

Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax
 Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust
 The organization may have to use a copy of this return to satisfy state reporting requirements

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2000 calendar year, or tax year period beginning _____, and ending _____

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

C Name of organization: **CAIR MICHIGAN, INC**
 Number and street (or P.O. box if mail is not delivered to street address): **28820 SOUTHFIELD RD.**
 Room/suite: **126**
 City or town, state or country, and ZIP code: **LATHRUP VILLAGE MI 48076**

D Employer ID number: **38-3534607**

E Telephone number: **248-797-6604**

F Check if application pending

G Org. type (check only one): 501(c)(3) (3) 527 or 4947(a)(1)

H Note: H and I are not applicable to section 527 orgs.
 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," att. a list. See instr.)
 H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 I Enter 4-digit group exemption no. (GEN): _____

J Accounting method: Cash Accrual Other (specify) _____

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 Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

| | | | | |
|------------|--|----------------|----------------|----------------|
| 1 | Contributions, gifts, grants, and similar amounts received: | | | |
| a | Direct public support | 1a | 130,846 | |
| b | Indirect public support | 1b | | |
| c | Government contributions (grants) | 1c | | |
| d | Total (add lines 1a through 1c) (cash \$ 130,846 noncash \$ _____) | 1d | | 130,846 |
| 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | |
| 3 | Membership dues and assessments | 3 | | |
| 4 | Interest on savings and temporary cash investments | 4 | | |
| 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 | (B) Other | |
| b | Less: cost or other basis and sales expenses | 8a | | |
| c | Gain or (loss) (attach schedule) | 8b | | |
| d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8c | | |
| 8d | | | | |
| 9 | Special events and activities (attach schedule) | | | |
| 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 (att. sch.) (subtract line 10b from line 10a) | 10c | | |
| 11 | Other revenue (from Part VII, line 103) | 11 | | |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | 130,846 |
| 13 | Program services (from line 44, column (B)) | 13 | | 59,092 |
| 14 | Management and general (from line 44, column (C)) | 14 | | 59,644 |
| 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 | | 118,736 |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | | 12,110 |
| 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | |
| 20 | Other changes in net assets or fund balances (attach explanation) | 20 | | |
| 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | | 12,110 |

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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 Specific Instructions on page 20.)

| 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) Stmt 1 (cash \$ 2,272 non-cash \$) | 22 | 2,272 | 2,272 | |
| 23 | Specific assistance to individuals | 23 | | | |
| 24 | Benefits paid to or for members | 24 | | | |
| 25 | Compensation of officers, directors, etc. | 25 | 22,746 | 22,746 | |
| 26 | Other salaries and wages | 26 | 40,023 | 40,023 | |
| 27 | Pension plan contributions | 27 | | | |
| 28 | Other employee benefits | 28 | 2,529 | 2,529 | |
| 29 | Payroll taxes | 29 | 2,253 | 2,253 | |
| 30 | Professional fundraising fees | 30 | | | |
| 31 | Accounting fees | 31 | | | |
| 32 | Legal fees | 32 | 1,954 | 1,954 | |
| 33 | Supplies | 33 | 3,048 | 3,048 | |
| 34 | Telephone | 34 | 3,667 | 3,667 | |
| 35 | Postage and shipping | 35 | 3,165 | 3,165 | |
| 36 | Occupancy | 36 | 6,128 | 6,128 | |
| 37 | Equipment rental and maintenance | 37 | | | |
| 38 | Printing and publications | 38 | 15,042 | 13,632 | 1,410 |
| 39 | Travel | 39 | | | |
| 40 | Conferences, conventions, and meetings | 40 | 9,376 | 9,376 | |
| 41 | Interest | 41 | | | |
| 42 | Depreciation, depletion, etc. (att. sch.) | 42 | 4,555 | 4,555 | |
| 43 | Other expenses (itemize): a | 43a | | | |
| | b See Statement 2 | 43b | 1,978 | 1,978 | |
| | c | 43c | | | |
| | d | 43d | | | |
| | e | 43e | | | |
| 44 | Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 | 44 | 118,736 | 59,092 | 59,644 0 |

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? 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 Specific Instructions on page 23.)

