

JS Accounting Solutions Inc 7130 W Grand Ave

Chicago, IL 60707 adel@incometaxteam.com Phone: (773)309-3337 | Fax: (773)309-3373

June 14, 2019

Cair-Chicago 17 N State St, Ste 1500 Chicago, IL 60602

Cair-Chicago:

Enclosed is the 2018 federal return for a tax-exempt organization, prepared for Cair-Chicago from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (773)309-3337.

Sincerely,

Adel Madbouly CPA EA JS Accounting Solutions Inc

990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Δ	For t	he 2	2018 calend	lar year, or tax year begi	nnina		, 2018, and end	dina			, 20		
			plicable:	C Name of organization CAI			, zoro, and en	unig		٦, -,	nployer identification no.		
					R-CHICAGO						• •		
H	Addre			Doing business as							4469855		
\equiv	Name		•	Number and street (or P.O. b	ox if mail is not delivered to s	treet address)		Room/suite			lephone number		
Ц	Initial	return	1	17 N STATE ST				1500 (312)212-15					
Ц	Final r	eturn/	/terminated	City or town, state or province	e, country, and ZIP or foreign	postal code				G Gr	G Gross receipts		
	Amen	ded re	eturn	CHICAGO, IL 60	602					\$	706,564		
	Applic	ation	pending	F Name and address of princip	al officer: AHMED R	EHAB		H(a) Is th	is a group ret	urn for subord	dinates? Yes No		
				SAME AS C ABOV	E			H(b) Are	all subordi	nates includ	ded? Yes No		
ı	Tax-e:	xempt	t status:	501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527		If "No," atta	ach a list. (s	see instructions)		
J	Webs	ite:		V.CAIRCHICAGO.ORG	-			H(c) Gr	oup exemp	tion numbe	er 🕨		
			anization: X		sociation Other ►		L Year of formation: 20			legal domi			
	art I		Summar		oddiaddi		L rear or formation. 20	, <u></u>	ii Otato oi	logal dollin	OHO. II		
1 6	\neg	_			sion or most significant	t ootivitioo: 3 G	33.44 DOOM4 GT	D.T.	arma 1	CMTIT	atv.		
	'			ribe the organization's mis	=		RASS ROOTS CI			CTIVI	SIM,		
ĕ		2	COMMUNIT	Y OUTREACH AND P	OLITICAL EMPOW	ERMENT TO THE	COMMUNITY M	EMBERS	•				
Governance		_											
er.		_											
Š	2	2 (Check this b	ox ► ☐ if the organization	n discontinued its oper	rations or disposed	of more than 25% of	fits net as	sets.				
ري	;	3 1	Number of v	oting members of the gov	erning body (Part VI, li	ine 1a)			L	3	7		
Activities &	4	4 1	Number of ir	ndependent voting membe	rs of the governing bo	dy (Part VI, line 1b)				4	7		
iŧi	!	5 7	Total numbe	er of individuals employed i	n calendar year 2018	(Part V, line 2a)			.	5	8		
妄	- 1			er of volunteers (estimate if						6			
∢	_			ted business revenue from	• ,					7a	0		
	- '			ed business taxable incom					· · · · 	7b	0		
			vet uniferate	ta business taxable incom	5 HOHH OHH 990-1, IIII	e 30		Polar		7.5			
	١.		O (-'') ('	d (D(\ ///// C	415				Year		Current Year		
a				s and grants (Part VIII, line				1	,214,	152	706,564		
Ž	1			rvice revenue (Part VIII, lir							0		
Revenue	10			ncome (Part VIII, column (0		
8	1	1 (Other revenu	ue (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c,	and 11e)					0		
	1:	2 7	Total revenu	e - add lines 8 through 11	(must equal Part VIII,	column (A), line 12)		1	,214,	152	706,564		
	1:	3 (Grants and s	similar amounts paid (Part	IX, column (A), lines 1	-3)					0		
	1.	4 E	Benefits paid	d to or for members (Part	X, column (A), line 4)						0		
	1			ner compensation, employe)		457,	050	469,072		
es	10			I fundraising fees (Part IX,					137,		103,072		
Expenses	'			ising expenses (Part IX, co			17,918						
χ. S	4.			4 .					202	200	200 761		
ш	- 1 -		•	ses (Part IX, column (A), I					283,		299,761		
	18			ses. Add lines 13-17 (mus					741,		768,833		
	19	9 F	Revenue les	s expenses. Subtract line	18 from line 12				473,	120	(62,269		
Net Assets or	Sec						В	eginning of			End of Year		
sets	20	0 7	Total assets	(Part X, line 16)					880,	993	799,403		
AS	<u> </u>	1 7	Total liabilitie	es (Part X, line 26)					24,	748	33,896		
Ž	22	2 1	Net assets o	or fund balances. Subtrac	t line 21 from line 20				856,	245	765,507		
Pa	art II		Signatu	re Block									
Unc	der per	alties		clare that I have examined this ret				owledge and	belief, it is				
true	, corre	ct, an	id complete. De	claration of preparer (other than o	fficer) is based on all informat	tion of which preparer has	any knowledge.						
		N	QIIFV	AN SOHEL, JD									
Sig	ın			re of officer						Date			
			•							24.0			
He	ıe			AN SOHEL, JD, DE	PUTY DIRECTOR								
			y Type or	print name and title	T		T _D .	Г					
_			Print/Type pre	eparer's name	Preparer's signature		Date	Che	eck	if PTIN			
Pai			Adel Ma	adbouly CPA EA	Adel Madbouly	CPA EA		self	-employed	P(00761672		
Prepare		er	Firm's name	JS Acco	unting Solution	ns Inc		Firm's EIN	>				
Use Only			Firm's addres	ss ► 7130 W	Grand Ave			Phone no.					
		•			IL 60707				773	3-309-	3337		
May	, tho	IDC	discuss this	return with the preparer s		tructions)					▼ Yes No		

