

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

**2006**

Open to Public Inspection

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

**A For the 2006 calendar year, or tax year beginning and ending**

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

**C Name of organization**  
**COUNCIL ON AMERICAN-ISLAMIC RELATIONS, INC**

**D Employer identification number**  
**52-1887951**

**E Telephone number**  
**202-488-8787**

**F Accounting method**  Cash  Accrual  
 Other (specify) **04**

**G Website:** WWW.CAIR.COM

**J Organization type** (check only one)  501(c) ( 4 ) (insert no)  4947(a)(1) or  527

**K Check here**  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **3,086,514.**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

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

I Group Exemption Number **N/A**

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

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

**ACCOUNTS RECEIVED**

<b>1 Contributions, gifts, grants, and similar amounts received:</b>				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>		
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	2,179,394.	
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>		
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	300,000.	
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>2,479,394.</b> noncash \$ _____)	<b>1e</b>	<b>2,479,394.</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	334,739.	
<b>3</b>	Membership dues and assessments	<b>3</b>	41,383.	
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		
<b>5</b>	Dividends and interest from securities	<b>5</b>		
<b>6 a</b>	Gross rents	<b>6a</b>	198,766.	
<b>b</b>	Less: rental expenses	<b>6b</b>	325,762.	
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>	-126,996.	
<b>7</b>	Other investment income (describe) <b>OGDEN, UT</b>	<b>7</b>		
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>		
<b>8d</b>		<b>8d</b>		
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including \$ <b>89,775.</b> of contributions reported on line 1b)	<b>9a</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b>	Less: cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	32,232.	
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>2,760,752.</b>	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	1,798,268.	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	445,198.	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	678,223.	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>	<b>2,921,689.</b>	
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	-160,937.	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	4,916,881.	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	0.	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>4,755,944.</b>	

**ACCOUNTS RECEIVED**  
**JAN 29 2008**  
**ACCOUNTS MANAGEMENT**  
**OGDEN**

SCANNED FEB 11 2008

SCANNED JAN 11 2008

G-10 19

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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.

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> )				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> )				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	303,694.	190,654.	52,544.	60,496.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	668,666.	482,193.	73,251.	113,222.
27 Pension plan contributions not included on lines 25a, b, and c	95,762.	62,055.	20,356.	13,351.
28 Employee benefits not included on lines 25a - 27	73,314.	29,679.	31,245.	12,390.
29 Payroll taxes	74,408.	54,402.	8,824.	11,182.
30 Professional fundraising fees				
31 Accounting fees	6,939.		6,939.	
32 Legal fees	81,796.	71,434.	10,362.	
33 Supplies	15,266.	3,490.	7,946.	3,830.
34 Telephone	120,178.	87,597.	26,313.	6,268.
35 Postage and shipping	50,096.	7,176.	3,451.	39,469.
36 Occupancy				
37 Equipment rental and maintenance	2,234.	1,695.	-6,008.	6,547.
38 Printing and publications	120,068.	6,511.	3,730.	109,827.
39 Travel	154,518.	16,871.	44,211.	93,436.
40 Conferences, conventions, and meetings	10,248.			10,248.
41 Interest	1.		1.	
42 Depreciation, depletion, etc. (attach schedule)	97,865.	64,431.	22,652.	10,782.
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 4</b>	1,046,636.	720,080.	139,381.	187,175.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,921,689.	1,798,268.	445,198.	678,223.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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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? ► <b>SEE STATEMENT 5</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
<b>a THE ORGANIZATION WORKS WITH VARIOUS INTELLIGENCIA &amp; MEDIA TO PROMOTE BETTER UNDERSTANDING OF ISLAM AND MUSLIMS IN NORTH AMERICA AND IN THE SOCIETY AS A WHOLE.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>1,222,823.</b>
<b>b THE ORGANIZATION ALSO RESPONDS TO REQUESTS FOR DONATIONS OF INFORMATIVE BOOKS AND PUBLICATIONS ABOUT ISLAM AND MUSLIMS FOR LIBRARIES.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>575,445.</b>
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(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>1,798,268.</b>

