



JS Accounting Solutions Inc 7130 W Grand Ave Chicago IL 60707 Phone: (773)309-3337

Fax: (773)309-3373

Email: adel@incometaxteam.com

November 13, 2013

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

Cair-Chicago:

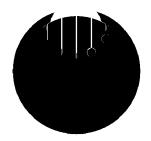
Enclosed is the 2012 federal return for a tax-exempt organization, prepared for Cair-Chicago from the information provided. This return will be electronically filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

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, please do not hesitate to contact this office at (773)309-3337.

Sincerely,

Adel Madbouly CPA EA



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November 13, 2013

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

Subject: Preparation of 2012 Tax Returns

Cair-Chicago:

Thank you for choosing JS Accounting Solutions Inc to assist with the 2012 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 2012 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, of course, inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please 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 will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return the original records to management at the end of this engagement. These records, along with all supporting documents, canceled checks, etc., should be securely stored, as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of the records and our work papers for the engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2012 tax returns will conclude with the delivery of the completed returns to management (if paper filing) or the signing by the tax matters partner, and the 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, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

We appreciate your confidence in us. Please call if you have questions.
Sincerely,
Adel Madbouly CPA EA
Accepted By:
Officer
Date

990 Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2012

Department of the Treasury

Open to Public

_		nue Service	·	n may have to use a co	py or this return to s			ienis.		inspection
	For the	2012 calendar yea	r, or tax year begii	nning		, 2012, and er	nding		_	, 20
	Check if	applicable: C Nar	ne of organizatio CAI	R-CHICAGO					D	Employer identification no.
X	Address	change Doi	ng Business As						3	6-4469855
Ц	Name ch	ange Nur	mber and street (or P.C	. box if mail is not delivered	d to street address)		Room/sui	te	E	Telephone number
Ц	Initial ret	urn 17	N STATE ST				1500		(312)212-1520
	Terminat	ed City	, town or post office, s	tate, and ZIP code						729,505
	Amended	d return CH	HICAGO, IL 6060)2					G	Gross receipts \$
	Application		ame and address of pri							
			•				H(a)	s this a gr affiliates?	oup retu	urn for Yes X No
	Tax-exen	npt status: X 501(c)	(3) 501(c) () 🗹 (insert no.)	4947(a)(1) or	527				
	Website:		RCHICAGO.ORG) (moont no.)	+0+1 (a)(1) 01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	H(c)	f "No," att Group exe	ach a lis	st. (see instructions)
		organization: X Corpor		ossistion Other N	Ι.	Year of formation: 20		-		*
$\overline{}$	rt I		ration Trust As	sociation Other		- Year of formation: 20	012	W State	or regar	domicile: IL
Га		Summary			r. rr					
	1	-	_	on or most significant ac		ASS ROOTS CIVI	L RIGH	rs ACT	VISI	М,
ĕ		COMMUNITY OUTF	REACH AND POLIT	'ICAL EMPOWERMENT	TO THE COMMUN	ITY MEMBERS.		$\overline{}$		
auc									—	
Ë									-	
Activities & Governance	2	Check this box	if the organization	n discontinued its operat	ions or disposed of I	more than 25% of its	s net asse	ts.		
ر مح	3	Number of voting m	embers of the gover	ning body (Part VI, line	1a)				3	7
Se	4	Number of independ	dent voting members	s of the governing body	(Part VI, line 1b)				4	7
ξ	5	Total number of indi	ividuals employed in	calendar year 2012 (Pa	art V, line 2a)			\	5	10
ਝ	6	Total number of volu	unteers (estimate if r	necessary)					6	
⋖	7a	Total unrelated busi	iness revenue from I	Part VIII, column (C), line	e 12				7a	0
	b	Net unrelated busin	ess taxable income	from Form 990-T, line 34	4				7b	0
				·			Pri	or Year		Current Year
	8	Contributions and g	rants (Part VIII, line	Ih)		.			,042	710,033
ē	9	•	venue (Part VIII, line	· .					,411	19,472
Revenue	10	· ·	•), lines 3, 4, and 7d)				20	,	15/1/2
ě										
-	11			es 5, 6d, 8c, 9c, 10c, an					450	<u>U</u>
	12			must equal Part VIII, col	-			630	,453	729,505
	13			K, column (A), lines 1-3)						0
	14			, column (A), line 4)	• • • • • • • • • • • • • • • • • • • •					0
S	15			benefits (Part IX, colun	nn (A), lines 5-10)	• • • • • _		389	, 773	381,026
Expenses		Professional fundrai								7,170
<u>6</u>	b	Total fundraising ex	penses (Part IX, coli	ımn (D), line 25)	/	72,548				
ш	17	Other expenses (Pa	art IX, column (A), lin	es 11a-11d, 11f-24e)				240	,448	239,430
	18	Total expenses. Ad	ld lines 13-17 (must	equal Part IX, column (A	A), line 25)			630	,221	627,626
	19	Revenue less exper	nses. Subtract line 1	8 from line 12					232	101,879
es						T	Beginning o	f Current Y	ear	End of Year
Fund Blances	20	Total assets (Part X	(, line 16)					260	,916	360,849
d B	21	Total liabilities (Part	X, line 26)					9	,143	269
ΞŽ	22	Net assets or fund b	oalances. Subtract li	ne 21 from line 20 .				251	,773	360,580
	rt II	Signature BI								
Unde	r penaltie	es of perjury, I declare t	hat I have examined th	is return, including accomp				knowledg	e and b	elief, it is
true,	correct, a	and complete. Declarati	on of preparer (other th	an officer) is based on all i	nformation of which pro	eparer has any knowle	dge.			
		AHMED REH	ΔR							
Sig	n	Signature of off							Date	
				DIDECTOR						
Hei	-	Type or print na	AB, EXECUTIVE	DIKECIUK						
		/		T		Doto	I			
		Print/Type preparer		Preparer's signature		Date	C	heck	if PT	ΓIN
Pai		Adel Madboul	y CPA EA	Adel Madbouly CF	PA EA	11-13-2013	se	elf-employ	ed	P00761672
	parer		JS Accou	nting Solutions I	Inc		Firm's Ell	N)		
Use	Only	Firm's address	7130 W G	rand Ave			Phone no			
			Chicago	IL 60707				77	3-309	0-3337
May	the IRS	discuss this return w	vith the preparer sho	wn above? (see instruct	tions)					X Yes □ No