36-4469855

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			7.7
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		Λ
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		21
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			21
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			7.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	111		Λ
120	Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	·za	27	
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			7.7
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		37
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	admidding government on that the definition of the troop of the following the factor and the following the followi			

Form 990 (2018) CAIR-CHICAGO 36-4469855 Page 4 Checklist of Required Schedules (continued) Part IV Yes No

С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
			Yes	No
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
Part				
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Χ	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	or IV, and Part V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	complete Schedule N, Part II	32		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
	conservation contributions? If "Yes," complete Schedule M	30		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		77
IJ	Schedule L, Part IV	28b		Х
a b	A current or former officer, director, trustee, or key employee? If "Yes, "complete Schedule L, Part IV	∠ 0d		
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	LI		Λ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		Λ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		27
	If "Yes," complete Schedule L, Part I	25b		Х
IJ	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
b	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		v
d 252	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
اب	to defease any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	employees? If "Yes," complete Schedule J	23		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ĺ

				res	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a (
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b (
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	Χ	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		Χ
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
U	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Χ
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Manage

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the consciration have lead shorters broughed as a fillipted?	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	120	71	
Ŭ	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Illinois			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	AHMED REHAB (312)212-1520, 17 N STATE ST, CHICAGO, IL 60602			

Form 990 (2018) CAIR-CHICAGO 36-4469855

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

Section A.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position

(A)	(B)	(do r	not ch		ore th	nan one	(D)		(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	ss per d a dir	son is	s both ar /trustee)	Reportable compensation from the organization (W-2/1099-MISC)		Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) AHMED REHAB EXECUTIVE DIRECTOR	40.00			Х		Х		0	0	0
(2)									, ,	<u> </u>
(3)	7									
<u>(4)</u>	J-									
<u>(5)</u>										
<u>(6)</u>										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
<u>(14)</u>										

	(A) Name and title		box, office	Position (do not check more than one box, unless person is both an officer and a director/trustee)				ı	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated nount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	pensation rom the panization d related anizations
(15)					+							
<u>(16)</u>												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)						1						
(24)												
(25)												
1b c	Sub-total							>	(0
d 2	Total number of individuals (including but not limited											0
	reportable compensation from the organization									0		Yes No
3	Did the organization list any former officer, directo employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>		-				-				3	X
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than											
	individual										4	X
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? <i>If</i> "Yes,"			-			_				5	X
	on B. Independent Contractors	d Sandana and dan			()-				th \$400,000	- f		
1	Complete this table for your five highest compensate compensation from the organization. Report comper year.											
	(A) Name and business address								(B) Description of			(C) pensation

