

Return of Organization Exempt From Income Tax

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.

A For the 2005 calendar year, or tax year beginning N/A, 2005, and ending N/A, 20

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

C Name of organization: CAIR KENTUCKY INC. Number and street (or P.O. box if mail is not delivered to street address): PO BOX 910831. City or town, state or country, and ZIP + 4: LEXINGTON, KY 40513-0831

D Employer identification number: 20: 1150232. E Telephone number: (859) 221-9081. F Accounting method: [X] Cash [ ] Accrual [ ] Other (specify)

G Website: WWW.CAIRKY.ORG

J Organization type (check only one) [X] 501(c) ( 3 ) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here [X] 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.

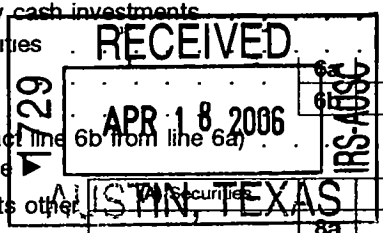
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 21,895

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [ ] Yes [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? [ ] Yes [ ] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No. I Group Exemption Number: N/A. M Check [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

SCANNED MAY 17 2006

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



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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
<b>22</b>	Grants and allocations (attach schedule) . . . . . (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>			
<b>23</b>	Specific assistance to individuals (attach schedule) . . . . .	<b>23</b>			
<b>24</b>	Benefits paid to or for members (attach schedule) . . . . .	<b>24</b>			
<b>25</b>	Compensation of officers, directors, etc. . . . .	<b>25</b>			
<b>26</b>	Other salaries and wages . . . . .	<b>26</b>			
<b>27</b>	Pension plan contributions . . . . .	<b>27</b>			
<b>28</b>	Other employee benefits . . . . .	<b>28</b>			
<b>29</b>	Payroll taxes . . . . .	<b>29</b>			
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b>			
<b>31</b>	Accounting fees . . . . .	<b>31</b>			
<b>32</b>	Legal fees . . . . .	<b>32</b>			
<b>33</b>	Supplies . . . . .	<b>33</b>			
<b>34</b>	Telephone . . . . .	<b>34</b>			
<b>35</b>	Postage and shipping . . . . .	<b>35</b>			
<b>36</b>	Occupancy . . . . .	<b>36</b>			
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b>			
<b>38</b>	Printing and publications . . . . .	<b>38</b>			
<b>39</b>	Travel . . . . .	<b>39</b>			
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b>			
<b>41</b>	Interest . . . . .	<b>41</b>			
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b>			
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	.....	<b>43a</b>			
<b>b</b>	.....	<b>43b</b>			
<b>c</b>	.....	<b>43c</b>			
<b>d</b>	.....	<b>43d</b>			
<b>e</b>	.....	<b>43e</b>			
<b>f</b>	.....	<b>43f</b>			
<b>g</b>	.....	<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>			

**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? ► <b>Combating discrimination against Islam &amp; Muslims</b>	<b>Program Service Expenses</b>
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others)
<b>a Annual Dinner Banquet at Radisson Hotel, Lexington-KY, on August 20th, 2005.</b> Theme "Diverse People, Common Concerns, One Community". Attended by public officials, law enforcement, media and clergy. Total attendance 100 people. Cloth Drive for Afghani Women (Dec 17th), Thanksgiving Food Drive, Blood Donation Drive (06/11). Clothing and Food Drive for the Needy, Catholic Active Center (Ramadan, October). School Supplies for Winburn Middle School (August 15th) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>b Ramadan Iftar at Tates Creek Ballroom, Lexington-KY, on October 15th, 2005.</b> Attended by public officials, law enforcement, media and clergy. Total Attendance exceeded 130. Establish Supporters (Ansar) Fund to bring Sick Children from Overseas to receive free treatment. FBI Meeting to discuss Muslims' concerns and civil rights. CAIR National Retreat for Chapters (January 7th-9th, DC). 11th Annual Banquet for CAIR, Dec 3rd, DC. (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c Participated in Radio and TV interviews, in Educational workshops, in Interfaith Media Conference and Community Outreach Events. The purpose was to educate the general public regarding Islam.</b> Writing Op eds in the local newspapers. Co-sponsoring a public lecture By Karen Armstrong (Sept 19th, Transylvania University). Play Able Place Fund participation (Central Baptist Church). Member of Interfaith Board, Peace and Justice. (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d Information Sessions for Law Enforcement Officials for the Understanding of Islam and Muslims:</b> 400 police officers were trained in Lexington-KY in 2005. School and Church Presentations about Islam and Muslims. Civil rights conference (June 9th) Islamophobia and Anti-Americanism: Causes and Remedies (May 13-15, DC) Civil Rights Class at UK (Nov 10th) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). . . . . ►	<b>12,553</b>