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**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	1,410,505.	45	1,492,298.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	20,633.			
	b Less: allowance for doubtful accounts				
			142,145.	47c	20,633.
	48 a Pledges receivable	88,489.			
	b Less: allowance for doubtful accounts	7,448.	57,386.	48c	81,041.
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		9,864.	50a	50,468.
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts		200,000.	51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		30,087.	53	23,228.
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a Investments - land, buildings, and equipment basis	55a 3,485,039.				
b Less: accumulated depreciation <b>STMT 6</b>	55b 59,105.	2,101,493.	55c	3,425,934.	
56 Investments - other			56		
57 a Land, buildings, and equipment, basis	57a 2,981,529.				
b Less: accumulated depreciation <b>STMT 7</b>	57b 608,982.	2,362,464.	57c	2,372,547.	
58 Other assets, including program-related investments (describe ▶ <b>SEE STATEMENT 8</b> )			58	60,700.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		6,313,944.	59	7,526,849.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	160,608.	60	201,805.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	1,227,979.	2,556,561.	64b	
	65 Other liabilities (describe ▶ <b>SEE STATEMENT 9</b> )	8,476.		65	12,539.
66 <b>Total liabilities.</b> Add lines 60 through 65		1,397,063.	66	2,770,905.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	4,261,182.	67	3,874,207.	
	68 Temporarily restricted	655,699.	68	881,737.	
	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 and column (B) must equal line 21)		4,916,881.	73	4,755,944.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		6,313,944.	74	7,526,849.	

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

Table with 5 main rows (a-e) and sub-rows (1-4) for adjustments. Row a: Total revenue, gains, and other support per audited financial statements. Row b: Amounts included on line a but not on Part I, line 12. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 12, but not on line a. Row e: Total revenue (Part I, line 12) Add lines c and d. Values include 'SEE STATEMENT 10' and 'N/A'.

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

Table with 5 main rows (a-e) and sub-rows (1-4) for adjustments. Row a: Total expenses and losses per audited financial statements. Row b: Amounts included on line a but not on Part I, line 17. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 17, but not on line a. Row e: Total expenses (Part I, line 17) Add lines c and d. Values include 'SEE STATEMENT 11' and 'N/A'.

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 )

Table with 5 columns: (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. Row 1: SEE STATEMENT 12, 272,703., 30,991., 0.

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**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued) **Yes No**

75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float:right">8</span>		
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)	75b	X
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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

**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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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**Part VI Other Information** (See the instructions.) **Yes No**

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization <span style="float:right">SEE STATEMENT 13</span> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions)	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X

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<b>Part VI</b>	<b>Other Information (continued)</b>	<b>Yes</b>	<b>No</b>
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? 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) <span style="float:right">82b</span>	X	
83 a	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?	X	
84 a	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? <span style="float:right">N/A</span>		
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	X	
c	Dues, assessments, and similar amounts from members <span style="float:right">85c</span>		N/A
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d</span>		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e</span>		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f</span>		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>		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? <span style="float:right">N/A</span>		85h
86	<b>501(c)(7) organizations.</b> Enter a Initiation fees and capital contributions included on line 12 <span style="float:right">86a</span>		N/A
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b</span>		N/A
87	<b>501(c)(12) organizations.</b> Enter a Gross income from members or shareholders <span style="float:right">87a</span>		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b</span>		N/A
88 a	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	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI <span style="float:right">▶</span>		X
89 a	<b>501(c)(3) organizations.</b> Enter Amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶</span> <u>N/A</u> ; section 4912 <span style="float:right">▶</span> <u>N/A</u> ; section 4955 <span style="float:right">▶</span> <u>N/A</u>		
b	<b>501(c)(3) and 501(c)(4) organizations.</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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">▶</span> <u>0.</u>		
e	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed <span style="float:right">▶</span> <u>DC</u>		
b	Number of employees employed in the pay period that includes March 12, 2006 <span style="float:right">90b</span>		25
91 a	The books are in care of <span style="float:right">▶</span> <u>THE ORGANIZATION</u> Telephone no. <span style="float:right">▶</span> <u>202-488-8787</u> Located at <span style="float:right">▶</span> <u>453 NEW JERSEY AVE SE, WASHINGTON, DC, WASHINGTON</u> ZIP + 4 <span style="float:right">▶</span> <u>20003</u>		
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 <span style="float:right">▶</span> <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

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**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>SALE OF PUBLICATIONS</b>					6,678.
b <b>PBUH CAMPAIGN</b>					287,632.
c <b>QURAN PROJECT</b>					40,429.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					41,383.
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	531110	-193,907.			
b not debt-financed property			16	66,911.	
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>OTHER INCOME</b>					31,962.
b <b>LATE PAYMENT/FEES</b>					270.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		-193,907.		66,911.	408,354.
105 Total (add line 104, columns (B), (D), and (E))					281,358.