Form 990 (2018) CAIR-CHICAGO 36-4469855 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt function excluded from tax business under sections 512-514 revenue Federated campaigns , Gifts, Grants nilar Amounts 1a 1b **c** Fundraising events 1c **d** Related organizations Contributions, and Other Simi e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 706,564 g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 706,564 **Business Code** Revenue 2a LEGAL ASSISTANCE 541100 b Program Service **f** All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds (ii) Personal 6a Gross rents **b** Less: rental expenses **c** Rental income or (loss) . . . (i) Securities 7a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses ... c Gain or (loss) . . 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. Soo Bort IV line 10

	See Part IV, line 19 a			
b	Less: direct expenses b			
С	Net income or (loss) from gaming activities			Ì
100	Gross sales of inventory loss			

returns and allowances a **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶

	Miscellaneous Revenue	Business Code
11a		
b		

d All other revenue

706,564

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other orga	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			[
Do r	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	365,157	310,383	54,774	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	75,589	64,251	11,338	
10	Payroll taxes	28,326	24,077	4,249	
11	Fees for services (non-employees):				
a	Management	47 226	47 226		
b	Accounting	47,336 2,939	47,336	2,939	
c d	Lobbying	2,939		2,939	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	16,651	16,651		
12	Advertising and promotion	5,918	4,918		1,000
13	Office expenses	29,536	23,822	4,204	1,510
14	Information technology	9,297	8,290	1,007	
15	Royalties				
16	Occupancy	109,023	92,670	16,353	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,598	22,598		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,081	1,769	312	
23	Insurance	3,402	2,892	510	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	,	4 032	4 022		
a b	INSTITUTIONAL SUPPORT TELEPHONE	4,032 1,617	4,032 1,367	250	
C	BANK CHARGES	16,857	13,486	3,371	
d	PRINTING & PRODUCTION	18,018	2,885	550	14,583
e	All other expenses	10,456	9,039	592	825
25	Total functional expenses. Add lines 1 through 24e .	768,833	650,466	100,449	17,918
26	Joint costs. Complete this line only if the	, , , , , , ,	222,200		,,,
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2018) CAIR-CHICAGO 36-4469855 Page 11

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	653,847	1	665,924
	2	Savings and temporary cash investments	•	2	,
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	172,145	4	117,117
	5	Loans and other receivables from current and former officers, directors,			
	_	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	10,250	9	9,000
'	10a	Land, buildings, and equipment: cost or	10,250	9	9,000
	IVa	other basis. Complete Part VI of Schedule D 10a 58,805			
	b	Less: accumulated depreciation	4,251	10c	7,362
	11	Investments - publicly traded securities	4,251	11	7,302
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
		Other assets. See Part IV, line 11	40 500	15	
	15		40,500		F00 403
	16	Total assets. Add lines 1 through 15 (must equal line 34)	880,993	16	799,403
	17		24,748	17	33,896
	18	Grants payable	*	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
bili		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	00	of Schedule D	04 740	25	22.004
	26	Total liabilities. Add lines 17 through 25	24,748	26	33,896
		Organizations that follow SFAS 117 (ASC 958), check here X and and and			
ses	07	complete lines 27 through 29, and lines 33 and 34.	0=0 04=		=
lano	27	Unrestricted net assets	852,947	27	762,209
Bal	28	Temporarily restricted net assets	3,298	28	3,298
ınd	29	Permanently restricted net assets		29	
٢F		Organizations that do not follow SFAS 117 (ASC 958), check here and			
o s	00	complete lines 30 through 34.		00	
sset	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	856,245	33	765,507
	34	Total liabilities and net assets/fund balances	880,993	34	799,403

Form	990 (2018) CAIR-CHICAGO 36	5-446985	5	Pa	age 1 2
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	•	706,	564
2	Total expenses (must equal Part IX, column (A), line 25)	2		768,8	833
3	Revenue less expenses. Subtract line 2 from line 1	3		(62,	269)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	:	856,2	245
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(28,	469)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		765,	507
Par	rt XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
1	Accounting method used to prepare the Form 990: Cash			Yes	No
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			21	
	separate basis, consolidated basis, or both:				
c	∑ Separate basis				