| What is the organization's primary exempt purpose? | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|---|---|
| ▶ 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.) | |
| a See Statement 4 (Grants and allocations \$ 37,015) | 37,015 |
| b See Statement 5 (Grants and allocations \$ 17,638) | 17,638 |
| c PROMOTION OF INCLUSION: CONDUCTED EDUCATIONAL CAMPAIGN ABOUT POLITICAL RIGHTS FOR MINORITIES. (Grants and allocations \$ 2,167) | 2,167 |
| d DIRECT RELIEF FOR NEEDY INDIVIDUALS (Grants and allocations \$ 2,272) | 2,272 |
| e Other program services (attach schedule) (Grants and allocations \$) | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | 59,092 |

Part IV Balance Sheets (See Specific Instructions on page 23.)

| | | (A) Beginning of year | (B) End of year |
|---|--|--------------------------|--------------------|
| Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. | | | |
| 45 | Cash-non-interest-bearing | | 45 2,037 |
| 46 | Savings and temporary cash investments | | 46 |
| 47a | Accounts receivable | 47a | |
| b | Less: allowance for doubtful accounts | 47b | 47c |
| 48a | Pledges receivable | 48a | |
| b | Less: allowance for doubtful accounts | 48b | 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) | 51a | |
| b | Less: allowance for doubtful accounts | 51b | 51c |
| 52 | Inventories for sale or use | | 52 |
| 53 | Prepaid expenses and deferred charges | | 53 |
| 54 | Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54 |
| 55a | Investments-land, buildings, and equipment: basis | 55a 25,050 | |
| b | Less: accumulated depreciation (attach schedule) See Stmt 6 | 55b 4,555 | 55c 20,495 |
| 56 | Investments-other (attach schedule) | | 56 |
| 57a | Land, buildings, and equipment: basis | 57a | |
| b | Less: accumulated depreciation (attach schedule) | 57b | 57c |
| 58 | Other assets (describe) | | 58 |
| 59 | Total assets (add lines 45 through 58) (must equal line 74) | 0 | 59 22,532 |
| 60 | Accounts payable and accrued expenses | | 60 8,000 |
| 61 | Grants payable | | 61 |
| 62 | Deferred revenue | | 62 |
| 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 See Stmt 7) | | 65 2,422 |
| 66 | Total liabilities (add lines 60 through 65) | 0 | 66 10,422 |
| Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| 67 | Unrestricted | | 67 12,110 |
| 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 and column (B) must equal line 21) | 0 | 73 12,110 |
| 74 | Total liabilities and net assets / fund balances (add lines 66 and 73) | 0 | 74 22,532 |

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.

| Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.) | Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return |
|---|---|
| N/A | N/A |
| <p>a Total revenue, gains, and other support per audited financial statements ▶</p> <p>b Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify):</p> <p>\$</p> <p>Add amounts on lines (1) through (4) ▶</p> <p>c Line a minus line b. ▶</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify):</p> <p>\$</p> <p>Add amounts on lines (1) and (2) ▶</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶</p> | <p>a Total expenses and losses per audited financial statements. ▶</p> <p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify):</p> <p>\$</p> <p>Add amounts on lines (1) through (4) ▶</p> <p>c Line a minus line b. ▶</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify):</p> <p>\$</p> <p>Add amounts on lines (1) and (2) ▶</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶</p> |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contrib. to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|--|---|--|--|
| ANAN ABDELRAHMAN 4629 RAVEN DR. BLOOMFIELD, MI 48301 | PRESIDENT | 0 | 0 | 0 |
| TANVIR AHMED 411 ANTIQUE LN. BLMFIELD HLS, MI 48302 | V. PRESIDENT | 0 | 0 | 0 |
| ABDLMOUHAYMEN ALSIBAI 6511 HEATHER W. BLMFIELD, MI 48322 | TREASURER | 0 | 0 | 0 |
| LILA ALCODRAY AMEN 7333 ORCHARD, DEARBORN, MI 48126 | SECRETARY | 0 | 0 | 0 |
| RAMZI MOHAMMAD 5534 MANDALE DR. TROY, MI 48098 | MEMBER | 0 | 0 | 0 |
| HARIF GINDY 19136 ROSEWOOD. MACOMB, MI 48042 | MEMBER | 0 | 0 | 0 |
| HANI SALEM 12741 PATTON ST. DEARBORN, MI 48126 | MEMBER | 0 | 0 | 0 |
| NAJAH BAZZY 282 WOODWARD. CANTON, MI 48188 | MEMBER | 0 | 0 | 0 |
| KHALIL BAYDOUN 8536 GREENFIELD. DETROIT, MI 48228 | MEMBER | 0 | 0 | 0 |
| See Statement 8 | | | | |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
 If "Yes," attach schedule-see Specific Instructions on page 26.

