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Berwyn, IL 60402
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August 20, 2008

COUNCIL ON AMERICAN ISLAMIC RELATIONS CHICAGO CHAPTER
28 E JACKSON BLVD, Room No. 1410
CHICAGO, IL 60604

Dear Sir,

Enclosed are two copies of the 2006 federal tax return for COUNCIL ON AMERICAN ISLAMIC RELATIONS CHICAGO CHAPTER, which were prepared based on the information you provided. Please review and then file one copy with the agency listed below and retain the second copy for your records. An officer or fiduciary must sign and date the filing copy before you mail the return.

We recommend that you mail the federal return using the United States Post Office certified mail service or another approved delivery service that can provide you with proof of your mailing date. If you use the USPS certified mail service, mail the federal return as soon as possible, to:

INTERNAL REVENUE SERVICE CENTER
Ogden, UT 84201-0027

If you have questions about your return(s) or about your tax situation during the year, please call us at (708) 749-0250. We appreciate this opportunity to serve you.

Sincerely,

Ayman Mryan
Tax Field

**Federal
Tax Return
for**

COUNCIL ON AMERICAN ISLAMIC RELATIONS CHICAGO CHAPTER

2006

**Tax Field
3130 S Oak Park Ave
Berwyn, IL 60402
(708) 749-0250**

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

Please use IRS label or print or type. See Specific Instructions.	C Name of organization COUNCIL ON AMERICAN ISLAMIC RELATIONS CHICAGO CHAPEL			D Employer identification number 36-4469855
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number	
	28 E JACKSON BLVD 1410		(312) 212-1520	
	City or town	State or country	ZIP + 4	F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
CHICAGO IL 60604				

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

H and I are not applicable to section 527 organizations.

- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates ▶ _____
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ WWW.CAIRCHICAGO.ORG

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

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

I Group Exemption Number ▶ _____

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 470,143

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a		0	
	b Direct public support (not included on line 1a)	1b	470,143		
	c Indirect public support (not included on line 1a)	1c	0		
	d Government contributions (grants) (not included on line 1a)	1d	0		
	e Total (add lines 1a through 1d) (cash \$ 470,143 noncash \$ 0)	1e			470,143
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			0
	3 Membership dues and assessments	3			0
	4 Interest on savings and temporary cash investments	4			0
	5 Dividends and interest from securities	5			0
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c			0	
7 Other investment income (describe ▶ _____)	7			0	
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		0	8a	0	
		0	8b	0	
		0	8c	0	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			0	
Revenue	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
		a Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a	0	
		b Less: direct expenses other than fundraising expenses	9b	0	
		c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
Revenue	10 a Gross sales of inventory, less returns and allowances	10a	0		
		b Less: cost of goods sold	10b	0	
			c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11 Other revenue (from Part VII, line 103)	11			0	
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			470,143
Expenses	13 Program services (from line 44, column (B))	13			332,656
	14 Management and general (from line 44, column (C))	14			82,460
	15 Fundraising (from line 44, column (D))	15			37,685
	16 Payments to affiliates (attach schedule)	16			0
	17 Total expenses. Add lines 16 and 44, column (A)	17			452,801
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			17,342
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			42,317
	20 Other changes in net assets or fund balances (attach explanation)	20			0
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			59,659

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22 b Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
23 Specific assistance to individuals (attach schedule)	23 0	0		
24 Benefits paid to or for members (attach schedule)	24 0			
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a 47,611	0	47,611	0
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b 0	0	0	0
c Compensation and other distributions, not included above, disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b, and c	26 204,683	204,683		
27 Pension plan contributions not included on lines 25a, b, and c	27 0			
28 Employee benefits not included on lines 25a – 27	28 14,373	12,062	2,311	
29 Payroll taxes	29 22,947	19,305	3,642	
30 Professional fundraising fees	30 0			
31 Accounting fees	31 3,649		3,649	
32 Legal fees	32 127	127		
33 Supplies	33 1,325	925	400	
34 Telephone	34 3,965		3,965	
35 Postage and shipping	35 1,540		542	998
36 Occupancy	36 18,897	12,000	6,897	
37 Equipment rental and maintenance	37 908		908	
38 Printing and publications	38 3,135	1,019	960	1,156
39 Travel	39 1,368		310	1,058
40 Conferences, conventions, and meetings	40 50	50		
41 Interest	41 20	20		
42 Depreciation, depletion, etc. (attach schedule)	42 2,826	0	2,826	0
43 Other expenses not covered above (itemize):				
a See attached statement	43a 125,377	82,465	8,439	34,473
b -----	43b 0	0	0	0
c -----	43c 0	0	0	0
d -----	43d 0	0	0	0
e -----	43e 0	0	0	0
f -----	43f 0	0	0	0
g -----	43g 0	0	0	0
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44 452,801	332,656	82,460	37,685

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ▶ ACTIVISTS FOR SOCIAL JUSTICE</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to other organizations.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a SEE ATTACHED</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>b</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	0
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	332,656