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits Form **990** (2018) EEA

3a

3b

Χ

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

the Single Audit Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2018**

Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

CAI	R-C	HICAGO					36-44698	55	
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instruction	ns.	
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)			
1		A church, convention of churches, or	association of chu	irches described in sect	ion 170(b)	(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	(iii).			
4		A medical research organization ope	· ·		` ' ' ' ' '	, ,	(1)(A)(iii). Enter the		
		hospital's name, city, and state:					(-)(-)(-)		
5	П	An organization operated for the bene	efit of a college or u	iniversity owned or oper:	ated by a c	novernmen	tal unit described in		
Ū	ш	section 170(b)(1)(A)(iv). (Complete		anivorsity owned or open	atou by a g	30 V C 11 II 11 C 11	tar arm accombca m		
6	П		•	nit described in coetion	170/b\/1\	(A)(_V)			
6	Н	A federal, state, or local government	•				m the general nublic		
7	Ш	An organization that normally receive	•		vernmentai	unit or no	in the general public		
•	П	described in section 170(b)(1)(A)(vi		•					
8	\sqcup	A community trust described in secti							
9	Ш	An agricultural research organization						iege	
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, cii	ty, and stat	e of the college or		
40	77	university:	- (4) (1 00	14/00/ - 11/					
10	X	An organization that normally receive	, ,					SS	
		receipts from activities related to its e	•	•					
		support from gross investment income					rom businesses		
	П	acquired by the organization after Ju							
11	Н	An organization organized and opera	•			1			
12	Ш	An organization organized and opera	•						
		of one or more publicly supported or	3			, , , ,	,	,,,	
		Check the box in lines 12a through 12						_	
	а	Type I. A supporting organization				-		ving	
		the supported organization(s) the			rity of the o	directors or	trustees of the		
		supporting organization. You mu							
	b	Type II. A supporting organization				-		_	
		control or management of the sup			rsons that o	control or r	nanage the supporte	d	
		organization(s). You must comp							
	С	Type III functionally integrated						with,	
		its supported organization(s) (se-							
	d	☐ Type III non-functionally integr							
		that is not functionally integrated.		•		•	nt and an attentivenes	S	
		requirement (see instructions). Y							
	е	Check this box if the organization				a Type I,	Type II, Type III		
		functionally integrated, or Type III		ntegrated supporting organic	anization.				
	f	Enter the number of supported organ							
	g	Provide the following information abo	ut the supported or	ganization(s).	T		T	<u> </u>	
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	•	(v) Amount of monetary	(vi) Amo	
				above (see instructions))	docum	r governing ent?	support (see instructions)	other supp instruct	
				, , , , ,			,		
					Yes	No			
(A)									
(B)									
(C)									
(E)									
(D)									
(E)									
Tota	I						I	1	

Page 2

Schedule A (Form 990 or 990-EZ) 2018 CAIR-CHICAGO 36-4469855 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calend	lar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
ı	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
(Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
1	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
	lar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(a) 2011	(3) 2010	(0) 2010	(4) 2011	(6) 2010	(i) rotal
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
á	Net income from unrelated business activities, whether or not the business is regularly carried on						
I	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10 .						
12 (Gross receipts from related activities, etc. (s	ee instructions)				12	
	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ 🗌
	ion C. Computation of Public Sup						
	Public support percentage for 2018 (line 6, co					14	%
	Public support percentage from 2017 Schedu					15	%
	33 1/3% support test - 2018. If the organize			•	•		
	box and stop here. The organization qualifi						▶ ⊔
	33 1/3% support test - 2017. If the organiz						. \square
	this box and stop here. The organization qu						▶ ⊔
	10%-facts-and-circumstances test - 2018	_					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "facts		_				, \sqcap
	organization						▶ ⊔
	10%-facts-and-circumstances test - 2017 15 is 10% or more, and if the organization n	J		•		III I C	
	Explain in Part VI how the organization meet					slv	
	supported organization			-		-	▶ □
	Private foundation. If the organization did						
_	instructions						▶ □