Note: Line 105 plus line 1e, 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).
▼	SEE STATEMENT 15

**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	(D)	(E)
SEE STATEMENT 14	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to...  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a p...  
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>

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: 11-15-07  
 Signature of officer Date

Type or print name and title: Nehad A. Hammond Executive Director

Paid Preparer's Use Only

Preparer's signature	Date 11/15/07	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 MILLER MUSMAR, PC 1861 WIEHLE AVENUE, SUITE 125 RESTON, VA 20190		EIN <span style="float: right;">Phone no. ▶ 703-437-8877</span>	

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

**2006**

Name of organization

**COUNCIL ON AMERICAN-ISLAMIC RELATIONS,  
INC**

Employer identification number

**52-1887951**

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 4 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)**General Rule-** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II)**Special Rules-** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ \_\_\_\_\_**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
10453	NEW JERSEY/LAND BOOK/TAX VARIANCE ON	091599	L			512,000.			512,000.			0.
94	DISPOSAL OF ASSETS 12& 2006 FURNITURE & EQUIPMENT	091599	NC	.000		11,493.			11,493.	467.		0.
105	EQUIPMENT		VARIES	.000		50,470.			50,470.			0.
116	2006 COMPUTER HARDWARE		VARIES	.000	16	17,381.			17,381.			0.
117	2006 SOFTWARE		VARIES	.000	16	16,736.			16,736.			0.
118	2006 HEADQUARTER BUILDING		VARIES	.000	16	23,361.			23,361.			0.
129	2006 BOOK/TAX VARIANCE * 990 PAGE 2 TOTAL OTHER			.000	16	631,441.		0.	631,441.	10,300.	0.	0.
1	PROGRAM SERVICES FURNITURE/OFFICE EQUIPMENT 75%	060198	200DB	7.00	17	22,247.			22,247.	22,247.		0.
4	FURNITURE/OFFICE EQUIPMENT 75% 453 NEW	060199	200DB	7.00	17	15,479.			15,479.	14,788.		691.
7	JERSEY/BUILDING 75% FURNITURE/OFFICE	091599	SL	35.00	16	1,535,635.			1,535,635.	274,219.		43,875.
13	EQUIPMENT 75% FURNITURE/OFFICE	060100	200DB	7.00	17	7,680.			7,680.	6,652.		685.
16	EQUIPMENT 75%	060101	200DB	7.00	17	11,850.			11,850.	9,206.		1,058.
19	COMPUTERS 75%	060101	200DB	5.00	17	2,561.			2,561.	2,414.		147.
25	COMPUTER/HOOPER	032302	200DB	5.00	17	3,509.			3,509.	2,903.		404.
28	SONY CAMERA/IQBAL 80% 453 NEW JERSEY/BASIS	040902	200DB	5.00	17	2,867.			2,867.	2,371.		331.
35	COSTS 75%	090602	SL	35.00	16	38,524.			38,524.	3,670.		1,101.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
38	CAMERS-M. ELKOT	060903	200DB	5.00	17	600.			600.	427.		69.
39	COMPUTER/BAYOUMI	040703	200DB	5.00	17	1,020.			1,020.	726.		118.
41	DELL SYSTEM-1	062503	200DB	5.00	17	788.			788.	561.		91.
42	DELL SYSTEM-2	062503	200DB	5.00	17	658.			658.	468.		76.
43	DELL SYSTEM-3	062503	200DB	5.00	17	688.			688.	490.		79.
44	DELL SYSTEM-4	062503	200DB	5.00	17	548.			548.	390.		63.
46	DELL SYSTEM-6	062503	200DB	5.00	17	623.			623.	444.		72.
47	PRINTER-KHALID	072203	200DB	5.00	17	1,084.			1,084.	772.		125.
48	DIGITAL CAMERA	062904	SL	7.00	16	926.			926.	198.		132.
49	DELL COMPUTER	081104	SL	5.00	16	1,109.			1,109.	315.		222.
50	DELL COMPUTER	121304	SL	5.00	16	525.			525.	114.		105.
51	LAPTOP	010704	SL	5.00	16	2,372.			2,372.	948.		474.
52	PRINTER	042904	SL	5.00	16	715.			715.	250.		143.
53	COMPUTER HARDWARE	051004	SL	5.00	16	100.			100.	33.		20.
54	COMPUTER HARDWARE	052304	SL	5.00	16	167.			167.	55.		33.
55	COMPUTER HARDWARE	071504	SL	5.00	16	709.			709.	213.		142.
56	COMPUTER	090304	SL	5.00	16	1,174.			1,174.	313.		235.