**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
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .		45
	46 Savings and temporary cash investments . . . . .		46
	47a Accounts receivable . . . . .	47a	47c
	b Less: allowance for doubtful accounts . . . . .	47b	
	48a Pledges receivable . . . . .	48a	48c
	b Less: allowance for doubtful accounts . . . . .	48b	
	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	51c
	b Less: allowance for doubtful accounts . . . . .	51b	
	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		54
	55a Investments—land, buildings, and equipment: basis . . . . .	55a	55c
	b Less: accumulated depreciation (attach schedule) . . . . .	55b	
	56 Investments—other (attach schedule) . . . . .		56
	57a Land, buildings, and equipment: basis . . . . .	57a	57c
	b Less: accumulated depreciation (attach schedule) . . . . .	57b	
	58 Other assets (describe ► . . . . .)		58
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .		59	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .		60
	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 ► . . . . .)		65
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		66	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <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
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds . . . . .		70
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		73	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.		74	

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

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

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

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

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an 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
Abdul Quayyum 2204 Burns Ct. Lexington-KY 40513	Chairman (5)	0	0	0
Ashraf Abou El-Ezz 4188 John Alden Ln. Lexington-KY 40504	Vice-Chairman (5)	0	0	0
Ashiq Zaman 2204 Burns Ct. Lexington-KY 40513	Treasurer (1)	0	0	0
Belal Gharaibeh 2204 Burns Ct. Lexington-KY 40513	Secretary (5)	0	0	0
Ihsan Bagby 649 Cardiff Ln. Lexington-KY 40513	Board Member (2)	0	0	0
Wafa Nashnoush 3478 Ormond Cir. Lexington-KY 40517	Board Member (2)	0	0	0
Kiarash Jahed 2204 Burns Ct. Lexington-KY 40513	Board Member (3)	0	0	0
Roula Aloush 2204 Burns Ct. Lexington-KY 40513	Board Member (2)	0	0	0
Samieh Shalash 2204 Burns Ct. Lexington-KY 40513	Board Member (2)	0	0	0
Khaled Ahmad 2204 Burns Ct. Lexington-KY 40513	Board Member (2)	0	0	0



**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	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?		<input checked="" type="checkbox"/>
	<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
<b>84b</b>	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85a</b>	<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?		
<b>85b</b>	<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>	
	<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>	
	<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
	<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>85g</b>	<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85h</b>	<b>h</b> 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?		
<b>86a</b>	<b>86 501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12		
<b>86b</b>	<b>b</b> Gross receipts, included on line 12, for public use of club facilities		
<b>87a</b>	<b>87 501(c)(12) orgs.</b> Enter: a Gross income from members or shareholders		
<b>87b</b>	<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>88</b>	<b>88</b> 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		<input checked="" type="checkbox"/>
<b>89a</b>	<b>89a 501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>89b</b>	<b>b 501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<input checked="" type="checkbox"/>
	<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		0
	<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		0
<b>90a</b>	<b>90a</b> List the states with which a copy of this return is filed ▶ <u>KENTUCKY</u>		
<b>90b</b>	<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<b>90b</b>	0
<b>91a</b>	<b>91a</b> The books are in care of ▶ <u>Ashraf Abou El-Ezz, Vice-Chairman</u> Telephone no. ▶ <u>( 859 ) 252-0523</u> Located at ▶ <u>4188 John Alden Ln. Lexington, KY</u> ZIP + 4 ▶ <u>40504-2044</u>		
<b>91b</b>	<b>b</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)? 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.	<b>91b</b>	<input checked="" type="checkbox"/>
<b>91c</b>	<b>c</b> 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 ▶	<b>91c</b>	<input checked="" type="checkbox"/>
<b>92</b>	<b>92</b> 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 ▶ <b>92</b>		<input type="checkbox"/>

**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	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))					
<b>105</b> Total (add line 104, columns (B), (D), and (E))					

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).
▼	

**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: Ashraf Abou El-Ezz, M.D. Date: 04/13/2006

Type or print name and title: Ashraf Abou El-Ezz, Vice-Chairman

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no. ( )	