36-4469855 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			· •	•		
Cal	endar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	297,402	446,568	552,407	891,962	565,571	2,753,910
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	126,191	119,488	152,507		140,558	750,581
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .	63,832	22,885	248	110,353	400	197,718
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	487,425	588,941	705,162	1,214,152	706,529	3,702,209
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						3,702,209
Se	ction B. Total Support			1			0,:02,202
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	487,425	588,941	705,162	1,214,152	706,529	3,702,209
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b		Y				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	103				35	138
13	Total support. (Add lines 9, 10c, 11, and 12.)	487,528	588,941	705,162	1,214,152	706,564	3,702,347
14	First five years. If the Form 990 is for the organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •	_				
15	Public support percentage for 2018 (line 8, co					15	100.00 %
	Public support percentage from 2017 Schedu					16	100.00 %
	ction D. Computation of Investme			I		47	0.00.00
17 18	Investment income percentage for 2018 (lin Investment income percentage from 2017 S				ı	17 18	0.00 % 0.00 %
19a	33 1/3% support tests - 2018. If the organi 17 is not more than 33 1/3%, check this box						▶ 🏻
b 20	33 1/3% support tests - 2017. If the organi line 18 is not more than 33 1/3%, check this Private foundation. If the organization did	box and stop here	e. The organization	n qualifies as a pub	olicly supported org	ganization	

Part IV Supp

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	τα		
	4b		
	4D		
	_		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	•		
	8		
	0		
	00		
	9a		
	OI-		
	9b		
	_		
	9с		
	10a		
	10b		
(Fo	rm 990	or 990-E	Z) 2018

Schedule A (Form 990 or 990-EZ) 2018 CAIR-CHICAGO 36-4469855 Page 5

Part IV Supporting Organizations (continued)

Pai	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_	Management the second of the s			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ir	struct	tions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а				
~	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
		_		_

Schedule A	(Form 990 or 990-EZ) 2018 CAIR-CHICAGO		36-44	69855 F	ag
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying t				;
	instructions. All other Type III non-functionally integrated supporting organiz	ation	is must complete Section		
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Y	ear
	•		(7.1) 1.100 1.001	(optional)	
	et short-term capital gain	1			
	ecoveries of prior-year distributions	2			
	her gross income (see instructions)	3			
	dd lines 1 through 3.	4			
	epreciation and depletion	5			
6 Pc	ortion of operating expenses paid or incurred for production or				
collec	tion of gross income or for management, conservation, or				
mainte	enance of property held for production of income (see instructions)	6			
7 Ot	her expenses (see instructions)	7			
8 Ac	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current You (optional)	ear
1 Ag	ggregate fair market value of all non-exempt-use assets (see	,			
instruc	ctions for short tax year or assets held for part of year):				
a Av	verage monthly value of securities	1a			
b Av	verage monthly cash balances	1b			
c Fa	air market value of other non-exempt-use assets	1c			
d To	otal (add lines 1a, 1b, and 1c)	1d			
e Di	scount claimed for blockage or other				
facto	rs (explain in detail in Part VI):				
2 Ac	equisition indebtedness applicable to non-exempt-use assets	2			
	ubtract line 2 from line 1d.	3			
4 Ca	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see in	structions).	4			
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 M	ultiply line 5 by .035.	6			
	ecoveries of prior-year distributions	7			
	inimum Asset Amount (add line 7 to line 6)	8			
8 Mi					Current Year

emergency temporary reduction (see instructions)). 6		
7 Check here if the current year is the organ	ization's first as a non-functionally inter	grated Type III supporting	organization (see
instructions).			

1 2

3

4

5

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, Column A)

EEA

2

3

Enter 85% of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Schedu	le A (Form 990 or 990-EZ) 2018 CAIR-CHICAGO		36-446	5 9855 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	pt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		/:\	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
		Excess distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			

Breakdown of line 7: a Excess from 2014 **b** Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury

Name of the organization

Internal Revenue Service

CAIR-CHICAGO

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

36-4469855

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ∑ 501(c)(3) (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 foundation Check 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number 36-4469855

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 1 AHMAD AGHA Payroll Noncash 108,000 1603 WOODLAND LN (Complete Part II for noncash contributions.) BOLINGBROOK, IL 60490 (d) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (b) (d) (a) Νo. Name, address, and ZIP + 4 Total contributions Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number CAIR-CHICAGO 36-4469855 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 🗌 Yes 🗌 No conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