57	COMPUTER	090304	SL	5.00	16	669.			669.	179.		134.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
58	NEW ROOF-HEADQUARTERS NEW	123104	SL	15.00	16	25,000.			25,000.	3,334.		1,667.
59	COOLING-HEADQUARTERS	123104	SL	7.00	16	22,500.			22,500.	6,428.		3,214.
60	CAPITAL LEASE #10615	083104	SL	5.00	16	35,200.			35,200.	9,387.		7,040.
61	CAPITAL LEASE #10612	070801	SL	5.00	16	18,859.			18,859.	16,974.		1,885.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES					1,756,386.		0.	1,756,386.	381,489.	0.	64,431.
	MANAGEMENT AND GENERAL FURNITURE/OFFICE											
2	EQUIPMENT 10%	060198	200DB	7.00	17	2,966.			2,966.	2,966.		0.
5	FURNITURE/OFFICE EQUIPMENT 10%	060199	200DB	7.00	17	2,064.			2,064.	1,972.		92.
	453 NEW											
8	JERSEY/BUILDING 10%	091599	SL	35.00	16	204,751.			204,751.	36,563.		5,850.
	FURNITURE/OFFICE											
14	EQUIPMENT 10%	060100	200DB	7.00	17	1,024.			1,024.	887.		91.
	FURNITURE/OFFICE											
17	EQUIPMENT 10%	060101	200DB	7.00	17	1,580.			1,580.	1,227.		141.
20	COMPUTERS 10%	060101	200DB	5.00	17	341.			341.	321.		20.
22	COMPUTER/IQBAL FURNITURE/OFFICE	020502	200DB	5.00	17	1,579.			1,579.	1,306.		182.
23	EQUIPMENT/IQBAL FURNITURE/OFFICE	021202	200DB	7.00	17	754.			754.	519.		67.
24	EQUIPMENT/SIEMENS FURNITURE/OFFICE	022602	200DB	7.00	17	656.			656.	452.		58.
27	EQUIPMENT/STAPLES DELL	040602	200DB	7.00	17	495.			495.	341.		44.
31	COMPUTER/O.M.AHMAD	081402	200DB	5.00	17	1,641.			1,641.	1,357.		189.
32	COMPUTER/IQBAL	110702	200DB	5.00	17	1,860.			1,860.	1,538.		215.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
33	COMPUTER/RASHEED 453 NEW JERSEY/BASIS	122402	200DB	5.00	17	600.			600.	496.		69.
36	COSTS 10%	090602	SL	35.00	16	5,136.			5,136.	490.		147.
40	COMPUTER/TOOR	040703	200DB	5.00	17	846.			846.	602.		98.
45	DELL SYSTEM-5 PHOTO	062503	200DB	5.00	17	1,192.			1,192.	849.		137.
62	COPIER/FAX/PRINTER	021005	SL	5.00	16	618.			618.	113.		124.
63	VENDING MACHINE	032205	SL	7.00	16	1,147.			1,147.	123.		164.
64	DISPLAY BOARD	081205	SL	7.00	16	5,000.			5,000.	298.		714.
65	DISPLAY BOARD	090805	SL	7.00	16	6,608.			6,608.	315.		944.
66	SONY DVD RECORDER	092805	SL	5.00	16	1,406.			1,406.	70.		281.
67	FLAT PANEL MONITORS-4	082105	SL	5.00	16	1,394.			1,394.	93.		279.
68	DELL CPU 2.8GH	090805	SL	5.00	16	465.			465.	31.		93.
69	DELL OPTIPLEX CPU	092205	SL	5.00	16	2,639.			2,639.	132.		528.
70	FLAT PANEL MONITORS-10	101305	SL	5.00	16	2,463.			2,463.	123.		493.
71	LAPTOP	102705	SL	5.00	16	1,859.			1,859.	62.		372.
72	DELL POWER EDGE SERVER	102705	SL	5.00	16	4,801.			4,801.	160.		960.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL					255,885.		0.	255,885.	53,406.	0.	12,352.
	FUNDRAISING FURNITURE/OFFICE EQUIPMENT 15%	060198	200DB	7.00	17	4,449.			4,449.	4,449.		0.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
6	FURNITURE/OFFICE EQUIPMENT 15% 453 NEW	060199	200DB	7.00	17	3,096.			3,096.	2,958.		138.
9	JERSEY/BUILDING 15%	091599	SL	35.00	16	307,127.			307,127.	54,844.		8,775.
15	FURNITURE/OFFICE EQUIPMENT 15%	060100	200DB	7.00	17	1,536.			1,536.	1,331.		137.
18	FURNITURE/OFFICE EQUIPMENT 15%	060101	200DB	7.00	17	2,370.			2,370.	1,841.		212.
21	COMPUTERS 15%	060101	200DB	5.00	17	512.			512.	482.		30.
26	COMPUTER/STALLION TECHNOLOGY	040402	200DB	5.00	17	8,623.			8,623.	7,133.		993.
29	SONY CAMERA/IQBAL 20%	040902	200DB	5.00	17	717.			717.	593.		83.
30	INTELLECT COMPUTERS IPAQ 3955	061202	200DB	5.00	17	1,033.			1,033.	854.		119.
34	COMPUTER/KHAFAGI 453 NEW JERSEY/BASIS	123102	200DB	5.00	17	649.			649.	537.		75.
37	COSTS 15%	090602	SL	35.00	16	7,705.			7,705.	733.		220.
	* 990 PAGE 2 TOTAL FUNDRAISING					337,817.		0.	337,817.	75,755.	0.	10,782.
	* GRAND TOTAL 990 PAGE 2 DEPR					2,981,529.		0.	2,981,529.	521,417.	0.	87,565.

