

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2005 calendar year, or tax year beginning , 2005, and ending

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.	C Name of organization THE COSMETIC, TOILETRY AND FRAGRANCE ASSOCIATION, INC.		D Employer identification number 13-1390920
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number (202) 331-1770
		1101 17TH STREET, NW 300		Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036-4702		

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? Yes No (If "No," attach a list. See instructions.)

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.CTFA.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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

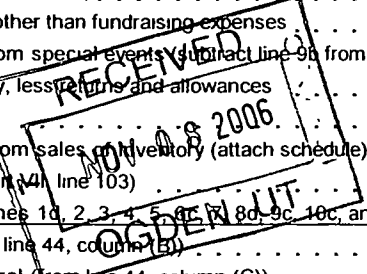
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 16,177,376.

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

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		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		3,685,751.
	3	Membership dues and assessments	3		8,947,412.
	4	Interest on savings and temporary cash investments	4		590,526.
	5	Dividends and interest from securities	5		
	6a	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			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
		(B) Other	8b		
			8c		
			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			
10a	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 IV, line 103)	11		2,953,687.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		16,177,376.	
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		20,352,998.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		-4,175,622.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		11,891,701.
	20	Other changes in net assets or fund balances (attach explanation) STMT. 1	20		-946,151.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		6,769,928.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	6,280,715.			
26	Other salaries and wages	4,337,408.			
27	Pension plan contributions	1,197,361.			
28	Other employee benefits	755,742.			
29	Payroll taxes	451,488.			
30	Professional fundraising fees				
31	Accounting fees	81,234.			
32	Legal fees	378,512.			
33	Supplies	145,507.			
34	Telephone	54,029.			
35	Postage and shipping	50,972.			
36	Occupancy	722,260.			
37	Equipment rental and maintenance	109,631.			
38	Printing and publications	893,690.			
39	Travel	353,482.			
40	Conferences, conventions, and meetings	1,192,185.			
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	158,141.			
43	Other expenses not covered above (itemize)	STMT 2			
a	MISCELLANEOUS	35,877.			
b	INTERESTED PARTIES	729,134.			
c	SPECIAL ASSESSMENTS	1,433,904.			
d	CONSULTING	224,191.			
e	REGULATORY PROGRAMS	536,880.			
f	RESEARCH	230,655.			
g					
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	20,352,998.			

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 (See the instructions)

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.

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

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 RESEARCH: CONDUCT SCIENTIFIC STUDIES ON SUBJECTS & INTERESTS OF THE INDUSTRY.

(Grants and allocations \$) If this amount includes foreign grants, check here

b MEETINGS & CONVENTIONS: PROVIDE EDUCATIONAL OPPORTUNITIES TO LEARN OF NEW OR PROPOSED DEVELOPMENTS & REGULATIONS AFFECTING THE INDUSTRY.

(Grants and allocations \$) If this amount includes foreign grants, check here

c LEGISLATIVE: REPRESENT THE INDUSTRY'S POSITION & PRACTICES TO REGULATORY & LEGISLATIVE BODIES.

(Grants and allocations \$) If this amount includes foreign grants, check here

d PUBLICATIONS: PUBLISH REFERENCE BOOKS & MATERIALS REGARDING INGREDIENTS, RESOURCES, COLOR & SAFETY FOR THE BENEFIT OF THE INDUSTRY.

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Part IV Balance Sheets (See the instructions.)

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	3,828,205.	45	400,892.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	119,817.		
	b Less allowance for doubtful accounts		143,267.	47c 119,817.
	48a Pledges receivable			
	b Less allowance for doubtful accounts			48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts			51c
	52 Inventories for sale or use	482,046.	52	500,499.
	53 Prepaid expenses and deferred charges	258,472.	53	495,506.
	54 Investments - securities (attach schedule) STMT 4. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	20,821,919.	54	10,493,766.
	55a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)			55c
56 Investments - other (attach schedule)			56	
57a Land, buildings, and equipment basis STMT 5	1,608,969.			
b Less accumulated depreciation (attach schedule)	1,288,527.	285,492.	57c 320,442.	
58 Other assets (describe <input type="checkbox"/> STMT 6)	417,448.	58	1,458,096.	
59 Total assets (must equal line 74) Add lines 45 through 58	26,236,849.	59	13,789,018.	
Liabilities	60 Accounts payable and accrued expenses	1,726,356.	60	3,938,383.
	61 Grants payable		61	
	62 Deferred revenue	3,616,890.	62	2,844,832.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
65 Other liabilities (describe <input type="checkbox"/> STMT 7)	9,001,902.	65	235,875.	
66 Total liabilities. Add lines 60 through 65	14,345,148.	66	7,019,090.	
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	7,918,865.	67	6,769,928.
	68 Temporarily restricted	3,972,836.	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)	11,891,701.	73	6,769,928.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	26,236,849.	74	13,789,018.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 53
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships?
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?
d Does the organization have a written conflict of interest policy?

