

Return of Organization Exempt From Income Tax

2007

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 2007 calendar year, or tax year beginning , and ending

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

C Name of organization
COUNCIL ON AMERICAN ISLAMIC RELATIONS CHICAGO CHAP
 Number and street (or P O box if mail is not delivered to street address) Room/suite
28 E JACKSON BLVD 1410
 City or town State or country ZIP + 4
CHICAGO IL 60604

D Employer identification number
36-4469855

E Telephone number
(312) 212-1520

F Accounting method Cash Accrual
 Other (specify) ▶

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
I Group Exemption Number ▶

J Organization type (check only one) 501(c)(13) (insert no) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **519,130**

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		519,130	
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 \$ 519,130 noncash \$ 0)	1e			519,130
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
6a	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
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	0 8a		0	
c	Gain or (loss) (attach schedule)	0 8b		0	
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	0 8c		0	
8d					0
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including 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			0
10a	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			0
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			519,130
Expenses					
13	Program services (from line 44, column (B))	13			271,342
14	Management and general (from line 44, column (C))	14			88,421
15	Fundraising (from line 44, column (D))	15			58,679
16	Payments to affiliates (attach schedule)	16			0
17	Total expenses. Add lines 16 and 44, column (A)	17			418,442
Net Assets					
18	Excess or (deficit) for the year Subtract line 17 from line 12	18			100,688
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			59,659
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			160,347

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
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	0	
25 a	Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	60,667	0	60,667
b	Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26	194,127	194,127	
27	Pension plan contributions not included on lines 25a, b, and c	27	0		
28	Employee benefits not included on lines 25a - 27	28	14,656	12,345	2,311
29	Payroll taxes	29	23,611	16,809	6,802
30	Professional fundraising fees	30	0		
31	Accounting fees	31	4,032	4,032	0
32	Legal fees	32	1,386	1,386	0
33	Supplies	33	6,878	4,050	2,828
34	Telephone	34	4,305	3,000	1,305
35	Postage and shipping	35	2,595	1,595	1,000
36	Occupancy	36	47,970	10,743	8,486
37	Equipment rental and maintenance	37	2,061	2,061	0
38	Printing and publications	38	10,941	2,751	8,190
39	Travel	39	3,036		246
40	Conferences, conventions, and meetings	40	3,220		40
41	Interest	41	0		
42	Depreciation, depletion, etc. (attach schedule)	42	4,551	0	4,551
43	Other expenses not covered above (itemize)				
a	See attached statement	43a	34,406	18,443	4,013
b	-----	43b	0	0	0
c	-----	43c	0	0	0
d	-----	43d	0	0	0
e	-----	43e	0	0	0
f	-----	43f	0	0	0
g	-----	43g	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	418,442	271,342	88,421

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

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ 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? ► <u>ACTIVISTS FOR SOCIAL JUSTICE</u></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 others.)</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 <u>SEE ATTACHED</u></p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p>b</p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p>c</p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p>d</p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p>e Other program services (attach schedule) (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . ►</p>	<p>271,342</p>

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	85,682	45	198,247	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a 0			
	b Less allowance for doubtful accounts	47b 0	0	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 7,449	11,740	57c	7,189	
58 Other assets, including program-related investments (describe <input checked="" type="checkbox"/> Security Deposit)		1,000	58	1,000	
59 Total assets (must equal line 74) Add lines 45 through 58		98,422	59	206,436	
Liabilities	60 Accounts payable and accrued expenses		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 checked="" type="checkbox"/> See attached statement)		38,763	65	46,089
66 Total liabilities. Add lines 60 through 65		38,763	66	46,089	
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	59,659	67	160,347	
	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)	59,659	73	160,347	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	98,422	74	206,436	

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 ZARZOU Str 9154 SOUTHFIELD City BRIDGVIEW ST IL ZIP 60455	Title PRESIDENT Hr/WK 10	0	0	0
Name MAZEN KUDAIMI Str 17200 KIMBARK AV City SOUTH HOLLAN ST IL ZIP 60473	Title VICE PRESIDE 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 SODHA Str 3115 WEST 38TH S City OAK BROOK 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 EXECUTIVE DI Hr/WK 40	60,667	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 4		
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 N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A 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) 0	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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b N/A		
85	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	85a N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
	85b N/A		
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 N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		
	88b		
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 \blacktriangleright 0, section 4912 \blacktriangleright 0; section 4955 \blacktriangleright 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		X
	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \blacktriangleright 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization \blacktriangleright 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	89e		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	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 N/A		
90 a	List the states with which a copy of this return is filed \blacktriangleright IL none		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		
	90b 0		
91 a	The books are in care of \blacktriangleright Name _____ Telephone no \blacktriangleright (312) 212-1520 Located at \blacktriangleright 28 E Jackson Blvd, Ste 1410 City Chicago ST IL ZIP + 4 \blacktriangleright 60604		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country \blacktriangleright _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	91b	Yes	No
			X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶