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
453 NEW JERSEY AVE SE WASHINGTON DC 20003	2	162,006.
203-5 K ST NE WASHINGTON DC	3	36,760.
TOTAL TO FORM 990, PART I, LINE 6A		198,766.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
453 NEW JERSEY AVE SE WASHINGTON DC 20003		95,095.	
- SUBTOTAL -	2		95,095.
DEPRECIATION		47,847.	
203-5 K ST NE WASHINGTON DC		230,667.	
CALCULATED DEPRECIATION PER CCH		-47,847.	
- SUBTOTAL -	3		230,667.
TOTAL TO FORM 990, PART I, LINE 6B			325,762.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL DINNER	89,775.	89,775.		0.	0.
TO FM 990, PART I, LINE 9	89,775.	89,775.		0.	0.



FORM 990

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT WAGES	99,373.	56,255.	25,842.	17,276.
CONSULTANT	78,178.	43,005.	11,479.	23,694.
CAIR CHAPTERS	22,040.	22,040.		
DUES & SUBSCRIPTIONS	9,881.	9,551.	330.	
INSURANCE	17,829.		17,829.	
MAINTENANCE	837.		837.	
OFFICE EXPENSE	10,424.	1,235.	7,672.	1,517.
PUBLIC RELATIONS	95,336.	86,079.		9,257.
RESEARCH & INFORMATION SERVICES	100,590.	100,281.	309.	
SECURITY SERVICE	611.	411.		200.
BANK SERVICE CHARGES	64.		64.	
LICENSES & PERMITS	319.		159.	160.
MISCELLANEOUS	1,387.		1,387.	
REPAIRS	440.		440.	
TAXES	63,848.		63,567.	281.
COMMISSION-CREDIT CARD EXPENSE	20,288.	5,072.		15,216.
EVENT EXPENSES	24,712.			24,712.
FUNDRAISING	82,055.			82,055.
LIBRARY PROJECT	1,800.	1,800.		
QURAN PROJECT EXPENSE	149,232.	149,232.		
PROPHET MUHAMMAD CAMPAIGN	86,054.	86,054.		
PROFESSIONAL FEES-OTHER	180.	180.		
PUBLICATIONS	830.	830.		
MECHANICAL SERVICE EXPENSES	10,766.	6,460.	1,830.	2,476.
PROPERTY MANAGEMENT FEES	17,416.	10,449.	2,961.	4,006.
JANITORIAL SERVICES	27,522.	16,522.	4,675.	6,325.
ADJUSTMENT TO BALANCE	124,624.	124,624.		
<b>TOTAL TO FM 990, LN 43</b>	<b>1,046,636.</b>	<b>720,080.</b>	<b>139,381.</b>	<b>187,175.</b>

