

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2006**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
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** 1/1/2006 **and ending** 12/31/2006

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

**C Name of organization**  
 CAIR - ST LOUIS, INC  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
 P O BOX 739  
 City town or country State ZIP + 4  
 ST LOUIS MO 63011-1039

**D Employer identification number**  
43-1916382

**E Telephone number**  
636-207-8882

**F Group Exemption Number** ▶

**G Accounting method**  Cash  Accrual  
Other (specify) ▶

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶ WWW.CAIR-STLOUIS.ORG

**J Organization type** (check only one)  501(c) ( 3 ) ◀ (insert no.  4947(a)(1) or  527

**K Check**  if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ.** ▶ \$ 0

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 47 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
6b	Less direct expenses other than fundraising expenses	6b	0	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0	
8	Other revenue (describe ▶)	8	0	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	0	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	100
	14	Occupancy, rent, utilities and maintenance	14	
	15	Printing, publications, postage, and shipping	15	147
	16	Other expenses (describe ▶ See attached statement)	16	2,232
17	<b>Total expenses</b> (add lines 10 through 16)	17	2,479	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	-2,479
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	45,681
	20	Other changes in net assets or fund balances (attach explanation)	20	511
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	21	43,713

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 51 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	45,681	43,713
23 Land and buildings		
24 Other assets (describe ▶)	0	0
25 <b>Total assets</b>	45,681	43,713
26 <b>Total liabilities</b> (describe ▶)	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	45,681	43,713

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<b>Part III Statement of Program Service Accomplishments</b> (See page 51 of the instructions )	<b>Expenses</b>
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others )
<b>28</b> _____ _____	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> _____ _____	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____ _____	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (attach schedule) (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b> 0

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 52 of 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	(E) Expense account and other allowances
Name KAMAL YASSIN Str 736 THE HAMPTON City TOWN & COUNTR ST MO ZIP 63017	Title PRESIDENT Hr/WK	0	0	0
Name GULTN IIHAN Str 15083 DENWOOD C City CHESTERFIELD ST MO ZIP 63017	Title VICE PRESIDEN Hr/WK	0	0	0
Name FAROOQ URAIZEI Str 616 MERAMEC VIEW City EURIKA ST MO ZIP 63025	Title SECRETARY Hr/WK	0	0	0
Name IRFAN ASIF Str 2168 BANBRY CT City CHESTERFIELD ST MO ZIP 63017	Title TREASURER Hr/WK	0	0	0

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V )	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement )		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> 0		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>	
<b>39</b> 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	

**Part V Other Information** (Note the statement requirement in General Instruction V ) (Continued)

- 40 a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ \_\_\_\_\_, section 4912 ▶ \_\_\_\_\_, section 4955 ▶ \_\_\_\_\_
- b** 501(c)(3) and (4) organizations 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 an explanation
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ \_\_\_\_\_
- d** Enter amount of tax on line 40c reimbursed by the organization ▶ \_\_\_\_\_
- e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
<b>40b</b>		
<b>40e</b>		X

**41** List the states with which a copy of this return is filed ▶ MO

**42 a** The books are in care of ▶ Name KAMAL YASSIN Telephone no ▶ 636 207 8882

Located at ▶ 736 THE HAMPTONS LANE City TOWN

**b** At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)?

If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_  
See the instructions for exceptions and filing requirements for

**c** At any time during the calendar year, did the organization maintain a financial account in a foreign country?  
If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ and enter the amount of tax-exempt interest received or accrued during the year

Under penalties of perjury I declare that I have examined this return and belief, it is true correct, and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer by the taxpayer and the preparer has no knowledge of any information that would require the filing of a separate return

Please Sign Here

Signature of officer   
KAMAL YASSIN  
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Self Prepared Return XXXXXXXXXXXX self-employed  XXXXXXXXXXXXXXXX

Firm's name (or yours if self-employed) address and ZIP + 4 ▶ XXXXXXXXXXXXXXXX EIN ▶ XXXXXXXXXXXXXXXX

Phone no ▶ XXXXXXXXXXXXXXXX

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2006**

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

CAIR - ST LOUIS, INC

Employer identification number

43-1916382

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ 0

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ 0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of other contractors receiving over \$50,000 for other services ▶ 0

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

Schedule A (Form 990 or 990-EZ) 2006

(HTA)

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

**1** During the year, has the organization attempted to influence national, state, or local legislation, including an 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: ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )

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

**2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, with any taxable organization with which any such person is affiliated as an officer, director, trustee, major owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )

**a** Sale, exchange, or leasing of property?

**b** Lending of money or other extension of credit?

**c** Furnishing of goods, services, or facilities?

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**e** Transfer of any part of its income or assets?

