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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

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.
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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
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Part I	Summary
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1	Briefly describe the organization's mission or most significant activities <u>individuals become self-sufficient to assist homeless and at-risk</u>	
2	Check this box <input type="checkbox"/> 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)	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	17
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	300
6	Total number of volunteers (estimate if necessary)	130
7a	Total unrelated business revenue from Part VII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990, line 34	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 8)	4,610,109.	2,064,123.
	9 Program service revenue (Part VIII, line 9)	1,576,867.	791,170.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	223,981.	2,312.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-383,532.	-110,111.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,027,425.	2,747,494.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	251,003.	127,590.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,465,440.	1,795,211.
	16a Professional fundraising fees (Part IX, column (A), line 14e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	350,298.	
	17 Other expenses (Part IX, column (A), lines 11f-24e)	2,746,274.	1,036,154.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	6,462,717.	2,958,955.
Net Assets or Fund Balances	19 Revenue less expenses - Subtract line 18 from line 12	-435,292.	-211,461.
	20 Total assets (Part X, line 16)	Beginning of Current Year 11,157,289.	End of Year 10,705,605.
	21 Total liabilities (Part X, line 26)	5,884,489.	5,644,266.
	22 Net assets or fund balances - Subtract line 21 from line 20	5,272,800.	5,061,339.

Part II	Signature Block
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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 Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	HUGH J. AHERN, CPA		02/21/13		P00010788
	Firm's name	Desmond & Ahern, Ltd		Firm's EIN	36-3321958
	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

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

Form **990** (2012)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☐ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