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

				(A)		(B)
				Beginning of year		End of year
Assets	45 Cash—non-interest-bearing			39,282	45	85,682
	46 Savings and temporary cash investments				46	
	47 a Accounts receivable	47a	0			
	b Less: allowance for doubtful accounts	47b	0	2,217	47c	0
	48 a Pledges receivable	48a	0			
	b Less: allowance for doubtful accounts	48b	0	0	48c	0
	49 Grants receivable				49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51 a Other notes and loans receivable (attach schedule)	51a	0			
	b Less: allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54 a Investments—publicly-traded securities.		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule).		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a Investments—land, buildings, and equipment: basis	55a	0			
	b Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56 Investments—other (attach schedule)			0	56	0
	57 a Land, buildings, and equipment: basis	57a	14,638			
	b Less: accumulated depreciation (attach schedule)	57b	2,898	786	57c	11,740
58 Other assets, including program-related investments (describe <input checked="" type="checkbox"/> Security Deposit)			500	58	1,000	
59 Total assets (must equal line 74). Add lines 45 through 58			42,785	59	98,422	
Liabilities	60 Accounts payable and accrued expenses			0	60	
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b Mortgages and other notes payable (attach schedule)			0	64b	0
	65 Other liabilities (describe <input type="checkbox"/> See attached statement)			468	65	38,763
	66 Total liabilities. Add lines 60 through 65			468	66	38,763
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			42,317	67	59,659
	68 Temporarily restricted				68	
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).			42,317	73	59,659
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.			42,785	74	98,422

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

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	0

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

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name SAFAA ZARZOUF Str 9154 SOUTHFIELD City BRIDGEVIEW ST IL ZIP 60455	Title CHAIRMAN Hr/WK 10	0	0	0
Name MAZEN KUDAIMI Str 17200 KIMBARK A City SOUTH HOLLANI ST IL ZIP 60473	Title VICE CHAIRMAN Hr/WK 10	0	0	0
Name YASER TABBAR/ Str 612 CITADEL DR City WESTMONT ST IL ZIP 60559	Title SECRETARY Hr/WK 40	0	0	0
Name HINA SAUDA Str 3115 WEST 38TH S City OAKBROOK ST IL ZIP 60523	Title TREASURER Hr/WK 10	0	0	0
Name AHMED REHAB Str 221 N OAK PARK A City OAK PARK ST IL ZIP 60306	Title MEMBER Hr/WK 40	45,300	2,311	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

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

75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c	X	
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				

Part VI Other Information (See the instructions.) Yes No

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

Part VI Other Information (continued)

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a
b Gross receipts, included on line 12, for public use of club facilities 86b
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a N/A
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b N/A
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g
90 a List the states with which a copy of this return is filed
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b
91 a The books are in care of Name Telephone no.
Located at City ST ZIP + 4
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b N/A
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No X

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

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than invento, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity, (B) Percentage of ownership interest, (C) Nature of activities, (D) Total income, (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No X

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No X

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

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

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				0

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

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				0

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

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

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Signature of officer	8/20/2008		P00467109
Type or print name and title	Tax Field		EIN
	3130 S Oak Park Ave, Berwyn, IL 60402		▶ 38-3687901
			Phone no. ▶ (708) 749-0250

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	470,143	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5 _____		5
6 _____		6
7 _____		7
8 _____		8
9 _____		9
10 Total	470,143	10 0
Line 1c - Indirect public support		
Line 1d - Government contributions (grants)		

Line 43 (990) - Other Deductions

125,377

82,465

8,439

34,473

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Advertising	472	272	0	200
2 Auto Expense	363		363	
3 Bank Charges	1,452	1,452		
4 Civil Rights Case Expense	1,806	1,806		
5 Computer Upgrade	1,162		1,162	
6 Rent	0			
7 Consulting Services	3,500	2,200		1,300
8 Security	32	32		
9 Donations & Contributions	800	800		
10 Dues & Subscription	903	600	303	
11 Equipment Rental	56		56	
12 Fund Raising	26,405			26,405
13 Insurance	3,271		3,271	
14 Training	35	35		
15 Internet & Web Design	969		969	
16 Licenses, Fees & Permits	578	578		
17 Miscellaneous Expense	24		24	
18 Meals & Entertainment	291		291	
19 Utilities	0			
20 Office Supplies	6,642	3,639	2,000	1,003
21 Program Expense	76,616	71,051		5,565
22	0			
23	0			
24	0			
25	0			

Line 47 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1	2,217			
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11	2,217	0	0	0

Line 57 (990) - Land, Buildings, and Equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	1		
2	2		
3	3		
4	4		
5	5		
6	6	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	7	859	1,777	73	326
8	8	0	12,861	0	2,572
9	9				
10	10				
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17	17	859	14,638	73	2,898
18	18			786	11,740
19	19			786	11,740

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11	11	0	0	0

Line 58 (990) - Other Assets

500 1,000

		Beginning	End
1	Security Deposit	500	1,000
2			
3			
4			
5			
6			
7			
8			
9			
10			

Line 65 (990) - Other Liabilities

468 38,763

		Beginning	End
1	Futa Payable	44	
2	Suta Payable	423	115
3	Rounding	1	1
4	Other Designated Funds		38,647
5			
6			
7			
8			
9			
10			

Line 10c (990) - Gross Profit from Sale of Inventory 0 0 0

	Category	Gross Sales	Cost of Goods Sold	Net
1				0
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0