**3 a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

**b** Did the organization have a section 403(b) annuity plan for its employees?

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," attach a detailed statement

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

**4 a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

**b** Did the organization make any taxable distributions under section 4966?

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

**d** Enter the total number of donor advised funds owned at the end of the tax year ▶ \_\_\_\_\_

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ \_\_\_\_\_

**f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment amounts in such funds or accounts ▶ \_\_\_\_\_

**g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ \_\_\_\_\_

Yes No

1 X

2a X

2b X

2c X

2d X

2e X

3a X

3b X

3c X

3d X

4a X

4b X

4c X

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions )

I certify that the organization is not a private foundation because it is (Please check or **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 )
- 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)(i) **Enter the hospital's name, city, and state** ▶ ..... City ..... ST ..... Country .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(ii) (Also complete the **Support Schedule** in Part IV-A )
- 11 a  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 )
- 11 b  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 otherwise meets requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					<b>0</b>

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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 account.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,999	39,778	27,416	13,736	84,929
<b>16</b> Membership fees received				110	110
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		7,566	4,948	210	12,724
<b>18</b> Gross income from interest, dividends amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
<b>23</b> Total of lines 15 through 22	3,999	47,344	32,364	14,056	97,763
<b>24</b> Line 23 minus line 17	3,999	39,778	27,416	13,846	85,039
<b>25</b> Enter 1% of line 23	40	473	324	141	
<b>26 Organizations described on lines 10 or 11</b>	<b>a</b> Enter 2% of amount in column (e), line 24				<b>26a</b> 1,701
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b> 23,581
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b> 85,039
<b>d</b> Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ 23,581					<b>26d</b> 23,581
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 61,458
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 72.27%
<b>27 Organizations described on line 12:</b>	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person" prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____				
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
<b>c</b> Add: Amounts from column (e) for lines 15 _____ 84,929 16 _____ 110 17 _____ 12,724 20 _____ 21 _____					<b>27c</b> 97,763
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27d</b> 0
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> 97,763
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					<b>27f</b> 97,763
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 100.00%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 0.00%
<b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

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



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term "expenditures" means amounts paid or incurred )															
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	0												
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0												
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table-- <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is--</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is--</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is--</b>	<b>The lobbying nontaxable amount is--</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is--</b>	<b>The lobbying nontaxable amount is--</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0												
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0												
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0												

**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 13 of the instructions )

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions )

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

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

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

Yes	No	Amount
		0

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 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

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

**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.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** 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

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Line 16 (990-EZ) - Other expenses**

1	Conferences, conventions, and meetings	1	1,183
2	Computer	2	35
3	Credit card charges	3	5
4	Bank charges	4	20
5	Telephone	5	569
6	Corporate licenses	6	70
7	Business expense	7	100
8	Supplies	8	65
9	Website	9	146
10	Activities Expense	10	39
11	Total other expenses	11	2,232