Table with 2 columns: Yes, No. Rows 75b, 75c, 75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions)

- 76 Did the organization engage in any activity not previously reported to the IRS?
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80a 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?
80b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures (See line 81 instructions)
81b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 80b, 81a, 81b.

Part VI Other Information (continued)

		Yes	No
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?	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).		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X
85 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		X
85 c	Dues, assessments, and similar amounts from members		
85 c			7,973,412.
85 d	Section 162(e) lobbying and political expenditures		
85 d			1,070,232.
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 e			398,671.
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 f			671,561.
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		X
85 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?	X	
86 a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86 a			N/A
86 b	Gross receipts, included on line 12, for public use of club facilities		
86 b			N/A
87 a	501(c)(12) orgs Enter a Gross income from members or shareholders		
87 a			N/A
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87 b			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		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911		
89 a			N/A
89 a	Enter Amount of tax imposed on the organization during the year under section 4912		
89 a			N/A
89 a	Enter Amount of tax imposed on the organization during the year under section 4955		
89 a			N/A
89 b	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		N/A
89 c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
89 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		
90 a			DC
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		43
91 a	The books are in care of		THE CORPORATION
91 a	Telephone no		202-331-1770
91 a	Located at		1101 17TH ST., NW, SUITE 300 WASHINGTON, DC
91 a	ZIP + 4		20036-4702
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
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		
92			N/A

Part VII Analysis of Income-Producing Activities (See 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) Exclusion code	(D) Amount	
93 Program service revenue					
a MEETINGS & CONF.					1,314,169.
b PUBLICATIONS	541800	288,595.			1,353,853.
c INT. PARTIES PROG.					729,134.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					8,947,412.
95 Interest on savings and temporary cash investments			14	590,526.	
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					
b STMT 10				1,433,904.	1,519,783.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		288,595.		2,024,430.	13,864,351.
105 Total (add line 104, columns (B), (D), and (E))					16,177,376.

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 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)
▼	STMT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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)

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.

Please Sign Here

Signature of officer: *Pamela G. Bailey* Date: 11/2/06

Type or print name and title: PAMELA G. BAILEY PRESIDENT

Paid Preparer's Use Only

Preparer's signature: *Margaret Allen Bradshaw, CPA* Date: 11/1/06

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. V):

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP, 2010 CORPORATE RIDGE, SUITE 400, MCLEAN, VA 22102

EIN: Phone no: 703-847-7500

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
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DESCRIPTION -----	AMOUNT -----
NET UNREALIZED LOSS ON INVESTMENT	177,219.
CHANGE IN MINIMUM PENSION LIABILITY	415,981.
PRIOR PERIOD ADJUSTMENT	352,951.

TOTAL	946,151.
	=====

Description of Property															
DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FIXED ASSETS	VAR	1,608,969.	100.000			1,608,969.	1,130,386.	1,288,527.							158,141.
Less Retired Assets															
Subtotals		1,608,969.				1,608,969.	1,130,386.	1,288,527.							
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS		1,608,969.				1,608,969.	1,130,386.	1,288,527.							158,141.
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life					Current-year amortization
TOTALS															

*Assets Retired
JSA
5X8024 1 000

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
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REPRESENT INTEREST OF COSMETIC, TOILETRY & FRAGRANCE INDUSTRY

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
CASH & CASH EQUIVALENTS	1,491,546.	FMV
GOVERNMENT SECURITIES	6,905,108.	FMV
EQUITY MUTUAL FUNDS	2,023,509.	FMV
ACCRUED INTEREST	73,603.	FMV
TOTALS	----- 10,493,766. =====	

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

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FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
FIXED ASSETS		1,608,969.			1,608,969.	1,130,386.	158,141.		1,288,527.
TOTALS		1,608,969.			1,608,969.	1,130,386.			1,288,527.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION

ENDING
BOOK VALUE

DUE FROM AFFILIATE
PREPAID PENSION

84,653.
1,373,443.