Form 990 (2012) CAIR-CHICAGO 36-4469855 Page 3

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)			
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			37
	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,"	44-	v	
L	complete Schedule D, Part VI	11a	X	
Ь	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		-22
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		21
ď	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? 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 assistance			
	to individuals located outside the United States? 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			37
	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?	4.5		· v
00	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

Part IV Checklist of Required Schedules (continued)

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

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>		\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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 10			
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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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			3,7
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
E	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Ea		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
C	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		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	UD		
, а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
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?	7c		X
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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	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. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	ıod		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
J	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
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012) CAIR-CHICAGO Page 6 Part VI 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes Nο Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ any other officer, director, trustee, or key employee? 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?

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

Did the organization become aware during the year of a significant diversion of the organization's assets?

Did the organization have members, stockholders, or other persons who had the power to elect or appoint

Are any governance decisions of the organization reserved to (or subject to approval by) members,

Did the organization have members or stockholders?

one or more members of the governing body?

	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			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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,			

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,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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		

Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ IL 17

Section 6104 requires an organization to make its Forms 1023 (or 1024 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.

X Upon request Own website Another's website 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, physical address, and telephone number of the person who possesses the books and records of the organization: MOHAMED ABDELATI (312)212-1520 17 N STATE ST STE 1500 CHICAGO, IL 60602 4

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

Check if Schedule O contains a response to any question in this Part VII

Section A. 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."
- 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.