***Part VI Other Information (See Specific Instructions on page 26.)**

| | N/A | 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 | | | 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. | | | X |
| 78a Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return? | | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | | X |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | | X |
| 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? | | | X |
| b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt. | | | |
| 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 | | | |
| b Did the organization file Form 1120-POL for this year? | | | X |
| 82a 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 for reporting in Part III.) | | | |
| 83a Did the organization comply with the public inspection requirements for returns and exemption applications? | | X | |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | N/A | | |
| 84a Did the organization solicit any contributions or gifts that were not tax deductible? | | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | N/A | | |
| 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | N/A | | |
| 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. | N/A | | |
| c Dues, assessments, and similar amounts from members | | | |
| d Section 162(e) lobbying and political expenditures | | | |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | | |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) | | | |
| g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | N/A | | |
| h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | N/A | | |
| 86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 | | | |
| b Gross receipts, included on line 12, for public use of club facilities | | | |
| 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders | | | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 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 |
| 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u> | | | |
| 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 | | | X |
| c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | 0 |
| d Enter: Amount of tax on line 89c, above, reimbursed by the organization | | | 0 |
| 90a List the states with which a copy of this return is filed MI | | | |
| b Number of employees employed in the pay period that includes March 12, 2000 (See instructions) | | | 2 |
| 91 The books are in care of ABDLMOUHAYMEIN ALSIBAI Telephone no. 248-569-2203 Located at LATHRUP VILLAGE, MICHIGAN ZIP code 48076 | | | |
| 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 | | | |

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

| | Unrelated business income | | Excluded by sec. 512, 513, or 514 | | (E) Related or exempt function Income |
|---|---------------------------|---------------|-----------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| Enter gross amounts unless otherwise indicated. | | | | | |
| 93 Program service revenue: | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | | | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 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 _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0 | | 0 | 0 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 0 |

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 Specific Instructions on page 31.)

| 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). |
|----------|---|
| ● | |
| N/A | |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg. 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please 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. (Important: See General Instruction A on page 14.)

Date: 5-14-01 Type or print name and title: Abd Mouhymen ALSIBAI, Treasurer

Date: 5/11/01 Check if self-employed: Preparer's SSN or PTIN: 380-15-9953

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

OMB No. 1545-0047

2000

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

Employer identification number

CAIR MICHIGAN, INC

38-3534607

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 ben. plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|--|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | 0 | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instr. 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 |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | 0 | |

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

| | Yes | No |
|--|-----|----------|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | X |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: | | |
| a Sale, exchange, or leasing of property? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services, or facilities? | | X |
| d Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)? | | X |
| e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions. | | X |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? | | X |
| 4a Do you have a section 403(b) annuity plan for your employees? | | X |
| b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See pg. 2 of the instr.) | | |

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

| (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 5 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.

Table with 6 columns: Calendar year (or FY beginning in), (a) 1999, (b) 1998, (c) 1997, (d) 1996, (e) Total. Rows include: 15 Gifts, grants, & contrib. received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities; 18 Gross inc. from int., dividends, amounts received from pymt. on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's ben & either paid to it or expended on its behalf; 21 The value of services or fact. furnished to the org. by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum 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, 19, 22, 26b; 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," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999), (1998), (1997), (1996); b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well as individuals.) 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: (1999), (1998), (1997), (1996)

c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount on line 23, column (e); 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))

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instr.)