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.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
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					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventor					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	0
105 Total (add line 104, columns (B), (D), and (E))					0

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	
	THE COUNCIL ON AMERICAN ISLAMIC RELATIONS-CHICAGO CHAPTER (CAIR CHICAGO) IS ORGANIZED AS AGRASS ROOTS CIVIL RIGHTS ORGANIZATION FOR THE PURPOSE OF ADVOCATING ON BELHF OF AND FOR THE CIVIL RIGHTS OF THE MUSLIM AMERICAN COMMUNITY □

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

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

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

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
	(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
	(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
--	--	--	--	-----	----

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

Please Sign Here

Signature of officer: A. Rehab Date: 8-22-2008

Type or print name and title: AHMED REHAB EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: [Signature]

Firm's name (or yours if self-employed), address, and ZIP + 4: Tax Field 3130 S. Oak Park

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	519,130	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	519,130	10 0
Line 1c - Indirect public support		
Line 1d - Government contributions (grants)		

Part II, Line 43 (990) - Other Expenses

34,406

18,443

4,013

11,950

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Advertising	4,697	2,530		2,167
2	Auto Expense	827	211	616	
3	Bank Charges	927	927	0	
4	Civil Rights Case Expense	3,973	3,973		
5	Computer Upgrade	634	234	400	
6	Rent	0			
7	Consulting Services	9,810	2,038		7,772
8	Security	0			
9	Donations & Contributions	62	62		
10	Dues & Subscription	1,389	1,389		
11	Equipment Rental	0			
12	Fund Raising	0			
13	Insurance	3,271	3,271	0	
14	Taining	0			
15	Internet & Web Design	822		822	
16	Licenses, Fees & Permits	0			
17	Miscellaneous Expense	368	368		
18	Meals & Entertainment	1,361			1,361
19	Utilities	0			
20	Office Supplies	5,615	3,440	2,175	
21	Program Expense	0			
22	Credit Card Charges	650			650
23		0			
24		0			
25		0			

Part IV, Line 58 (990) - Other Assets

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

Part IV, Line 65 (990) - Other Liabilities

38,763

46,089

Description		Beginning	End
1	Payroll Liabilities	115	7,442
2	Rounding	1	0
3	Other Designated Funds	38,647	38,647
4			
5			
6			
7			
8			
9			
10			

Part VIII (990) - Relationship of Activities to the Accomplishment of Exempt Purposes

	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)
1		
2		
3		THE COUNCIL ON AMERICAN ISLAMIC RELATIONS-CHICAGO CHAPTER (CAIR CHICAGO) IS ORGANIZED AS AGRASS ROOTS CIVIL RIGHTS ORGANIZATION FOR THE PURPOSE OF ADVOCATING ON BELHF
4		
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Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization
**COUNCIL ON AMERICAN ISLAMIC RELATIONS
CHICAGO CHAPTER**

Employer identification number
36-4469855

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶		0		

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		0

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

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		0

Council on American Islamic Relations Chicago Chapter
Employer's ID Number 36-4469855

Year 2007

Description of Activities:

Civil Rights Department: The Civil Rights Department takes up complaints ranging from bigoted gestures to official discrimination against Muslims. In 2007, it received 391 new cases and the number of active cases has nearly doubled from 2006. New projects were launched in 2007 to better serve the ever-growing needs of the Muslim community. One such project is called the "FBI Project" and it functions to remain in communication with the FBI regarding any possible misconduct by agents against Muslims.

Communications Department: In 2007 the Communications Department undertook a variety of proactive initiatives aimed at projecting a fair and accurate image about Islam and Muslims in the media. A new redesigned website was launched along with a bi-weekly newsletter. Also, CAIR-Chicago was featured, quoted, or reported on over 187 times in the media.

Government Relations: Our Government Relations Department engages the Chicagoland Muslim community in civic engagement programs while cultivating and strengthening already existing relationships with elected officials on the federal, state, and local levels. In 2007 it further developed educational materials for distribution to the Muslim community for the presidential election.

Outreach Department: The Outreach Department witnessed the launch of an exciting new program, The Muslim Youth Leadership Symposium, geared towards unleashing the potent skills and ideas of Muslim youth into projects that bring about change. The core mission is to provide American Muslim youth with a proactive agenda for positive activism in order to become model citizens that help make America a better place for all Americans regardless of race or creed.

**Federal
Tax Return
for**

COUNCIL ON AMERICAN ISLAMIC RELATIONS CHICAGO CHAPTER

2007