Sched	ule D (Form 990) 2018 CAIR-CHICAGO				36-44698	55	Page 2
	rt III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures,	or Other S			
3	Using the organization's acquisition, accession, and		·			1	
	collection items (check all that apply):	•	•	•			
а	Public exhibition	d Loan or excha	ange programs				
b	Scholarly research						
С	Preservation for future generations						
4	Provide a description of the organization's collections	s and explain how they fur	ther the organization's	exempt purpo	se in Part		
	XIII.						
5	During the year, did the organization solicit or receive	e donations of art, historica	al treasures, or other sir	milar			
	assets to be sold to raise funds rather than to be ma	intained as part of the org	anization's collection?			. 🗌 Yes	☐ No
Pa	rt IV Escrow and Custodial Arrangem	ents.					
	Complete if the organization answers 990, Part X, line 21.	ered "Yes" on Form	990, Part IV, line 9	, or reporte	ed an amoun	t on Forn	n
1a	Is the organization an agent, trustee, custodian or oth	ner intermediary for contrib	utions or other assets r	not			
	included on Form 990, Part X?					. Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and cor	mplete the following table:					
					Amo	unt	
С	Beginning balance			1c			
d	Additions during the year			. 1d			
е	Distributions during the year			1e			
f	Ending balance						
2a	Did the organization include an amount on Form 990					🗌 Yes	∐ No
_b	If "Yes," explain the arrangement in Part XIII. Check	here if the explanation has	s been provided on Par	t XIII			. 🗆
Pa	rt V Endowment Funds.						
	Complete if the organization answer	ered "Yes" on Form					
		a) Current year (b) Pr	ior year (c) Two year	rs back (d)	Three years back	(e) Four yea	ars back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
T	Administrative expenses						
g	End of year balance	and halance Was don ask	(a)\ b ald an				
2	Provide the estimated percentage of the current year		ımn (a)) neid as:				
a	Board designated or quasi-endowment Permanent endowment %	%					
b		%					
С	Temporarily restricted endowment	— 7					
3a	The percentages on lines 2a, 2b, and 2c should equal Are there endowment funds not in the possession of		hold and administered f	or the			
Ja	organization by:	the organization that are	neid and administered i	OI IIIC		V	es No
	m					3a(i)	55 NO
						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations li					3b	
4	Describe in Part XIII the intended uses of the organic	•				30	
_	rt VI Land, Buildings, and Equipment		•				
· u	Complete if the organization answer		990 Part IV line 1	1a See F	orm 990 Par	t X line 1	0
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accur		(d) Book va	
	Dosonption of property	(investment)	(other)	deprec		(w) Dook va	
1a	Land						
b	Buildings						
-		-	1	1			

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment	58,805		51,443	7,362
е	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X, column	(B), line 10c.)	 	7,362
EEA					Schedule D (Form 990) 2018

Schedule D (Form	990) 2018 CAIR-CHICAGO		36-4469855	Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	ırt IV, line 11b. See Form 990, Part X, li	ne 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	

	Complete if the organization answe	red "Yes" on Form 990, Pa	art IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial	derivatives	•		
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
· art tim	Complete if the organization answe	red "Yes" on Form 990. Pa	art IV. line 11c. See Form 990.	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio	n:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	red "Vee" on Form 000 De	ort IV line 11d Coe Form 000	Dort V line 15
	Complete if the organization answe		art IV, line 11d. See Form 990,	
(1) TOAN	TO AFFILIATE	Description		(b) Book value
(2)	TO AFFIBIATE			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X	Other Liabilities.			
	Complete if the organization answe line 25.	red "Yes" on Form 990, Pa	art IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b)	must equal Form 990, Part X, col. (B) line 25.)		ation's financial statements that report	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018 CAIR-CHICAGO 36-4469855 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	706,564
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,00,501
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
c	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	706,564
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		700,304
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	706,564
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	768,833
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	768,833
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	768,833
Par	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b;	rt X, line	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2018