**Checklist for a properly completed return (990-EZ)**

- Complete Schedule A (Form 990 or 990-EZ) if your organization is a section 501(c)(3), 501(e), (f), (k), (n) organization or a section 4947(a)(1) nonexempt charitable trust
- Complete Schedule A (Form 990 or 990-EZ), Part IV-A, Support Schedule, if you are required to check a box on line 10, 11, or 12 of Part IV-A of the Support Schedule
- File Form 990 instead of Form 990-EZ if your organization's gross receipts are \$100,000 or more or total assets at the end of the year are \$250,000 or more
- Indicate the correct tax year in the heading of your form
- Have an officer of the organization sign the return
- Complete all Balance Sheet columns (Part IV (and IV-A and IV-B) of Form 990, Part II of Form 990-EZ) Indicate "N/A" if a line, column, or Part does not apply Indicate too, on the applicable line, if a schedule is attached Do not substitute another balance sheet instead of completing the Part II Balance Sheet of Form 990-EZ
- Attach all required pages and schedules to the return Include a list of subordinates if filing a group return
- Double-check the accuracy of your EIN, tax period, and group exemption number (GEN), if applicable
- Indicate the correct 501(c) subsection under which you are tax-exempt If there has been a change, attach a copy of the latest determination letter If the letter is unavailable, attach a description of your organization's primary exempt purpose
- Be aware that the Form 990, Form 990-EZ, the Schedule A (Form 990 or 990-EZ), and the attachments to be filed with these forms, are publicly disclosable Note, however, the specific public inspection rules in the instructions for Schedule B (Form 990, 990-EZ, or 990-PF)
- Section 501(c)(3) organizations required to complete lines 26, 27, or 28 of Schedule A (Form 990 or 990-EZ) must prepare lists for their own records to substantiate amounts on those lines These lists are not to be filed with the return
- Do not check the Final Return box in the heading of the Form 990 or 990-EZ unless your organization has ceased operations

**Where to File (990-EZ)**

All locations	<input checked="" type="checkbox"/> Internal Revenue Service Center Ogden, UT 84201-0027
Efile with payment required (8109.8109B) Use an authorized depository (financial institution) or mail to	<input type="checkbox"/> P O Box 970030. St Louis, MO 63197

**Part I (Sch A (990/990-EZ)) - Compensation of the Five Highest Paid Employees**

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name NONE Str ..... City ..... ST Zip ..... Country .....	Title ..... Avg hr/wk .....	0	0	0
Name ..... Str ..... City ..... ST Zip ..... Country .....	Title ..... Avg hr/wk .....			
Name ..... Str ..... City ..... ST Zip ..... Country .....	Title ..... Avg hr/wk .....			
Name ..... Str ..... City ..... ST Zip ..... Country .....	Title ..... Avg hr/wk .....			
Name ..... Str ..... City ..... ST Zip ..... Country .....	Title ..... Avg hr/wk .....			
Total number of other employees paid ovr \$50,000				

**Part II (Sch A (990/990-EZ)) - Compensation of the Five Highest Paid Independent Contractors**

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name NONE ..... Check here if a business <input type="checkbox"/> Str ..... City ..... ST ..... ZIP ..... Country .....		
Name ..... Check here if a business <input type="checkbox"/> Str ..... City ..... ST ..... ZIP ..... Country .....		
Name ..... Check here if a business <input type="checkbox"/> Str ..... City ..... ST ..... ZIP ..... Country .....		
Name ..... Check here if a business <input type="checkbox"/> Str ..... City ..... ST ..... ZIP ..... Country .....		
Name ..... Check here if a business <input type="checkbox"/> Str ..... City ..... ST ..... ZIP ..... Country .....		
Total number of others receiving over \$50,000 for professional services: <input type="text"/>		

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name ..... Check here if a business <input type="checkbox"/> Str ..... City ..... ST ..... ZIP ..... Country .....		
Name ..... Check here if a business <input type="checkbox"/> Str ..... City ..... ST ..... ZIP ..... Country .....		
Name ..... Check here if a business <input type="checkbox"/> Str ..... City ..... ST ..... ZIP ..... Country .....		
Name ..... Check here if a business <input type="checkbox"/> Str ..... City ..... ST ..... ZIP ..... Country .....		
Name ..... Check here if a business <input type="checkbox"/> Str ..... City ..... ST ..... ZIP ..... Country .....		
Total number of others receiving over \$50,000 for professional services: <input type="text"/>		

## Attachment for form 990-EZ

For Cair St. Louis (The St. Louis Chapter on American-Islamic Relations)  
EIN 43-1916382

### Explanation for line 20:

\$500 contribution was collected and reported in the 2005 tax return but the deposit was made in January 2006.

Additionally, the actual expenditure for 2006 was overstated by \$11 in bookkeeping error"

A handwritten signature in black ink, appearing to read 'K. Yassin', with a long horizontal flourish extending to the right.

Kamal Yassin,

President Cair St. Louis