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FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

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## EXPLANATION

PROTECT CIVIL RIGHTS, ENCOURAGE CIVIC PARTICIPATION AND VOTER REGISTRATION,  
AND ADVOCATE FOR ISSUES RELEVANT TO MUSLIMS IN NORTH AMERICA.

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FORM 990 DEPRECIATION OF ASSETS HELD FOR INVESTMENT STATEMENT 6

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
203 K ST NE	164,776.	11,485.	153,291.
203 K ST NE LAND	144,000.	0.	144,000.
205 K ST NE	167,811.	11,696.	156,115.
205 K ST NE LAND	138,000.	0.	138,000.
LOAN COSTS	25,000.	0.	25,000.
ARCHITECTURAL DESIGN COSTS	15,824.	0.	15,824.
917 2ND ST	165,003.	0.	165,003.
K & 2ND ST/DEPOSIT	12,000.	0.	12,000.
923 2ND ST	640,083.	23,276.	616,807.
929 2ND ST	640,083.	0.	640,083.
2006 RENTAL ADDITIONS	686,230.	12,477.	673,753.
2006 RENTAL ADDITONS - LAND	686,229.	0.	686,229.
TOTAL TO FORM 990, PART IV, LN 55	3,485,039.	58,934.	3,426,105.

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FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE/OFFICE EQUIPMENT 75%	22,247.	22,247.	0.
FURNITURE/OFFICE EQUIPMENT 10%	2,966.	2,966.	0.
FURNITURE/OFFICE EQUIPMENT 15%	4,449.	4,449.	0.
FURNITURE/OFFICE EQUIPMENT 75%	15,479.	15,479.	0.
FURNITURE/OFFICE EQUIPMENT 10%	2,064.	2,064.	0.
FURNITURE/OFFICE EQUIPMENT 15%	3,096.	3,096.	0.
453 NEW JERSEY/BUILDING 75%	1,535,635.	318,094.	1,217,541.
453 NEW JERSEY/BUILDING 10%	204,751.	42,413.	162,338.
453 NEW JERSEY/BUILDING 15%	307,127.	63,619.	243,508.
453 NEW JERSEY/LAND	512,000.	0.	512,000.
FURNITURE/OFFICE EQUIPMENT 75%	7,680.	7,337.	343.
FURNITURE/OFFICE EQUIPMENT 10%	1,024.	978.	46.
FURNITURE/OFFICE EQUIPMENT 15%	1,536.	1,468.	68.