hours per week (list any hours for related organizations below dotted organizations below dotted organizations of the compensation of the compensa	(F) timated tount of other pensation om the anization d related anizations
hours per week (list any hours for related organizations below dotted line) hours per week (list any hours for related organizations below dotted line) hours per week (list any hours for box, unless person is both an officer and a director/trustee) officer and a director/trustee) officer and a	ount of other pensation om the anization d related
week (list any hours for related organizations below dotted line) I t d l t d u r s u f y g m p r d u r t c i t c e e e o e i e t t e e d organization (w-2/1099-MISC) I t d l t c e e e o e i e t t e e e o e i e t t e e d organization (w-2/1099-MISC) I t d l t d l t d l t e e e o e e e o e i e t t e e e o e e i e t t e e e o u e r l a o t i e t t e e d organization (w-2/1099-MISC) I t d l t d l t d l t e e e o e e e o e e e o e e e o e e e e o e e o	other pensation om the anization d related
hours for related organizations below dotted line) Total column	pensation om the anization d related
organizations below dotted line) I t d l t O K Hc e F om orga d u r s u f y g m p r orga v t c i t c e e o o m s n y c e o o t e o o t o o t o o t o o o o o o	anization d related
below dotted line) line) line) line) line) line line line line line line line line	d related
v t c i t c i t c e m s n y p t s e e o e r p t t s e u a e v u e r u r t o a t e o	anizations
v t c i t c i t c e m s n y p t s e e o e r p t t s e u a e v u e r u r t o a t e o	
u r t o a e t v e d v e e d	
a o i y e o d	
(1) AHMED REHAB EXECUTIVE DIRECTOR 40.00 X 75,000 0	0
(2)	
(4)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	

EEA Form **990** (2012)

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Ηiς	ghes	st Con	npen	sated Employees	(continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do r	not ch		sition	than or	ne	Reportable	Reportable	I	Estimate	
		hours per week (list any	i				is both		compensation from	compensation fro related	m	amount of other	of
		hours for	office	er an	d dire	ector	/trustee)	the	organizations		ompensa	
		related organizations	l t d n r i	l t n r	O f	K	H c e i o m	F o	organization (W-2/1099-MISC)	(W-2/1099-MISC	· 1	from the organizat	
		below dotted	dur ise	s u t s	f	У	g mp h p l	r m	,		;	and relat	ted
		line)	v t c	i t	c e	e m	e e o s n y	e r			0	rganizati	ions
			de o u r	u e	r	P I o	t s e a e						
			a o r	0		y e	t e						
				n a		e	d						
(15)											+		
(10)													
(16)													
(17)													
(18)													
(19)													
											_		
(20)													
(04)											+		
(21)				Ι.,									
(22)				Н									
(22)				1									
(23)											+		
(- /													
(24)													
(25)													
1b	Sub-total			•		٠.		•			_		
C	Total from continuation sheets to Part VII, Section	on A .	٠.	•				•			+		
d	Total (add lines 1b and 1c)				• •	• •		<u> </u>	75,000		0		0
2	Total number of individuals (including but not limited to	o those listed	above) wn	o re	ceive	ed mor	e tha	n \$100,000 of		•		
	reportable compensation from the organization	\leftarrow									0	Yes	No
3	Did the organization list any former officer, directo	r or trustee	kov or	mnlc	N/AA	or	hiahes	t cor	nnensated			163	INO
3	employee on line 1a? If "Yes," complete Schedule J for		-	пріс	усс		-				3		Х
4	For any individual listed on line 1a, is the sum of report			and	d oth								
	organization and related organizations greater than \$	•											
	individual										4		Х
5	Did any person listed on line 1a receive or accrue cor	npensation fro	om any	/ unr	relate	ed o	rganiza	ation (or individual				
	for services rendered to the organization? If "Yes," co	mplete Sched	dule J f	or su	uch p	oers	on				5		X
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensated												
	compensation from the organization. Report compens	sation for the	calend	ar ye	ear e	endir	ng with	or wi	thin the organizatio	n's tax			
	year.								1				
	(A) Name and business addres								(B)	facricas	Cou	(C)	ion
	name and pusiness address	15							Description of	i services		mpensati	1011
2	Total number of independent contractors (including be	ut not limited t	to thos	e list	ted a	abov	e) who						
	received more than \$100,000 of compensation from t	he organizatio	on	•									

