efile	e GR	RAP	HIC F	orint - DO NOT PROCESS	As Filed Data	-				DLN	l: 93	493319210099
(00	N		Return of Or	anization	Exe	empt Froi	m Inco	ome	Тах	(OMB No 1545-0047
Form	33	<i>7</i> 0		Under section 501(c), 527, or 4	-		•				s)	2018
<u>م</u>				Do not enter soc					-		", L	2010
Departa Treasua Interna	n.		en ice	► Go to <u>www.irs.g</u>	ov/Form990 for	instru	uctions and the	e latest ii	nform	ation.		Open to Public Inspection
				llendar year, or tax year begir	nning 01-01-201	8,a	nd ending 12-	31-2018				
B Che				C Name of organization CAIR-FOUNDATION INC						D Employer in	dentıf	ication number
Add Add Na			-							77-064675	6	
🗆 Inr	tial re	turn		Doing business as COUNCIL ON AMERICAN-ISLAMIC R	ELATIONS							
			ninated urn	Number and street (or P O box if m	nail is not delivered to	street	address) Room/	suite		E Telephone n	umber	
🗆 Ap	olicati	ion pe	ending	453 NEW JERSEY AVENUE SE						(202) 488-	8787	
				City or town, state or province, cou WASHINGTON, DC 20003	ntry, and ZIP or forei	gn post	tal code			•		0.10.1.10
				F Name and address of principa	al officer			H(a)	Ic this	G Gross receip		,049,140
				NIHAD A HAMMAD 453 NEW JERSEY AVENUE SE						dinates?	1101	🗌 Yes 🗹 No
				WASHINGTON, DC 20003				Н(Ь)	Are al includ	l subordınates ed?		□Yes □No
I Tax	(-exer	mpt s	tatus	✓ 501(c)(3) 501(c)()	(Insert no) 🗌 49	947(a)((1) or 🛛 527		If "No	," attach a list		,
JW	ebsi	te: Þ	WW	W CAIR COM				H(c)	Group	exemption nu	mber	•
K Form	nofo	raani	zation	Corporation Trust Asso	ociation 🗌 Other 🕨			L Year o	of forma	tion 2005 M	State	of legal domicile DC
		-										
Pa	rt I		Sumr	•	w maat algebieret	- c+						
				cribe the organization's mission c EADING ADVOCATE FOR JUSTICE				NHANCE U	NDERS	TANDING OF I	SLAM	1. ENCOURAGE
a		DIAL	OGUE	, PROTECT CIVIL LIBERTIES, EMP								
Governance	-	UND	ERSTA	NDING								
Шa	-											
ove	-											
				s box 🕨 🔲 ıf the organızatıon dı				more tha	n 25%	of its net asse		1
×	3	Nun	nber o	f voting members of the governing	ng body (Part VI, li	ne 1a)	• •	• •		3	8
ie.	4	Nun	nber o	f independent voting members o	f the governing bo	dy (Pa	art VI, line 1b)		•	•	4	7
Activities &	5	Tota	al num	ber of individuals employed in ca	lendar year 2018	Part ۱)	V, line 2a) 🛛 .		•		5	39
Act	6	Tota	al num	ber of volunteers (estimate if ne	cessary)						6	20
	7a	Tota	al unre	elated business revenue from Par	t VIII, column (C),	line 1	2				7a	0
	b	Net	unrela	ated business taxable income from	m Form 990-T, line	e 34			•		7b	0
									Pri	or Year		Current Year
<u>a</u> i	8	Con	trıbutı	ons and grants (Part VIII, line 1h))	• •	• • •			6,632,436		3,571,887
enneven	9	Prog	gram s	service revenue (Part VIII, line 2g)	• •				11,594		321,179
VçA	10	Inve	estmei	nt income (Part VIII, column (A), I	lines 3, 4, and 7d).				1,469		3,047
	11	Oth	er rev	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c,	, and :	11e)			3,905		14
				enue—add lines 8 through 11 (mi						6,649,404		3,896,127
				d similar amounts paid (Part IX, o						958,475		1,039,200
				aid to or for members (Part IX, c						0		0
ŝ				other compensation, employee be						2,249,270		2,783,021
Expenses				nal fundraising fees (Part IX, colu		• •				0		0
Å				aising expenses (Part IX, column (D),						1 662 750		1 715 017
_				enses (Part IX, column (A), lines						1,662,750		1,715,917
				enses Add lines 13–17 (must equ less expenses Subtract line 18 fr		• •				4,870,495		5,538,138 -1,642,011
~ "	19	Nev	enuei	ess expenses Subtract line to fr	om me 12	•		Begi	innına	of Current Year		End of Year
Net Assets or Fund Balances									y			
Vsse Bala	20	⊤ota	al asse	ets (Part X, line 16)						6,473,547		3,302,421
et a				lities (Part X, line 26)						339,371		201,441
ΣŢ	22			s or fund balances Subtract line	21 from line 20 .	•				6,134,176		3,100,980
Pa				ature Block						-1-1 .		
				erjury, I declare that I have exam f, it is true, correct, and complete								
any k	nowle	edge		·								
			*****						201	9-11-15		
Sign			Signatu	re of officer					Date			
Here			ROULA	ALLOUCH BOARD CHAIR								
				print name and title								
			Pr	rint/Type preparer's name	Preparer's signatu	ire		Date	Chr	ck I If PTIN		
Paic	ł								self-	employed	14419	ر
Pre			Fi	rm's name 🕨 JONES MARESCA & MO	CQUADE PA				Firm	n's EIN ▶ 52-185	3933	
Use	On	ıly		rm's address 🕨 1730 RHODE ISLAND /	AVE NW SUITE 800				Pho	ne no (202) 296	-3306	

