STATEMENT 2	

_____) _____
b _____	

_____) _____
c _____	

_____) _____
d _____	

_____) _____
e Other program services (attach schedule)) _____
f Total of Program Service Expenses (should equal line 44, column (B), Program services)) _____

**AUTOMOTIVE DISMANTLERS & RECYCLERS
ASSOCIATION**

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	
Assets	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	196,101.	46	207,540.	
	47 a Accounts receivable	47a	53,164.		
	b Less: allowance for doubtful accounts	47b		47c	
			56,629.	53,164.	
	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			50	
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		49,921.	53	18,376.
	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	218,752.			
b Less: accumulated depreciation STMT 3	57b	203,554.			
58 Other assets (describe ▶ DEPOSITS)		3,125.	58	3,125.	
59 Total assets (add lines 45 through 58) (must equal line 74)		347,327.	59	297,403.	
Liabilities	60 Accounts payable and accrued expenses	242,649.	60	58,037.	
	61 Grants payable		61		
	62 Deferred revenue	642,671.	62	532,080.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶ SEE STATEMENT 4)		170,157.	65	170,156.
66 Total liabilities (add lines 60 through 65)		1,055,477.	66	760,273.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	<708,150.>	67	<462,870.>	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <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		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		<708,150.>	73	<462,870.>
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		347,327.	74	297,403.

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.

**AUTOMOTIVE DISMANTLERS & RECYCLERS
ASSOCIATION**

Form 990 (2003)

94-6102974

Page 5

Part VI Other Information

		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? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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	X
b	If "Yes," enter the name of the organization SEE STATEMENT 6		
		and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.	
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
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 as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	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 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	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	552,082.
d	Section 162(e) lobbying and political expenditures	85d	5,426.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	55,208.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	<49,782.>
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b	501(c)(3) and 501(c)(4) organizations. 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	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed VIRGINIA		
b	Number of employees employed in the pay period that includes March 12, 2003	90b	3
91	The books are in care of THE ASSOCIATION Telephone no. 703-385-1001		
Located at 3975 FAIR RIDGE DRIVE, FAIRFAX, VA ZIP + 4 22033-2924			
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	92	N/A

**AUTOMOTIVE DISMANTLERS & RECYCLERS
ASSOCIATION**

Form 990 (2003)

94-6102974 Page 6

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	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	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a ANNUAL CONVENTION					283,086.
b PUBLICATIONS	541800	53,087.			6,136.
c CERTIFICATION					62,450.
d GOVERNMENTAL AFFAIRS					70,467.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					552,082.
95 Interest on savings and temporary cash investments			14	188.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	17,698.	
b MGMT FEES & SERVICES	541610	10,926.			17,700.
c ROYALTIES/ENDORSEMENTS			15	52,582.	
d INSURANCE ROYALTIES			15	234,250.	
e SUBLEASE INCOME			16	45,113.	
104 Subtotal (add columns (B), (D), and (E))		64,013.		349,831.	991,921.
105 Total (add line 104, columns (B), (D), and (E))					1,405,765.

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 7

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
ARA SERVICES CORPORATION	100%	ENDORSEMENTS	<98,334.>	96,658.

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).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.

Date: 2/13/05

Preparer: **GARY BEASELL** **Treas.**

Date: _____ Check if self-Preparer's SSN or PTIN: _____

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
1	LEASEHOLD IMPROVEMENTS		SL	6.00	16	9,435.			9,435.			1,572.
2	COMPUTER		SL	5.00	16	30,953.			30,953.	22,396.		4,094.
3	SOFTWARE		SL	5.00	16	139,986.			139,986.	111,405.		27,011.
4	FURNITURE & EQUIPMENT		SL	5.00	16	38,378.			38,378.	34,532.		2,544.
	* TOTAL 990 PAGE 2 DEPR					218,752.		0.	218,752.	168,333.	0.	35,221.

