

DELINQUENT RETURN SECURED BY EOCU

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section containing organization details: COUNCIL ON AMERICAN ISLAMIC RELATIONS, 202 E. MCDOWELL RD, PHOENIX, AZ 85004. Includes fields for address change, name change, and website (WWW CAIRAZ ORG).

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

Table with 21 rows detailing financial data. Revenue section includes contributions (136,070), program service revenue (10,041), and other income. Expenses section includes program services (45,016), management (56,840), and fundraising (25,038). Total revenue is 146,111 and total expenses is 126,894, resulting in a net asset increase of 19,217.

SCANNED JUN 04 2009

RECEIVED OSC 102 APR 21 2009 IRS OGDEN, UTAH RECEIVED FEB 2 2009 EOCU IRS OGDEN, UTAH

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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 \$ 1,900 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	1,900	1,900		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	56,281	27,397	28,884	
26	Other salaries and wages	0			
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	6,113		6,113	
30	Professional fundraising fees	0			
31	Accounting fees	0			
32	Legal fees	0			
33	Supplies	4,482		4,482	
34	Telephone	3,717	545	3,172	
35	Postage and shipping	303		303	
36	Occupancy	7,680		7,680	
37	Equipment rental and maintenance	0			
38	Printing and publications	775	775		
39	Travel	998	998		
40	Conferences, conventions, and meetings	740	740		
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	0	0	0	0
43	Other expenses not covered above (itemize)				
a	See attached statement	43,905	12,661	6,206	25,038
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	126,894	45,016	56,840	25,038

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 \$ 0, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

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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? ► PROTECT MUSLIM CIVIL RIGHTS & EDUCATION 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 GUEST SPEAKER/DIVERSITY/SENSITIVITY TRAINING - 50 OCCURANCES, ATTENDEES FROM 10-50 WITH PUBLICATION DISTRIBUTION MEDIA MEETING/INTERVIEW & PRESS CONFERENCES - 30 OCCURANCES _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	8,924
b SOCIAL ISSUES/SOCIAL JUSTICE/PEACE ACTIVITIES - 35 OCCURANCES, ATTENDEES 1-50 WITH PUBLICATION DISTRIBUTION, POLITICIAN AND LAW ENFORCEMENT MEETING/EVENTS - 43 OCCURANCES 10-50 ATTENDEES WITH PUBLICATION DISTRIBUTION _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	12,543
c DIVERSITY EVENTS/PROGRAMS - 26 OCCURANCES VARYING ATTENDEES WITH MINOR PUBLICATION DISTRIBUTION, EVENTS OUTSIDE OF MARICOPA COUNTY - 15 OCCURANCES - 150 ATTENDEES PUBLICATIONS DISTRIBUTIONS _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	9,688
d CIVIL RIGHTS CASES, INCIDENTS REPORTS, COUNSELING AND REFERRALS WITH MINOR PUBLICATION DISTRIBUTION _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	13,861
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	45,016

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)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	-240	45	18,973
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	21,944	47c 0
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50 0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54 0
	55 a Investments—land, buildings, and equipment basis	55a 0		
b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0	
56 Investments—other (attach schedule)		2,034	56 2,034	
57 a Land, buildings, and equipment, basis	57a 0			
b Less: accumulated depreciation (attach schedule)	57b 0	0	57c 0	
58 Other assets (describe <input type="checkbox"/> See attached statement)		0	58 2,615	
59 Total assets (must equal line 74) Add lines 45 through 58		23,738	59	21,622
Liabilities	60 Accounts payable and accrued expenses	2,953	60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
65 Other liabilities (describe <input type="checkbox"/> See attached statement)	0	65	4,538	
66 Total liabilities. Add lines 60 through 65		2,953	66	4,538
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	20,785	70	17,084
	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)		20,785	73	17,084
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		23,738	74	21,622

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12) Add lines c and d		e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17) Add lines c and d		e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was the officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(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 plans	(E) Expense account and other allowances
Name SEE ATTACHED Str City ST ZIP	Title Hr/WK	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 13
75 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? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).
75 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? Note. Related organizations include section 509(a)(3) supporting organizations.
75 d Does the organization have a written conflict of interest policy?

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. Multiple rows for listing individuals.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.
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.
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b 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? If "Yes," attach a statement
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?
80 b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81 a Enter direct and indirect political expenditures (See line 81 instructions.)
81 b Did the organization file Form 1120-POL for this year?

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Part VI Other Information (continued)

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?