WASHINGTON, DC 20036

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Serv	ice Accomplis	hments		
	Check If Sche	dule O contains a res	ponse or note to a	any line in this Part III 🔒		🗹
1	Briefly describe the o	organization's mission				
	E A LEADING ADVOCA 10TE JUSTICE, AND EI			STANDING, TO ENHANC	E UNDERSTANDING OF ISLAM,	PROTECT CIVIL RIGHTS,
2	Did the organization	undertake any signifi	cant program ser	vices during the year wi	nich were not listed on	
	the prior Form 990 o If "Yes," describe the	r 990-EZ? ese new services on S	chedule O			🗌 Yes 🗹 No
3				changes in how it condu	icts, any program	
	services ⁷	ese changes on Sched				🗌 Yes 🗹 No
4	Describe the organiz Section 501(c)(3) an	ation's program servi	ce accomplishmer tions are required	to report the amount o	largest program services, as me f grants and allocations to othei	
4 a	(Code See Addıtıonal Data) (Expenses \$	2,728,683	including grants of \$	39,200) (Revenue \$	204,217)
4b	(Code See Addıtıonal Data) (Expenses \$	587,590	including grants of \$	1,000,000) (Revenue \$	90,996)
4c	(Code See Addıtıonal Data) (Expenses \$	178,603	including grants of \$) (Revenue \$	11,568)
	(Code) (Expenses \$	174,216	including grants of \$) (Revenue \$	14,398)
	GRASSROOTS RESPONS MADE A SIGNIFICANT I	SE TO CRITICAL POLITICA	AL, SOCIAL AND MEE OUT CHANGE THE F	DIA-RELATED ISSUES THES	NDATION ISSUES ACTION ALERTS AS SE ALERTS HAVE PRODUCED OVERW AN EMAIL LIST DESIGNED TO BE A S	HELMING RESULTS AND HAVE
4d	Other program servi	ces (Describe in Sche	dule O)			
	(Expenses \$	174,216 in	cluding grants of	\$) (Revenue \$	14,398)
4e	Total program serv	vice expenses 🕨	3,669,0	<u></u>		

Par	tIV 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒	2	Yes	
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		No
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	Yes	
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 😒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?	7		No
	If "Yes," complete Schedule D, Part III 🛸	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i> 3	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😒	10		No
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," complete Schedule D, Part VI 🛸	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a		No
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	201		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21	Yes	
22		22		No
		/ F	orm 99	0 (2018)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i>	24a		No
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? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L,</i> Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🕺	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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 \mathfrak{B}	35b		No
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 20		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Yes	
		F	orm 99	0 (2018)

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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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		
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 account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
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 against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which 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		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O \cdot .	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N .	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No
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Form	990 (2018)			Page 6
Par	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to i	lines 🔽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	9.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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		No
b	Other officers or key employees of the organization	15b		No
	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		No
Ь	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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed DC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply Own website Another's website V Upon request 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