FURNITURE/OFFICE EQUIPMENT 75%	11,850.	10,264.	1,586.
FURNITURE/OFFICE EQUIPMENT 10%	1,580.	1,368.	212.
FURNITURE/OFFICE EQUIPMENT 15%	2,370.	2,053.	317.
COMPUTERS 75%	2,561.	2,561.	0.
COMPUTERS 10%	341.	341.	0.
COMPUTERS 15%	512.	512.	0.
COMPUTER/IQBAL	1,579.	1,488.	91.
FURNITURE/OFFICE EQUIPMENT/IQBAL	754.	586.	168.
FURNITURE/OFFICE EQUIPMENT/SIEMENS	656.	510.	146.
COMPUTER/HOOPER	3,509.	3,307.	202.
COMPUTER/STALLION TECHNOLOGY	8,623.	8,126.	497.
FURNITURE/OFFICE EQUIPMENT/STAPLES	495.	385.	110.
SONY CAMERA/IQBAL 80%	2,867.	2,702.	165.
SONY CAMERA/IQBAL 20%	717.	676.	41.
INTELLECT COMPUTERS	1,033.	973.	60.
DELL COMPUTER/O.M.AHMAD	1,641.	1,546.	95.
COMPUTER/IQBAL	1,860.	1,753.	107.
COMPUTER/RASHEED	600.	565.	35.
IPAQ 3955 COMPUTER/KHAFAGI	649.	612.	37.
453 NEW JERSEY/BASIS COSTS 75%	38,524.	4,771.	33,753.
453 NEW JERSEY/BASIS COSTS 10%	5,136.	637.	4,499.
453 NEW JERSEY/BASIS COSTS 15%	7,705.	953.	6,752.
CAMERS-M. ELKOT	600.	496.	104.
COMPUTER/BAYOUMI	1,020.	844.	176.
COMPUTER/TOOR	846.	700.	146.
DELL SYSTEM-1	788.	652.	136.
DELL SYSTEM-2	658.	544.	114.
DELL SYSTEM-3	688.	569.	119.
DELL SYSTEM-4	548.	453.	95.
DELL SYSTEM-5	1,192.	986.	206.
DELL SYSTEM-6	623.	516.	107.
PRINTER-KHALID	1,084.	897.	187.
DIGITAL CAMERA	926.	330.	596.
DELL COMPUTER	1,109.	537.	572.
DELL COMPUTER	525.	219.	306.
LAPTOP	2,372.	1,422.	950.
PRINTER	715.	393.	322.
COMPUTER HARDWARE	100.	53.	47.
COMPUTER HARDWARE	167.	88.	79.
COMPUTER HARDWARE	709.	355.	354.
COMPUTER	1,174.	548.	626.
COMPUTER	669.	313.	356.
NEW ROOF-HEADQUARTERS	25,000.	5,001.	19,999.
NEW COOLING-HEADQUARTERS	22,500.	9,642.	12,858.
CAPITAL LEASE #10615	35,200.	16,427.	18,773.
CAPITAL LEASE #10612	18,859.	18,859.	0.
PHOTO COPIER/FAX/PRINTER	618.	237.	381.
VENDING MACHINE	1,147.	287.	860.
DISPLAY BOARD	5,000.	1,012.	3,988.
DISPLAY BOARD	6,608.	1,259.	5,349.

SONY DVD RECORDER	1,406.	351.	1,055.
FLAT PANEL MONITORS-4	1,394.	372.	1,022.
DELL CPU 2.8GH	465.	124.	341.
DELL OPTIPLEX CPU	2,639.	660.	1,979.
FLAT PANEL MONITORS-10	2,463.	616.	1,847.
LAPTOP	1,859.	434.	1,425.
DELL POWER EDGE SERVER	4,801.	1,120.	3,681.
BOOK/TAX VARIANCE ON DISPOSAL OF ASSETS 12&11	11,493.	467.	11,026.
2006 FURNITURE & EQUIPMENT	50,470.	0.	50,470.
2006 COMPUTER HARDWARE	17,381.	0.	17,381.
2006 SOFTWARE	16,736.	0.	16,736.
2006 HEADQUARTER BUILDING	23,361.	0.	23,361.
2006 BOOK/TAX VARIANCE	0.	10,300.	-10,300.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>2,981,529.</b>	<b>608,982.</b>	<b>2,372,547.</b>

FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	AMOUNT
DEPOSITS	26,000.
DEFERRED ASSET	2,570.
WORK IN PROGRESS	32,130.
<b>TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B</b>	<b>60,700.</b>

FORM 990	OTHER LIABILITIES	STATEMENT	9
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DESCRIPTION	AMOUNT
SECURITY DEPOSIT	3,333.
SECURITY DEPOSIT-GWLLC	3,643.
CUSTOMER DEPOSIT	4,600.
PENSION LIABILITY	963.
<b>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</b>	<b>12,539.</b>

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
RENTAL EXPENSES NETTED FROM GROSS RENTS ON LINE 6B OF FORM 990	
ANNUAL DINNER EXPENSES NETTED FROM GROSS REVENUE ON LINE 9B OF FORM 990	
TOTAL TO FORM 990, PART IV-A	