Table with columns Yes, No and rows 82a, 82b, 83a, 83b, 84a, 84b, 85a, 85b, 85c, 85d, 85e, 85f, 85g, 85h, 86a, 86b, 87a, 87b, 88, 89a, 89b, 90a, 90b, 91a, 91b, 91c, 92

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?

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

84 a Did the organization solicit any contributions or gifts that were not tax deductible?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?

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

c Dues, assessments, and similar amounts from members

85c

d Section 162(e) lobbying and political expenditures

85d

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f 0

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

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?

85h

86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.

86a

b Gross receipts, included on line 12, for public use of club facilities

86b

87 501(c)(12) orgs. Enter: a Gross income from members or shareholders

87a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

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

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) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction

89b

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 AZ

b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)

90b

91 a The books are in care of Name SHADEH ATSHAN Telephone no 602-503-1404 Located at City ST ZIP + 4

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)?

Table with columns Yes, No and rows 91b, 91c

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the United States?

If "Yes," enter the name of the foreign country

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

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (BANQUET PROGRAM), Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue. Subtotal and Total are 10,041 and 10,041 respectively.

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)

Table with 2 columns: 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. Row 93A: THE BANQUET'S PURPOSE WAS TO EDUCATE THE PUBLIC AND THE ORGANIZATIONS MEMBERS ON MUSLIM RIGH

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

Table with 5 columns: (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. All entries are 0.

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 [X] No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? [] Yes [X] No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Declaration section: 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: Mohamed El-Sharkawy, Date: 12/20/09
Type or print name and title: Mohamed El-Sharkawy - Chairman of the Board
Preparer's signature: [Signature], Date: 11/14/2008, Check if self-employed: [], Preparer's SSN or PTIN: P00454730
Firm's name (or your name if self-employed), address, and ZIP + 4: SWC BUSINESS ENTERPRISES, PC, 5743 E THOMAS RD #6, SCOTTSDALE, AZ 85251
EIN: 20-1485000, Phone no: (602) 357-3275

Form 990 (2005)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

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

Name of the organization

COUNCIL ON AMERICAN ISLAMIC RELATIONS

Employer identification number

86-1045521

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total number of other employees paid over \$50,000	0	0	0	0

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services	0	0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		0
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services	0	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

Part III Statements About Activities (See page 2 of the instructions)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities and organizational operations.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

- List of reasons for non-private foundation status including: 6. A church, convention of churches... 7. A school... 8. A hospital... 9. A medical research organization... 10. An organization operated for the benefit of a college... 11a. An organization that normally receives a substantial part of its support from a governmental unit... 11b. A community trust... 12. An organization that normally receives (1) more than 33 1/3% of its support from contributions... 13. An organization that is not controlled by any disqualified persons...

Table for supported organizations with columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14. An organization organized and operated to test for public safety Section 509(a)(4). (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					0
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	0	0	0	0	0
24 Line 23 minus line 17	0	0	0	0	0
25 Enter 1% of line 23	0	0	0	0	0

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24

26a	0
26b	
26c	0
26d	0
26e	0
26f	0 00%

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test. Enter line 24, column (e)

d Add Amounts from column (e) for lines 18 0 19 0
 22 0 26b 0

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year

(2004) (2003) (2002) (2001)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2004) (2003) (2002) (2001)

c Add Amounts from column (e) for lines: 15 0 16 0
 17 0 20 0 21 0

d Add Line 27a total 0 and line 27b total 0

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 0 27f 0

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c	0
27d	0
27e	0
27g	0 00%
27h	0 00%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Admissions policies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Employment of faculty or administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Scholarships or other financial assistance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Educational policies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Use of facilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g Athletic programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) (To be completed ONLY by an eligible organization that filed Form 5768)

Check a [] if the organization belongs to an affiliated group Check b [] if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with columns for line numbers (36-44), descriptions of lobbying expenditures, and columns (a) Affiliated group totals and (b) To be completed for ALL electing organizations. Includes a caution note at the bottom.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (or fiscal year beginning in) and sub-columns (a) 2005, (b) 2004, (c) 2003, (d) 2002, and (e) Total. Rows include lines 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (Add lines c through h)

Table with columns Yes, No, and Amount for each activity listed in the previous block.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

COUNCIL ON AMERICAN ISLAMIC RELATIONS

86-1045521

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Direct public support		
1 Contributions	136,070	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5		5
6		6
7		7
8		8
9		9
10 Total	136,070	10 0
Line 1b - Indirect public support		
Line 1c - Government contributions (grants)		