Part VIII

Statement of Revenue

		Check if Schedule O contains a response	nse to any	question in this Par	t VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
- ν <u>ν</u>	1a	Federated campaigns	. 1a					
ant	b	Membership dues						
ي ق	C	Fundraising events						
fts, r A	d	Related organizations						
<u> </u>	e	Government grants (contributions) .						
Sin	f	All other contributions, gifts, grants,	. 10					
e Eti	'	and similar amounts not included above	1f	710 022				
들물		Noncash contributions included in lines		710,033				
Contributions, Gifts, Grants and Other Similar Amounts	g	Total. Add lines 1a-1f			710 022			
<u> </u>	-"	Total. Add lines 1a-11	<u></u>		710,033			
_	20	TEGAL AGGEGRANGE		Business Code	10.450	10.450		
Program Service Revenue		LEGAL ASSISTANCE		541100	19,472	19,472		
Reve	b							
/ice	C .							
Ser	d							
Jram	e							
Prog		All other program service revenue						
	g	Total. Add lines 2a-2f	<u></u>	· · · · · · • •	19,472			
	3	Investment income (including dividends,						
		and other similar amounts)						
		Income from investment of tax-exempt be	•					
	5	Royalties		<u> </u>				
		(i	Real	(ii) Personal				
	6a	Gross rents		\				
		Rental income or (loss)						
	d	Net rental income or (loss)		<u> </u>				
	7a	Gross amount from sales of assets other than inventory	curities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
enne		Gross income from fundraising events (not including \$		U T				
Other Rev		of contributions reported on line 1c).						
er		See Part IV, line 18	а					
₹	b	Less: direct expenses						
	1	Net income or (loss) from fundraising ever	_					
	1	Gross income from gaming activities.						
		See Part IV, line 19	а					
	b	Less: direct expenses						
		Net income or (loss) from gaming activities						
		, , ,	• • •					
		Gross sales of inventory, less returns and allowances	а					
	1	Less: cost of goods sold						
		Net income or (loss) from sales of inventor		•				
		Miscellaneous Revenue	,,,	Business Code				
	112			Duamicaa Coue				
	b							
	4 C	All other revenue						
	1	All other revenue						
					720 505	10 470	^	0
	12	Total revenue. See instructions			729,505	19,472	0	0

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4	 organizations must complete all columns. 	All other organizations must comple	ete column (A).

0000	Check if Schedule O contains a response to any question	1 11 5 111	•		П
Don	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	•	Total expenses	Program service	Management and	Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	75,000		75,000	
6	Compensation not included above, to disqualified	757000		757000	
·	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)			4	
7	Other salaries and wages	243,047	213,091	29,956	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	34,751	23,283	11,468	
10	Payroll taxes	28,228	18,913	9,315	
11	Fees for services (non-employees):				
а	Management				
b	Legal	39,014	39,014		
С	Accounting	3,200		3,200	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .	7,170			7,170
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.)	2,384	2,384		
12					500
	Advertising and promotion	1,800	1,300	14 166	-
13	Office expenses	20,121	2,683	14,166	3,272
14	Information technology	3,745	2,103	1,642	
15	Royalties				
16	Occupancy	90,910	31,558	18,775	40,577
17	Travel	11,323	11,323		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,202		5,202	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,485	5,685	2,800	
23	Insurance	3,666	1,369	2,297	
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.)				
_	,	17 646		17 646	
a	MOVING EXP	17,646	2 222	17,646	
b	CHARITABLE CONTRIBUTIONS	3,308	3,308		
С.	DUES & SUBSCRIBTIONS	302		302	
d	PRINTING & PRODUCTION	23,938		2,909	21,029
е	All other expenses	4,386		4,386	
25	Total functional expenses. Add lines 1 through 24e .	627,626	356,014	199,064	72,548
26	Joint costs. Complete this line only if the				
	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 000 (2012)

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Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	241,254	1	146,024
	2	Savings and temporary cash investments		2	199,133
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
		4985(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	
ις	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges		9	2,000
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 48,147			
	b	Less: accumulated depreciation 10b 34,455	19,662	10c	13,692
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	260,916	16	360,849
	17	Accounts payable and accrued expenses	9,143	17	269
	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,			
iiiq		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		25	
	26	of Schedule D	9,143	25 26	269
	20	Organizations that follow SFAS 117 (ASC 958), check here	9,143	20	209
s		complete lines 27 through 29, and lines 33 and 34.			
Jce	27	Unrestricted net assets	251,773	27	360,580
alaı	28	Temporarily restricted net assets	2317773	28	3007300
g B	29	Permanently restricted net assets		29	
اج	0	Organizations that do not follow SFAS 117 (ASC 958), check here			
of F		complete lines 30 through 34.			
Net Assets of Fund Balances	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	251,773	33	360,580
	34	Total liabilities and net assets/fund balances	260,916	34	360,849