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
RENTAL EXPENSES NETTED FROM GROSS RENTS ON LINE 6B OF FORM 990	
ANNUAL DINNER EXPENSES NETTED FROM GROSS REVENUE ON LINE 9B OF FORM 990	
TOTAL TO FORM 990, PART IV-B	

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 12  
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
OMAR M. AHMAD 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	CHAIRMAN EMERITUS 10.00	0.	0.	0.
PARVEZ AHMED 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	CHAIRMAN 15.00	0.	0.	0.
AHMAD AL-AKHRAS 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	VICE CHAIRMAN 10.00	0.	0.	0.
NIHAD AWAD 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	BOARD MEMBER/EXECUTIVE DIR 60.00	110,307.	11,453.	0.
IHSAN BAGBY 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	BOARD MEMBER 6.00	0.	0.	0.
FOUAD KHATEEB 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	BOARD MEMBER 10.00	0.	0.	0.
HADIA MUBARAK 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	BOARD MEMBER 5.00	0.	0.	0.
NABIL SADOUN 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	BOARD MEMBER 10.00	0.	0.	0.
CARY DOUGLAS HOOPER 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	NATL DIR OF COMMUNICATIONS 40.00	84,608.	10,633.	0.
KHALID IQBAL 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	DIRECTOR OF OPERATIONS 40.00	77,788.	8,905.	0.
LARY SHAW 453 NEW JERSEY AVENUE S.E. WASHINGTON, DC 20003	BOARD MEMBER 10.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		272,703.	30,991.	0.

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FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 13  
PART VI, LINE 80B

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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
ZAHARA INVESTMENT CORPORATION (COMBINED)		X
GREATER WASHINGTON LLC OF DELAWARE		X

FORM 990 PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES STATEMENT 14

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

GREATER WASHINGTON LLC OF DELAWARE

ADDRESS

453 NEW JERSEY AVE SE, WASHINGTON, DC 20003

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-2306595	100.00%	RENTAL REAL ESTATE		

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

ZAHARA INVESTMENT CORPORATION

ADDRESS

453 NEW JERSEY AVE SE, WASHINGTON, DC 20003

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-2154483	100.00%	RENTAL REAL ESTATE		

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 15

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

- 93A PUBLICATIONS PROMOTE A BETTER UNDERSTANDING OF ISLAM AND MUSLIMS
- 93B CONFERENCES/SEMINARS PROVIDE TRAINING PROMOTING BETTER UNDERSTANDINGS
- 93D VARIOUS SPECIAL PROJECTS TO PROMOTE BETTER UNDERSTANDING
- 94 MEMBERSHIP DUES MEASURES THE ORGANIZATION'S SUCCESS & BASE OF SUPPORT
- 97B RENTING OUT PORTIONS OF THE BUILDING DEFRAYS THE COST OF OCCUPANCY.
- 101 ANNUAL DINNER PROVIDES THE OPPORTUNITY FOR SIGNIFICANT FUNDRAISING
- 93C PROMOTES MUTUAL UNDERSTANDING AND EDUCATES OTHERS ABOUT ISLAM
- 93E EDUCATE PUBLIC ABOUT ISLAM AND THE AMERICAN MUSLIM EXPERIENCE



- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy		
<b>Type or print</b>	Name of Exempt Organization <b>COUNCIL ON AMERICAN-ISLAMIC RELATIONS, INC</b>	Employer identification number <b>52-1887951</b>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>453 NEW JERSEY AVENUE SE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20003</b>	

**Check type of return to be filed** (File a separate application for each return)

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **THE ORGANIZATION**  
Telephone No. **202-488-8787** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007.**
- 5 For calendar year **2006**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	<b>8c</b>	\$	<b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Notice to Applicant. (To Be Completed by the IRS)**

- We **have** approved this application. Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

<b>Type or print</b>	<b>Name</b>
	<b>Number and street (include suite, room, or apt. no.) or a P.O. box number</b>
	<b>City or town, province or state, and country (including postal or ZIP code)</b>

## Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>COUNCIL ON AMERICAN-ISLAMIC RELATIONS, INC</b>	Employer identification number <b>52-1887951</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions. <b>453 NEW JERSEY AVENUE SE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20003</b>	

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

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

- The books are in the care of ▶ **THE ORGANIZATION**  
 Telephone No ▶ **202-488-8787** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2006** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

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