ONS.

allocations

Grantee's name	Address	City	State	Zip code	Foreign Country	Am
KindHearts		Phoenix	AZ			
East Valley Interfaith	1365 E. Elliot Rd	Tempe	AZ	85284		
ICEV	425 N. Alma School Rd	Chandler	AZ	85224		



NCIL ON AMERICAN ISLAMIC RELATIONS

86-1045521

Line 43 (990) - Other Deductions

43,905

12,661

6,206

25,038

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 DUES AND SUBSCRIPTIONS	2,631		2,631	
2 INSURANCE	298		298	
3 MERCHANT FEES	2,399		2,399	
4 MISCELLANEOUS	0			
5 INTERNET	578		578	
6 WEBSITE	300		300	
7 ADVERTISEMENT	1,173	1,173		
8 AUTOMOBILE	103	103		
9 FURDRAISING	25,038			25,038
10 PROGRAM EXPENSE	11,385	11,385		
11	0			
12	0			
13	0			
14	0			
15	0			
16	0			
17	0			
18	0			
19	0			
20	0			



CIL ON AMERICAN ISLAMIC RELATIONS

86-1045521

Line 47 (990) - Accounts receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 A/R	1	21,944			
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	21,944	0	0	0

Line 56 (990) - Other Investments

Check one box to indicate how investments are listed:

Cost

End of year market value (FMV)

		Book value	Beginning	End
		FMV	FMV	FMV
1 INVESTMENTS	1	2,034	2,034	2,034
2	2			0
3	3			0
4	4			0
5	5			0
6	6			0
7	7			0
8	8			0
9	9			0
10	10			0
11 Total other investments	11	2,034	2,034	2,034

ON AMERICAN ISLAMIC RELATIONS

86-1045521

Line 58 (990) - Other assets

		0	2,615
		Beginning	End
1	in kind Donations		2,535
2	UNDEPOSITED FUNDS		-80
3			
4			
5			
6			
7			
8			
9			
10			



L ON AMERICAN ISLAMIC RELATIONS

86:1045521

Line 65 (990) - Other liabilities

		0	4,538
		Beginning	End
1	PAYROLL LIABILITIES		4,298
2	MEMBERSHIP NATIONAL		240
3			
4			
5			
6			
7			
8			
9			
10			



Address	Title	Average work hours per week	Compensation	Contribution to Emp Benefit Plan	Expense Account
		40	27,938	N/A	N/A
Elatari	10800 E Cactus #14, Scottsdale, AZ	40	9,333	N/A	N/A
Immed Abuhannoud	2121 W Main St #3008, Mesa, AZ	0	0	N/A	N/A
ueline Ennaffah	202 E McDowell, Phx, AZ	0	0	N/A	N/A
zia Tung	4328 W Pleasant Ln Laveen, AZ	40	14,295	N/A	N/A
tra Khan	10401 W Roanoke, Avondale, AZ	40	4,719	N/A	N/A
m Safi	202 E McDowell, Phx, AZ	0	0	N/A	N/A
amed El-Sharkawy	2510 Granite View, Phx, AZ	0	0	N/A	N/A
man Mohamed	1408 W Heather Ave, Gilbert, AZ	0	0	N/A	N/A
ii Rahai	202 E McDowell, Phx	0	0	N/A	N/A
deh Alshan	202 E McDowell, Phx	0	0	N/A	N/A
san El-Saad	368 W Verde Ln, Tempe	0	0	N/A	N/A
m Ameer	202 E McDowell, Phx	0	0	N/A	N/A
san Ahmad	202 E McDowell, Phx	0	0	N/A	N/A
kar Cortez	202 E McDowell, Phx	0	0	N/A	N/A



05/06/2009 12:27 PM - 0441637415

Case rerouted.
To Stop #: 6054; Attn: BATCHING; From Stop #: 6900; Comments: PROCESS BOTH RETURNS

05/06/2009 12:27 PM - SYSTEM

Expired from Reroute. Manager. 0442405511 Workleader: 0441674133

05/04/2009 08:30 PM - SYSTEM

Generated a 2645C letter.

05/02/2009 12:14 PM - 0441637415

Case not marked as statute searched

05/02/2009 11:35 AM - 0441805355

Case Assigned from 0438900001 to 0441637415

05/02/2009 11:31 AM - SYSTEM

Case Assigned

CIS7J8VL7K

Document Page Count: 50

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