Part V Private School Questionnaire (See page 5 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with columns: Question, N/A, Yes, No. Rows include questions 29-34b and 35 regarding racial nondiscrimination policies, financial aid, and compliance requirements.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check here a if the organization belongs to an affiliated group. Check here b if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures

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

Table with 3 columns: (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include: 36 Total lobbying expenditures to influence public opinion, 37 Total lobbying expenditures to influence a legislative body, 38 Total lobbying expenditures, 39 Other exempt purpose expenditures, 40 Total exempt purpose expenditures, 41 Lobbying nontaxable amount (with sub-table for calculation), 42 Grassroots nontaxable amount, 43 Subtract line 42 from line 36, 44 Subtract line 41 from line 38.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 9 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (2000, 1999, 1998, 1997) and Total. Rows include: 45 Lobbying nontaxable amount, 46 Lobbying ceiling amount (150% of line 45(e)), 47 Total lobbying expenditures, 48 Grassroots nontaxable amount, 49 Grassroots ceiling amount (150% of line 48(e)), 50 Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instr.)

N/A

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:

Table with 3 columns: Yes, No, Amount. Rows include: a Volunteers, b Paid staff or management, 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).

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all items.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (No is checked)

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

Depreciation and Amortization

OMB No. 1545-0172

Form **4562**

(Including Information on Listed Property)

2000

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

Attachment
Sequence No. **67**

Name(s) shown on return **CAIR MICHIGAN, INC**

Identifying number
38-3534607

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Tangible Property (Section 179)

Note: If you have any "listed property," complete Part V before you complete Part I.

| | | |
|---|----|-----------|
| 1 Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions | 1 | \$20,000 |
| 2 Total cost of section 179 property placed in service. See page 2 of the instructions | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions | 5 | |
| (a) Description of property (b) Cost (business use only) (c) Elected cost | | |
| 6 | | |
| 7 Listed property. Enter amount from line 27 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from 1999. See page 3 of the instructions | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)

Section A-General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions

Section B-General Depreciation System (GDS) (See page 3 of the instructions.)

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 15a 3-year property | | | | | | |
| b 5-year property | | 17,087 | 5.0 | HY | 200DB | 3,417 |
| c 7-year property | | 7,963 | 7.0 | HY | 200DB | 1,138 |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |

Section C-Alternative Depreciation System (ADS) (See page 5 of the instructions.)

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 16a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

Part III Other Depreciation (Do not include listed property.) (See page 5 of the instructions.)

| | | |
|---|----|--|
| 17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000 | 17 | |
| 18 Property subject to section 168(f)(1) election | 18 | |
| 19 ACRS and other depreciation | 19 | |

Part IV Summary (See page 6 of the instructions.)

| | | |
|---|----|--------------|
| 20 Listed property. Enter amount from line 26 | 20 | |
| 21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instructions | 21 | 4,555 |
| 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 22 | |

For Paperwork Reduction Act Notice, see page 9 of the instructions.

Form **4562** (2000)

Federal Statements

Statement 1 - Form 990, Part II, Line 22 - Grants and Allocations

| Description | Cash Contribution | Noncash Contribution |
|-------------|-------------------|----------------------|
| Donations | \$ 2,272 | \$ |
| Total | \$ 2,272 | \$ 0 |

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

| Description | Total Expenses | Program Service | Mgt & General | Fund-Raising |
|----------------------------|----------------|-----------------|---------------|--------------|
| | \$ | \$ | \$ | \$ |
| Indirect Expense | | | | |
| Insurance - Liability | 270 | | 270 | |
| Insurance - Workman's Comp | 522 | | 522 | |
| Bank Charges | 238 | | 238 | |
| Credit Card Charges | 50 | | 50 | |
| Advertising | 778 | | 778 | |
| Transportation | 120 | | 120 | |
| Total | \$ 1,978 | \$ 0 | \$ 1,978 | \$ 0 |

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

EXCLUSIVELY CHARITABLE, RELIGIOUS AND EDUCATIONAL AS WELL AS TRAINING THE INDIVIDUALS AND /OR ORGANIZATIONS TO PERFORM THE SERVICES OF VARIOUS ANTI-DISCRIMINATION ACTIVITIES.

Statement 4 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

ADVOCACY: CIVIL RIGHTS CASES. 63 VIOLATIONS OF TITLE VII OF 1964 CIVIL RIGHTS AGAINST KELLY SERVICES IN TROY, MI.