State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ORGANIZATION 453 NEW JERSEY AVENUE SE WASHINGTON, DC 20003 (202) 488-8787 20

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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 or note to any line 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, or 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

📙 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι in of	t ch unle: ficer	ss per r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organızatıons below dotted lıne)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) ROULA ALLOUCH ESQ CHAIRPERSON	1 00	х		x				0	0	0	
(2) MASOUD NASSIMI VICE CHAIRMAN	1 00	х		x				0	0	0	
(3) JAMES JONES SECRETARY UNTIL JUNE 2018	1 00	х		x				0	0	0	
(4) AHMED AL-SHEHAB TREASURER	1 00	x		×				0	0	0	
(5) MANAL FAKHOURY BOARD MEMBER UNTIL JUNE 2018, THEN SECRETARY	1 00	x		x				0	0	0	
(6) TAHERA MAMDANI BOARD MEMBER UNTIL JUNE 2018	1 00	х						0	0	0	
(7) ARLENE NU'MAN EL-AMIN BOARD MEMBER	1 00	х						0	0	0	
(8) HAITHAM ABULHAIJA BOARD MEMBER BEGINNING MAY 2018	1 00	x						0	0	0	
(9) NEHAD A HAMMAD EXECUTIVE DIRECTOR	40 00 	x		x				219,813	0	31,631	
(10) CARY D HOOPER DIRECTOR OF COMMUNICATIONS	40 00					×		156,932	0	36,052	
(11) GADEIR I ABBAS SENIOR LITIGATION ATTORNEY	40 00					×		107,091	0	18,048	
(12) LENA F MASRI NATIONAL LITIGATION DIRECT	40 00					×		118,875	0	4,896	
										Form 990 (2018)	

Pa	rt VII Section A. Officers, Direct	tors, Trustees	s, Key l	Empl	loye	es,	and	Higl	nest Co	mpensate	ed Employees	(cont	:inued)		
	(A) Name and Title	(B) Average hours per week (list any hours	than c ıs b	one b	ox, u in ofi	t cho Inles ficer	and a	son	Rep comp fro organiz	(D) ortable ensation m the zation (W-	(E) Reportable compensatio from related organizations (portable Es pensation amou n related com zations (W- fr		(F) Estimated mount of other compensation from the ganization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- 2/109	99-MISC)	2/1099-MISC	.)	organizatı relatı organiza	ed	
												+			
c	Sub-Total				•		• •	· · · · ·	1	602,711	1	0		90,627	
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	o rec	eived mo	ore than \$1	00,000				
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule 2</i>										employee on	3	Yes	No No	
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes		
5	Did any person listed on line 1a recenservices rendered to the organization											5		No	
	ection B. Independent Contract										+100 000 -6				
1	Complete this table for your five high from the organization Report competed											mpen	sation		
	Name a	(A) and business addre	255							Desc	(B) ription of services		(C Compen		
MARF	RIOTT CRYSTAL GATEWAY										AND CONFERENCES	;		150,513	
	RICHMOND HIGHWAY NGTON, VA 22202														
	LAW FIRM									LEGAL SERV	/ICES			150,000	
	F STREET SUITE 1050 HINGTON, DC 20005														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 2