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number CAIR-CHICAGO 36-4469855 01. Committee meeting documentation (Part VI, line 8b) CAIR-CHICAGO PROVIDES ALL BOARD MEMBERS WITH A COPY OF THE TAX RETURN PRIOR TO FILLING IT. 02. Form 990 governing body review (Part VI, line 11) UPON COMPLETION OF THE TAX RETURN BY OUR EXTERNAL ACCOUNTANT, A COPY OF THE TAX RETURN IS FURNISHED TO OUR LEGAL GOVERNING BODY IN ORDER TO COMPARE THE IT TO THE CASH BASIS FINANCIAL STATEMENTS OF THE ORGANIZATION. 03. Conflict of interest policy compliance (Part VI, line 12c) THE CONFLICT OF INTEREST POLICY COMPLIANCE IS DONE ANNUALLY BY REVEWING THE WRITTEN POLICY IN A BOARD MEETING. 04. CEO, executive director, top management comp (Part VI, line 15a) CEO, EXECUTIVE DIRECTOR, AND TOP MANAGEMENT COMPENSATION IS DETERMINED BY OBTAINING COMPARABLE FIGURES AND ADJUSTING IT DOWNWARDS IN ORDER TO FIT THE ORGANIZATION'S FINANCIAL MEANS. 05. Other officer or key employee compensation (Part VI, line 15b OTHER OFFICER OR KEY EMPLOYEE COMPENSATION IS DETERMINED BY OBTAINING COMPARABLE FIGURES AND ADJUSTING IT DOWNWARDS IN ORDER TO FIT THE ORGANIZATION'S FINANCIAL MEANS. 06. Governing documents, etc, available to public (Part VI, line 19) ALL OF CAIR-CHICAGO'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON A WRITTEN

REQUEST FOR ANY DOCUMENTS THAT AREN'T INCLUDED IN OUR ANNUAL REPORT.

IRS e-file Signature Authorization

	OMD N - 4545 4070
for an Exempt Organization	OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning

. and ending

Do not send to the IRS. Keep for your records.

2018

Department of the Treasury Internal Revenue Service Name of exempt organization

▶ Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number CAIR-CHICAGO

36-4469855

Name and title of officer

SUFYAN SOHEL, JD, DEPUTY DIRECTOR

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ► 🗓 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	b 706,56
	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	b
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4	b
5a	Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	b

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X	I authorize	JS	Accounting	Solutions	Inc		to enter my PIN	11111	as my signature
	_		I	ERO firm name				Enter five numbers, but	_
								do not enter all zeros	

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return.
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of
the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature 06-13-2019

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

151470 22550 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature > Adel Madbouly CPA EA

Date >

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

JS Accounting Solutions Inc 7130 W Grand Ave

Chicago, IL 60707 adel@incometaxteam.com Phone: (773)309-3337 | Fax: (773)309-3373

June 14, 2019

Cair-Chicago 17 N State St, Ste 1500 Chicago, IL 60602

Subject: Preparation of 2018 Tax Returns

Cair-Chicago:

Thank you for choosing JS Accounting Solutions Inc to assist with the 2018 taxes for Cair-Chicago. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2018 federal and state income tax returns for Cair-Chicago. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Cair-Chicago, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2018 tax returns will conclude with the delivery of the completed returns to management (if paper-filing) or with the tax matters partner's signature and our subsequent submittal of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (773)309-3337.
Sincerely,
Adel Madbouly CPA EA JS Accounting Solutions Inc
J3 Accounting Solutions Inc
Accepted By:
Officer
Date
Date

990 Tax Exempt Diagnostic Summary Name CAIR-CHICAGO Tax Exempt Diagnostic Summary Employer Identification # 36-4469855

Demographics

Mailing Address: Phone: (312)212-1520

17 N STATE ST #1500 CHICAGO, IL 60602

Resident State: IL

Diagnostics

Preparer: Adel Madbouly CPA Invoice: Date: 06-14-2019

Return Information

Item on Return	2018		2017 Federal
item on Return	Federal	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(If available)
Total Revenue	706,564		1,214,152
Total Expenses	768,833		741,032
Net Excess (Deficit)	(62,269)		473,120
Net Assets or Fund			
Balances	765,507		856,245

State/City Information

State/City	<u>Taxable</u>	<u>Total</u>	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	Balance		Tax	(Balance Due)