TOTALS

1,458,096.
=====

FORM 990, PART IV - OTHER LIABILITIES

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DESCRIPTION	ENDING BOOK VALUE
-----	-----
SUPPLEMENTAL RETIREMENT LIAB.	235,875.
TOTALS	----- 235,875. =====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
CHANGE IN MINIMUM PENSION LIAB	415,980.
TOTAL	415,980.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
PAMELA G. BAILEY 1101 17TH STREET, NW 300 WASHINGTON, DC 20036-4702	PRESIDENT 36	1,099,219.	462,034.	NONE
EDWARD KAVANAUGH 1101 17TH STREET, NW 300 WASHINGTON, DC 20036-4702	PRESIDENT 35	4,573,922.	8,579,323.	NONE
	GRAND TOTALS	5,673,141.	9,041,357.	NONE
		=====	=====	=====

FORM 990, PART VII - OTHER REVENUE

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DESCRIPTION -----	BUSINESS CODE -----	AMOUNT -----	EXCLUSION CODE -----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
MISCELLANEOUS					59,300.
FREE SALE CERT.					1,421,672.
INTERESTED PARTY					30,843.
WORK YOUR IMAGE					7,968.
CALIFORNIA ASSESS.			01	1,421,653.	
SPECIAL ASSESSMENT			01	12,251.	
		-----		-----	-----
TOTALS		=====		=====	=====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES
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LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
---	-----
93A	EDUCATES INDUSTRY ON NEW OR PROPOSED REGULATORY ACTIONS, PRACTICES SCIENTIFIC ADVANCES
93B	PROVIDES RECOGNIZED SOURCE FOR TECHNICAL/SCIENTIFIC DATA, REGULATORY REQUIRMENTS, ETC.
93C	REPRESENTS RESEARCH PROGRAMS CONDUCTED ON BEHALF OF A SPECIFIC MEMBER OR GROUP OF MEMBERS AT SUCH MEMBER'S REQUEST
94	PROVIDES MEMBER BENEFITS SUCH AS TECHNICAL REGULATION NOTES, PROMOTION OF SAFE PRODUCTS, EDUCATIONAL MATERIALS, SCIENTIFIC NEEDS & INTERESTS, EFFECTS THE INTERNATIONAL ACTIVITIES, ETC
103A	PROVIDES SOURCE OF MATERIALS, ETC
103B	PROVIDES FOREIGN REGULATORY ASSISTANCE TO THE INDUSTRY
103C	FACILITATES MEMBERS TO ENGAGE IN INITIATIVES THAT ARE OF MUTUAL INTEREST TO INDUSTRY PARTICIPANTS
103D	PUBLIC AWARENESS PROGRAM ON THE IMPORTANCE OF WORK AND IMAGE

CTFA BOARD OF DIRECTORS

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Ian Cook President, Colgate US Colgate-Palmolive	James Kenton President, Beiersdorf NA Beiersdorf, Inc.	Michael Powell President Colomer Group	Kenneth Wessel President Wessel Fragrances
Neil DeFeo President & CEO Playtex Products, Inc.			

*Chair

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The Cosmetic, Toiletry, and Fragrance Association, Inc. (the Foundation),
The Cosmetic, Toiletry, and Fragrance Political Action Committee (the Federal PAC),
The Cosmetic, Toiletry, and Fragrance California Political Action Committee (the State
PAC).

EXHIBIT 2

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 <u>THE COSMETIC, TOILETRY AND FRAGRANCE ASSOCIATION, INC.</u>	Employer identification number <u>13-1390920</u>
	Number street, and room or suite no If a P O box, see instructions <u>1101 17TH STREET, NW 300</u>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <u>WASHINGTON, DC 20036-4702</u>	

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

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 CORPORATION
Telephone No 202 331-1770 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 11/15/2006
- 5 For calendar year 2005, 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 ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND 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 \$ _____

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 *David Cottone* Title CPA/agent Date 8/14/06

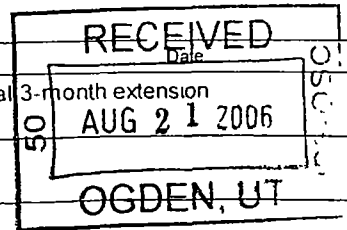
Notice to Applicant - To Be Completed by the IRS

- 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 _____

By _____ 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 <u>GRANT THORNTON LLP ATTN: DAVID COTTONE</u>
	Number and street (include suite, room, or apt. no) or a P O. box number <u>2010 CORPORATE RIDGE, SUITE 400</u>
	City or town, province or state, and country (including postal or ZIP code) <u>MCLEAN, VA 22102</u>



Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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).

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

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

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization	THE COSMETIC, TOILETRY AND FRAGRANCE ASSOCIATION, INC.	Employer identification number	13-1390920
	Number, street, and room or suite no. If a P.O. box, see instructions			
	1101 17TH STREET, NW		300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
WASHINGTON, DC 20036-4702				

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 |

• The books are in the care of ▶ THE CORPORATION

Telephone No. ▶ 202 331-1770 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 will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 08/15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2005 or

▶ tax year beginning _____, and ending _____

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 _____ \$ -0-

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.