FORM 990 OTHER EXPENSES STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADMINISTRATIVE	23,843.			
GRAPHICS DESIGN	20,670.			
ONLINE SUBSCRIPTIONS	13,090.			
PROMOTION	13,956.			
COMMITTEES	1,489.			
GOVERNMENT AFFAIRS	75,358.			
MEMBERSHIP	7,395.			
MAGAZINE	5,712.			
COMPUTER SERVICE	8,101.			
INDEPENDENT CONTRACTORS	12,765.			
BANK FEES	4,573.			
INSURANCE	6,209.			
OFFICE EQUIPMENT LEASE	2,752.			
STORAGE	1,914.			
PROPERTY TAXES	802.			
CERTIFICATION	90,000.			
DUES & SUBSCRIPTIONS	1,272.			
MISCELLANEOUS	3,460.			
TOTAL TO FM 990, LN 43	293,361.			

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
PART III

EXPLANATION

TO PROMOTE THE USED AUTOMOTIVE PARTS RECYCLING INDUSTRY AND ITS BENEFICIAL EFFECTS ON SOCIETY BY SUPPLEMENTING AND SUPPORTING AFFILIATED ASSOCIATIONS AND PROVIDING SERVICES AND PROGRAMS OF A NATIONAL AND INTERNATIONAL SCOPE.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 3

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	9,435.	1,572.	7,863.
COMPUTER	30,953.	26,490.	4,463.
SOFTWARE	139,986.	138,416.	1,570.
FURNITURE & EQUIPMENT	38,378.	37,076.	1,302.
TOTAL TO FORM 990, PART IV, LN 57	218,752.	203,554.	15,198.

FORM 990 OTHER LIABILITIES STATEMENT 4

DESCRIPTION	AMOUNT
UNCLAIMED DIVIDENDS	166,477.
OTHER LIABILITIES	3,679.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	170,156.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BILLY ROBERTS SAME ADDRESS AS THE ASSOCIATION	PRESIDENT 10	0.	0.	0.
SKIP WELLER SAME ADDRESS AS THE ASSOCIATION	FIRST VICE PRESIDENT 10	0.	0.	0.
JIM WATSON SAME ADDRESS AS THE ASSOCIATION	SECOND VICE PRESIDENT 10	0.	0.	0.
GARY BEAGELL SAME ADDRESS AS THE ASSOCIATION	SECRETARY 10	0.	0.	0.
KEN HORN SAME ADDRESS AS THE ASSOCIATION	IMMEDIATE PAST PRESIDENT 10	0.	0.	0.
CHRIS WRIGHT SAME ADDRESS AS THE ASSOCIATION	REGION 1 DIRECTOR 2	0.	0.	0.
RANDY REITMAN SAME ADDRESS AS THE ASSOCIATION	REGION 2 DIRECTOR 2	0.	0.	0.
BOB PHELPS SAME ADDRESS AS THE ASSOCIATION	REGION 3 DIRECTOR 2	0.	0.	0.
DOUG REINERT SAME ADDRESS AS THE ASSOCIATION	REGION 4 DIRECTOR 2	0.	0.	0.
STEVEN HENDERSON SAME ADDRESS AS THE ASSOCIATION	REGION 5 DIRECTOR 2	0.	0.	0.
PAT HUESERS SAME ADDRESS AS THE ASSOCIATION	REGION 6 DIRECTOR 2	0.	0.	0.