Form	990 (2012) CAIR-CHICAGO	36-446	9855		Pa	age 12
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			729,	505
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			627,	626
3	Revenue less expenses. Subtract line 2 from line 1	. 3			101,	879
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			251,	773
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			6,	928
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			360,	580
Par	t XII Financial Statements and Reporting	'				
	Check if Schedule O contains a response to any question in this Part XII					. \square
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	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 separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	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					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
Ju	the Single Audit Act and OMB Circular A-133?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
	required assume a secure, explain this in contours of unit december unit otopo tuntor to uniterigo dutil dutillo			~~		1

EEA Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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. ▶ See separate instructions.

OMB No. 1545-0047

Employer identification number

2012

Open to Public Inspection

CAI	R-CI	ICAGO							36-44	469855			
Pa	rt I	Reason for P	ublic Charity	Status (All organiza	ations m	ust comp	olete this	part.) S	ee instru	uctions.			
The	orgar	nization is not a private	foundation because	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1		A church, convention	n of churches, or a	ssociation of churches d	lescribed ir	section 1	170(b)(1)(<i>A</i>	A)(i).					
2		A school described i	in section 170(b)(1	1)(A)(ii). (Attach Schedu	ıle E.)								
3		A hospital or a coop	erative hospital ser	rvice organization descri	bed in sec	tion 170(b)(1)(A)(iii)						
4		A medical research	organization opera	ted in conjunction with a	hospital d	escribed ir	section 1	170(b)(1)(A)(iii). Ent	er the			
		hospital's name, city,	and state:										
5		An organization opera	ated for the benefit o	of a college or university o	wned or op	erated by a	a governme	ental unit de	escribed in				
		section 170(b)(1)(A		=		•							
6		A federal, state, or lo	ocal government or	r governmental unit desc	cribed in se	ection 170	(b)(1)(A)(v	·).					
7			=	substantial part of its supp				-	neral public	С			
		described in section	-						·				
8				n 170(b)(1)(A)(vi). (Com	plete Part	II.)							
9	X			1) more than 33 1/3% of it			utions, mer	nbership fe	es, and gr	oss			
		receipts from activitie	s related to its exem	pt functions - subject to c	ertain exce	ptions, and	(2) no mor	e than 33	1/3% of its				
		support from gross in	vestment income ar	nd unrelated business tax	able incom	e (less sect	ion 511 tax) from busi	inesses				
		acquired by the orga	anization after June	e 30, 1975. See section	509(a)(2).	(Complete	Part III.)						
10		An organization orga	anized and operate	ed exclusively to test for	public safe	ty. See se	ction 509((a)(4).					
11		An organization organ	nized and operated	exclusively for the benefit	of, to perfo	rm the fund	ctions of, or	to carry ou	ut the				
		purposes of one or r	more publicly supp	orted organizations desc	cribed in se	ction 509(a)(1) or se	ction 509(a)(2). See	section			
		509(a)(3). Check the	e box that describe	s the type of supporting	organizatio	on and con	nplete lines	s 11e thro	ugh 11h.				
	_	a U Type I	b 📙 Type	e II c ∐ Type	III-Function	ally integra	ted	d	Type III-	Non-funtio	nally inte	grated	
е	Ш	By checking this box,	I certify that the org	anization is not controlled	directly or	indirectly by	y one or mo	ore disqual	ified persor	ns			
		other than foundation	managers and other	er than one or more public	cly supporte	ed organiza	tions descr	ibed in sec	tion 509(a)	(1)			
		or section 509(a)(2).											
f		If the organization rec	ceived a written dete	ermination from the IRS th	at it is a Ty	pe I, Type Î	I, or Type I	II supportin	ıg				
		organization, check the											∐
g		=	06, has the organiza	tion accepted any gift or c	contribution	from any o	f the						
		following persons?											
				ontrols, either alone or to		persons de	scribed in ((ii) and				Yes	No
		· · ·	-	e supported organization?	•						11g(i)		
		(ii) A family member			· · · · ·						11g(ii)		
				described in (i) or (ii) abov							11g(iii)		
<u>h</u>				ne supported organization	ì i						ı		
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the or in col. (i) list		(v) Did yo	u notity iization in	(vi) Is	s the tion in col.	(vii) Amo	unt of mo support	
				above or IRC section	governing	document?	col. (i) c	of your	(i) organiz	ed in the		• •	
				(see instructions))	V	NI-		port?	U.		-		
/A\					Yes	No	Yes	No	Yes	No			
(A)													
(B)					+								
(6)													
(C)													
(D)													
(E)													
Tota													

