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Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No 1545-0047

**2010**Open to Public  
Inspection**A For the 2010 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C Name of organization****The Cara Program**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**237 S. Desplaines**

Room/suite

City or town, state or country, and ZIP + 4

**Chicago, IL 60661****F Name and address of principal officer** **Eric Weinheimer**

same as C above

**D Employer identification number****36-4268095****E Telephone number****312-382-0267****G Gross receipts \$****7,710,162.****H(a) Is this a group return for affiliates?**☐ Yes ☒ No**H(b) Are all affiliates included?**☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c) Group exemption number ▶****I Tax-exempt status** ☒ 501(c)(3) ☐ 501(c)( ) (insert no ) ☐ 4947(a)(1) or ☐ 527**J Website:** **www.thecaraprogram.org****K Form of organization:** ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1999** **M State of legal domicile:** **IL****Part I Summary****1** Briefly describe the organization's mission or most significant activities **to assist homeless and at-risk individuals become self-sufficient****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**3** **17****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **17****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a)**5** **71****6** Total number of volunteers (estimate if necessary)**6** **100****7 a** Total unrelated business revenue from Part VIII, cc **12****7a** **0.****b** Net unrelated business taxable income fr**7b** **0.****8** Contributions and grants (Part VIII, line 1h)

Prior Year	Current Year
7,266,549.	5,492,034.
1,462,180.	2,219,815.
-3,119.	-6,811.
-62,331.	-67,491.
8,663,279.	7,637,547.
225,760.	387,767.
0.	0.
3,278,682.	4,306,760.
0.	0.
611,834.	
1,948,632.	2,926,559.
5,453,074.	7,621,086.
3,210,205.	16,461.
11,992,763.	11,128,941.
6,301,132.	5,420,849.
5,691,631.	5,708,092.

**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), I**11** Other revenue (Part VIII, column (A), lines**12** Total revenue - add lines 8 through 11 (ml**13** Grants and similar amounts paid (Part IX,**14** Benefits paid to or for members (Part IX, c**15** Salaries, other compensation, employee b**16 a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25)**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances Subtract line 21 from line 20**Part II Signature Block**

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

**Sign Here**

Signature of officer

Date

**Eric Weinheimer, President**

Type or print name and title

**Paid**

Print/Type preparer's name

**HUGH J. AHERN, CPA**

Preparer's signature

Date

**08/12/11**Check if self-employed ☐

PTIN

**Preparer Use Only**Firm's name ▶ **Desmond & Ahern, Ltd**

Firm's EIN ▶

Firm's address ▶ **10827 S. Western Avenue  
Chicago, IL 60643**Phone no. **773-779-4720**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

032001 02-22-11

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)JUL 31 2013  
ESTIMATED DATE  
RECEIVEDJUL 31 2013  
Activities & GovernanceRECEIVED  
JUN 04 2013  
OGDEN, UT

Expenses

Net Assets or Fund Balances

2 23

Form **990**Department of the Treasury  
Internal Revenue Service**CHANGE OF ACCOUNTING PERIOD**  
**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)

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

OMB No 1545-0047

**2012**Open to Public  
Inspection**A** For the 2012 calendar year, or tax year beginning **JAN 1, 2012** and ending **JUN 30, 2012****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**The Cara Program**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**237 S. Desplaines**

Room/suite

City, town, or post office, state, and ZIP code

**Chicago, IL 60661****F** Name and address of principal officer **Eric Weinheimer**  
**same as C above****D** Employer identification number**36-4268095****E** Telephone number**312-798-3300****G** Gross receipts \$**2,752,435.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **www.thecaraprogram.org****K** Form of organization ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1999** **M** State of legal domicile **IL****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities <b>to assist homeless and at-risk individuals become self-sufficient</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>17</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>17</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b> <b>300</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> <b>130</b>	
	<b>Revenue</b>	<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7 a</b> <b>0.</b>
<b>b</b>		Net unrelated business taxable income from Form 990-T, line 34	<b>7 b</b> <b>0.</b>	
<b>8</b>		Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>4,610,109.</b> <b>Current Year</b> <b>2,064,123.</b>	
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>1,576,867.</b> <b>791,170.</b>	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>223,981.</b> <b>2,312.</b>	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-383,532.</b> <b>-110,111.</b>	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,027,425.</b> <b>2,747,494.</b>	
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>251,003.</b> <b>127,590.</b>
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,465,440.</b> <b>1,795,211.</b>
	<b>16 a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>	
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>350,298.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,746,274.</b> <b>1,036,154.</b>	
	<b>18</b>	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>6,462,717.</b> <b>2,958,955.</b>	
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses - Subtract line 18 from line 12	<b>-435,292.</b> <b>-211,461.</b>	
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>11,157,289.</b> <b>End of Year</b> <b>10,705,605.</b>	
	<b>21</b>	Total liabilities (Part X, line 26)	<b>5,884,489.</b> <b>5,644,266.</b>	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>5,272,800.</b> <b>5,061,339.</b>	

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer		Date	
	<b>Eric Weinheimer, President</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	<b>HUGH J. AHERN, CPA</b>		<b>02/21/13</b>	<b>P00010788</b>
<b>Preparer Use Only</b>	Firm's name ▶ <b>Desmond &amp; Ahern, Ltd</b>	Firm's EIN ▶ <b>36-3321958</b>		
	Firm's address ▶ <b>10827 S. Western Avenue</b> <b>Chicago, IL 60643</b>	Phone no. <b>773-779-4720</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No