63 VIOLATIONS OF TITLE VII OF 1964 CIVIL RIGHTS ACT AGAINST WEBASTO ROOFING SYSTEMS IN ROCHESTER HILLS, MI.

DEFENDED MORE THAN 76 INDIVIDUALS WHOSE CIVIL RIGHTS WERE VIOLATED UNDER TITLE II AND/OR TITLE VII OF THE 1964 CIVIL RIGHT ACT.

Federal Statements

Statement 5 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

EDUCATIONAL ACTIVITIES: CONDUCTED TRAINING SESSIONS FOR LOCAL GOVERNMENT AGENCIES, UNIVERSITIES , MEDICAL CENTERS AND MEDIA ABOUT ISLAMIC ISSUES AND HOW TO DEAL WITH MUSLIMS.

SERVED AS RESOURCE FOR MEDIA ON SUBJECTS OF RELIGION AND POLITICS, ELECTIONS, ISLAM, ARAB AMERICANS AND THE MIDDLE EAST CRISIS.

EDUCATED LOCAL COMMUNITIES ABOUT THEIR CIVIL RIGHTS BY MAIL OR BY ATTENDING CONFERENCES.

Federal Statements

Statement 6 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

| Description | Beginning of Year | Accum Deprec | End of Year | Accum Deprec |
|----------------------------|----------------------|-----------------|----------------|-----------------|
| F & F - Aquisitions | \$ | \$ | \$ 7,963 | \$ |
| Equipment - Aquisitions | | | 17,087 | |
| Acc Depr - Furn & Fixtures | | | | 1,138 |
| Acc Depr - Equipment | | | | 3,417 |
| Total | \$ 0 | \$ 0 | \$ 25,050 | \$ 4,555 |

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

| Description | Beginning of Year | End of Year |
|------------------------|----------------------|----------------|
| FICA & Fed W/H Payable | \$ | \$ 1,426 |
| State W/H Payable | | 483 |
| MESC Payable | | 513 |
| Total | \$ 0 | \$ 2,422 |

Federal Statements

Statement 8 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

| Name | Title | Average Hours | Address | Compensation | Benefits | Expenses |
|----------------------------|---------------|------------------|--------------------------------------|--------------|----------|----------|
| HOMAM ALBAROUDI | MEMBER | 3312 | BURBAN, ANN ARBOR, MI 48105 | | | |
| ASAD MALIK | MEMBER | 3917 | BEECHCREST, ROCHESTER, MI 48309 | | | |
| JUKAKO TAYEB | MEMBER | 14410 | PATTERSON. SHELBY, MI 48315 | | | |
| SHAMSID-DEEN ABUDR RASHEED | MEMBER | 5815 | WOODHALL. DETROIT, MI 48224 | | | |
| M.KAY SIBLANI | DEP. DIRECTOR | 40/WEEK | 6969 FAIRWAY, DEARBORN HTS, MI 48127 | 26,250 | | |
| MUTHANNA AL-HANOOTI | EXE. DIRECTOR | 40/WEEK | 7523 FREDA. DEARBORN, MI 48126 | 24,759 | | |

Federal StatementsDirect Public Support

| Contributor | Cash Contribution | Noncash Contribution |
|-------------|----------------------|-------------------------|
| Donations | \$ 130,846 | \$ |
| Total | \$ 130,846 | \$ 0 |

Federal Asset Report Indirect Depreciation

| Asset | Description | Date In Service | Cost | Bus % 179 | Basis | Per Conv Meth | Prior | Current |
|------------------------------------|---------------------------|--------------------|--------|--------------|--------|---------------|-------|---------|
| <u>5-year GDS Property:</u> | | | | | | | | |
| 2 | OFFICE EQUIPMENT | 6/01/00 | 17,087 | | 17,087 | 5 HY 200DB | 0 | 3,417 |
| | | | 17,087 | | 17,087 | | 0 | 3,417 |
| <u>7-year GDS Property:</u> | | | | | | | | |
| 1 | FURNITURE&FIXTURE | 6/01/00 | 7,963 | | 7,963 | 7 HY 200DB | 0 | 1,138 |
| | | | 7,963 | | 7,963 | | 0 | 1,138 |
| | Grand Totals | | 25,050 | | 25,050 | | 0 | 4,555 |
| | Less: Dispositions | | 0 | | 0 | | 0 | 0 |
| | Net Grand Totals | | 25,050 | | 25,050 | | 0 | 4,555 |