Schedule A (Form 990 or 990-EZ) 2012 CAIR-CHICAGO 36-4469855 Page 2

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 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 3 The value of services or facilities furnished by a governmental unit to the organization without charge 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 . . Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2009 (c) 2010 (d) 2011 (f) Total (a) 2008 (e) 2012 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2011 Schedule A, Part II, line 14 % 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

EEA Schedule A (Form 990 or 990-EZ) 2012

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

36-4469855

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

(Complete only if you checked the box on line 9 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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	490,887	537,006	544,376	604,042	710,033	2,886,344
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	14,786	8,490	163,530	26,411	19,472	232,689
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
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	505,673	545,496	707,906	630,453	729,505	3,119,033
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			4			
8	Public support (Subtract line 7c from line 6.)						3,119,033
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	505,673	545,496	707,906	630,453	729,505	3,119,033
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses			>			
С	acquired after June 30, 1975						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	505,673	545,496	707,906	630,453	729,505	3,119,033
14	First five years. If the Form 990 is for the o organization, check this box and stop here	·					▶ 🗍
Sec	ction C. Computation of Public Su	• •	-				
15	Public support percentage for 2012 (line 8, col	•				15	100.00 %
16	Public support percentage from 2011 Schedule					16	100.00 %
	ction D. Computation of Investmen			al (f))		47	0.00.00
17 18	Investment income percentage for 2012 (line Investment income percentage from 2011 S		-	olumn (f))		17 18	0.00 %
	,						70
	33 1/3% support tests - 2012. If the organi: 17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2011. If the organi:	and stop here. Th	ne organization qua	alifies as a publicly	supported organiz	zation	▶ ☒
	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did	box and stop here	e. The organization	qualifies as a pub	olicly supported org	ganization	

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

Schedule of Contributors

2012

OMB No. 1545-0047

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service

Name of the or	ganization	Employer identification number		
CAIR-CHICAG		36-4469855		
	rpe (check one):			
Filers of:	Section:			
Form 990 or 990	-EZ X 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	A		
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
Note. Only a se instructions. General Rule	ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule. See		
_	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mon	evor		
) from any one contributor. Complete Parts I and II.	-, -		
Special Rules				
☑ Forase	ction 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regular	ions		
	ections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contrib			
_	ter of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ,	ine 1.		
Comple	e Parts I and II.			
For a se	ction 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribu	itor,		
_	ne year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, lit	erary,		
or educ	ational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
☐ For a se	ction 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribu	tor.		
	ne year, contributions for use exclusively for religious, charitable, etc., purposes, but these contribution			
not tota	to more than \$1,000. If this box is checked, enter here the total contributions that were received durin	g the		
year fo	an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the ${\bf C}$	Seneral Rule		
applies	o this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,00	· ·		
more du	ring the year	• \$		
Caution. An or	anization that is not covered by the General Rule and/or the Special Rules does not file Schedu	le B (Form 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 l	•		

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

Name of organization Employer identification number CAIR-CHICAGO 36-4469855

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	DR MAZEN KUDAIMI 01 MACARTHUR BLVD STE 303 MUNSTER, IN 46321	\$46,500	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization Employer identification number 36-4469855 CAIR-CHICAGO Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II 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 an 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) С d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 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 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 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" to 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) Revenues included in 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:

Assets included in Form 990, Part X

School	lule D (Form 990) 2012	2
	organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	=
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its	_
	collection items (check all that apply):	
а	Public exhibition d Loan or exchange programs	
b	☐ Scholarly research e ☐ Other	
С	Preservation for future generations	_
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part	
	XIII.	
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar	
		10
Pa	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV,	
	line 9, or reported an amount on Form 990, Part X, line 21.	
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not	
	included on Form 990, Part X?	ю
b	If "Yes," explain the arrangement in Part XIII and complete the following table:	
	Amount	_
С	Beginning balance	
d	Additions during the year	
е	Distributions during the year 1e	—
f	Ending balance	_
2a		10
Do:	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	—
Га	(a) Current year (b) Prior years back (d) Three years back (e) Four years back	_
1a	Beginning of year balance	—
h	Contributions	_
c	Net investment earnings, gains, and	_
•	losses	
d	Grants or scholarships	_
е	Other expenditures for facilities and	_
	programs	
f	Administrative expenses	_
g	End of year balance	
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
а	Board designated or quasi-endowment	
b	Permanent endowment	
С	Temporarily restricted endowment %	
	The percentages in lines 2a, 2b, and 2c should equal 100%.	
3a	Are there endowment funds not in the possession of the organization that are held and administered for the	_
	organization by:	
	(i) unrelated organizations	_
	(ii) related organizations	_
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	

4	Describe in Part XIII the intended uses of the organizatio	n's endowment funds.						
Pa	Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.							
	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	48,147		34,455	13,692			
е	Other							
Tota	Add lines 1a through 1e (Column (d) must equal Fo	rm 990 Part X column (B) line 10(c))	•	13.692			

EEA Schedule D (Form 990) 2012

Schedule D (Fo	,		36-4469855 Page
Part VII	Investments - Other Securities. Se	e 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 value
(1) Financial o	derivatives		
(2) Closely-he	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Part VIII	investments - Program Related. So	oo Form 000 Part Y line	13
rait VIII			
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			cost of one of your market raise
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	o) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Part X	, line 15.	
	(a) [Description	(b) Book value
(1)			
(2)		7 7 2	
(3)			
(4)			
(5)			
(6) (7)		_	
(8)			
(9)		>	
(10)			
	nn (b) must equal Form 990, Part X, col. (B) line 1	5.)	
Part X	Other Liabilities. See Form 990, Part		
1.	(a) Description of liability	(b) Book value	
	income taxes	(, ===================================	
(2)			
(3)			
(4)			
(-7)			

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. FIN 48 (ASC 740) Footnote. 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) 2012 CAIR-CHICAGO 36-4469855 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XI 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: Net unrealized gains on investments 2b b 2c С Other (Describe in Part XIII.) 2d d 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b 4c С Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 2a Prior year adjustments 2b 2c Other (Describe in Part XIII.) 2d 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **Supplemental Information** Complete this part to provide 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 X, line 2; Part 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) 2012

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

36-4469855 CAIR-CHICAGO 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.

--- 8879-FC

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning 2012 Department of the Treasury Do not send to the IRS. Keep for your records. Internal Revenue Service Name of exempt organization Employer identification number CAIR-CHICAGO 36-4469855 Name and title of officer AHMED REHAB, EXECUTIVE 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 -0on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► 🗵 **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) **1b** 729, 505 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part VI, line 5) 4b **b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c) 5a Form 8868 check here ▶ □ 5b 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 2012 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 Tauthorize JS Accounting Solutions Incto enter my PIN 11111 as my signature Enter five numbers, but on the organization's tax year 2012 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 2012 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. 11-13-2013 Officer's signature Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 151470 22550 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2012 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 Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Adel Madbouly CPA EA

Date > 11-13-2013

OMB No. 1545-1878

Page Tax Exempt 2012 Diagnostic Summary Name 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: 11-13-2013

Return Information

town on Datum	2012	2011 Federal
Item on Return	Federal	(If available)
Total Revenue	729,505	630,453
Total Expenses	627,626	630,221
Net Excess (Deficit)	101,879	232
Net Assets or Fund		
Balances	360,580	251,773

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)