AUTOMOTIVE DISMANTLERS & RECYCLERS ASSOC

94-6102974

DAMON DAVIS SAME ADDRESS AS THE ASSOCIATION	REGION 7 DIRECTOR 2	0.	0.	0.
SANDY BLALOCK SAME ADDRESS AS THE ASSOCIATION	REGION 8 DIRECTOR 2	0.	0.	0.
LINDA PITMAN SAME ADDRESS AS THE ASSOCIATION	REGION 9 DIRECTOR 2	0.	0.	0.
MANUEL SOUZA, JR. SAME ADDRESS AS THE ASSOCIATION	REGION 10 DIRECTOR 2	0.	0.	0.
DAVID GOLD SAME ADDRESS AS THE ASSOCIATION	REGION 11 DIRECTOR 2	0.	0.	0.
DON CHARLTON SAME ADDRESS AS THE ASSOCIATION	REGION 12 DIRECTOR 2	0.	0.	0.
ROGER FRY SAME ADDRESS AS THE ASSOCIATION	REGION 13 DIRECTOR 2	0.	0.	0.
LAWRIE BEACHAM SAME ADDRESS AS THE ASSOCIATION	REGION 14 DIRECTOR 2	0.	0.	0.
GEORGE ELIADES, CAE SAME ADDRESS AS THE ASSOCIATION	EXECUTIVE VICE PRESIDENT 40	80,377.	1,691.	0.
WILLIAM STEINKULLER SAME ADDRESS AS THE ASSOCIATION	PAST EXE. VICE PRESIDENT 40	85,001.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		165,378.	1,691.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 6
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
ARA SCHOLARSHIP FOUNDATION	X	
ARA SERVICES CORPORATION		X
ARA EDUCATIONAL FOUNDATION	X	

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 7

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	A SEMI-ANNUAL MEETING OF THE ASSOCIATION'S MEMBERSHIP HELD TO DISCUSS THE LATEST TECHNOLOGY REGARDING THE AUTOMOTIVE RECYCLING INDUSTRY.
93B	RECEIPTS FROM SALES OF VARIOUS PUBLICATIONS, ALL OF WHICH SERVE TO EDUCATE THE MEMBERS AND PUBLIC ABOUT THE INDUSTRY.
93C	THE CAR PROGRAM PROVIDES A MEASURE FOR GENERAL BUSINESS, ENVIRONMENTAL, SAFETY AND LICENSING AND REGULATORY STANDARDS IN THE AUTOMOTIVE PART RECYCLING INDUSTRY.
93D	INCOME USED TO SUPPORT INDUSTRY WEBSITE.
94	DUES ARE RECEIVED IN EXCHANGE FOR MEMBER BENEFITS WHICH ENABLE THE ARA TO PROVIDE INDUSTRY RELATED INFORMATION, RESEARCH & SERVICES.
103B	THE ASSOCIATION PROVIDES SERVICES TO TWO OTHER ORGANIZATIONS WHICH SHARE SIMILAR EXEMPT PURPOSES.

• 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).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization AUTOMOTIVE DISMANTLERS & RECYCLERS ASSOCIATION	Employer identification number 94-6102974
	Number, street, and room or suite no. If a P.O. box, see instructions. 3975 FAIR RIDGE DRIVE, NO. 20	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAIRFAX, VA 22033-2906	

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.

- 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 JULY 15, 2005

5 For calendar year _____, or other tax year beginning SEP 1, 2003 and ending AUG 31, 2004

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
ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION TO COMPLETE AN ACCURATE RETURN.

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 Title Manager Date 4/13/05

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 the 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

EXTENSION APPROVED

APR 29 2005

Director _____ By: _____ Date _____ FIELD DIRECTOR

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 JOHNSON LAMBERT & CO.
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 11710 PLAZA AMERICA DRIVE, SUITE 300
	City or town, province or state, and country (including postal or ZIP code) RESTON, VA 20190

Form 8868
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously used Form 8868.

COPY

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization AUTOMOTIVE DISMANTLERS & RECYCLERS ASSOCIATION	Employer identification number 94-6102974
	Number, street, and room or suite no. If a P.O. box, see instructions. 3975 FAIR RIDGE DRIVE, NO. 20	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAIRFAX, VA 22033-2906	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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 will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until APRIL 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning SEP 1, 2003, and ending AUG 31, 2004

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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 or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. 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 ▶ [Handwritten Signature] CPA Title ▶ Manager Date ▶ 1/17/05

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)