Form 990 (2	018)
Part VIII	Statement of Revenue

Page 9

		Check if Schedul	e O contains a	a respo	onse or n	ote to any	line in t	his Part VIII					. 🗆
								(A) revenue	e fu	(B) lated or exempt unction	(C) Unrelated business revenue	ex tax u	(D) Revenue cluded from under sections
	1 :	a Federated campaigr	15	1a					r€	evenue			512 - 514
nts		b Membership dues		1b									
Grants tmounts						22.015							
A G		c Fundraising events		1c		32,015							
ar .		d Related organization		1d									
mi G		e Government grants (co	ontributions)	1e									
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributions, and similar amounts no above		1f		3,539,872							
ið d	9	g Noncash contributio	ons included										
id i		ın lınes 1a - 1f \$			<u>,933</u>								
ي بع		h Total. Add lines 1a-	1f	•		►		3,571,887					
						Business	s Code						
ur,	2a	LEGAL FUND					900099	1	10,500	110	,500		
5	b	CIVIL RIGHTS WORK					900099		93,717	93	,717		
بد E	с	ISLAMOPHOBIA					900099		54,363	54	,363		
r vic	d	INFORM PUBLIC					900099		33,200	33	,200		
3 S	6	LEADERSHIP CONFEREN	CE						11,568	11	,568		
ran							900099		17,831	17	,831		
Program Service Revenue	f	All other program se	rvice revenue		l				17,001	17	,001		
۹	g	Total. Add lines 2a-2	f		•		321,179						
	3	Investment income (ir	ncluding divid	ends, i	interest,	and other			_				
		sımılar amounts).				1	•	3,04	/				3,047
		Income from investme		-					_				
	5	Royalties	(1) Real			ersonal	▶ 		-				
	6a	Gross rents				ersonal	-						
	•••												
	b) Less rental expenses											
		Rental income or					_						
		(loss)											
	d	Net rental income or	r(loss)		• • •	•	1						
			(ı) Securit	les	(11)	Other							
	7a	Gross amount from sales of											
		assets other than inventory											
		Less cost or					_						
	C	other basis and											
	c	sales expenses Gain or (loss)					-						
		I Net gain or (loss)				•	-						
	8a	Gross income from fu				-	1						
ne			32,015	of									
Æ		contributions reporte See Part IV, line 18		а		153,013	3						
Re	b	Less direct expenses	5	b		153,013	3						
er	c	Net income or (loss)	from fundrais	ang ev	ents .	• •			0				
Other Revenue	9a	Gross income from g		es									
0		See Part IV, line 19		а									
	b	Less direct expenses	5	b			-						
		: Net income or (loss)			les	•							
	10;	aGross sales of invent	ory, less				7						
		returns and allowanc	es	_	ļ								
				a			_						
		Less cost of goods s		Ь									
ŀ	C	Net income or (loss) Miscellaneous		Invent		. ► ess Code							
ŀ	11	arebates and rew			Dusini	90009	19	1-	4				14
		REDATED AND REWA						-					_ '
	b												-
	Ľ	,											
	C	3											
					ļ								
		All other revenue					<u> </u>						
	e	Total. Add lines 11a	-11d	• •	• •	•		1-	4				
	12	2 Total revenue. See	Instructions	• •	• •	• •		3,896,12	7	321,179		0	3,061
								. , =		, -			

Part IX Statement of Functional Expenses

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

Jee		-			
	Check if Schedule O contains a response or note to any	line in this Part IX			· · · ⊔
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,039,200	1,039,200		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	251,444	63	251,381	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,048,663	1,624,490	352,305	71,868
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	37,776		37,776	
9	Other employee benefits	308,674	812	307,862	
10	Payroll taxes	136,464	109,078	22,705	4,681
	Fees for services (non-employees)				
	Management				
	· · · · · · · · · · · · · · · · · · ·	205,446	144,998	60,448	
	-	14,191	1,015	13,176	
		14,191	1,015	15,170	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	128,611	98,922	21,389	8,300
12	Advertising and promotion	17,728	13,622		4,106
13	Office expenses	459,851	166,522	149,610	143,719
14	Information technology	122,596	96,041	26,555	
15	Royalties				
16	Occupancy	343,303	37,003	306,300	
17	Travel	193,224	175,641	8,736	8,847
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings	152,568	143,282	9,286	
20	Interest	24		24	
21	Payments to affiliates				
	Depreciation, depletion, and amortization	24,913		24,913	
	Insurance	26,151		26,151	
	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)				
	a DUES AND SUBSCRIPTIONS	17,592	11,189	6,253	150
	b RESEARCH AND INFORMATIO	7,789	7,054	735	
	c SALES TAXES PAID	1,307	160	1,147	
	d STAFF TRAINING AND SEMI	440			440
	e All other expenses	183		183	
25	Total functional expenses. Add lines 1 through 24e	5,538,138	3,669,092	1,626,935	242,111
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 ► □ If following SOP 98-2 (ASC 958-720)				
					Form 000 (2018)

Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			4,543,548	1	2,975,515
	2	Savings and temporary cash investments .		[2	
	3	Pledges and grants receivable, net	• •		333,722	3	
	4	Accounts receivable, net	•		619,582	4	1,550
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali	ated er	nployees Complete		5	
s		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and of section 501(c)(9) structions) Complete		6		
Assets	7	Notes and loans receivable, net			553,270	7	
A SS	8	Inventories for sale or use	•	6,085 81.833	8	6,085	
4	9	Prepaid expenses and deferred charges	Prepaid expenses and deferred charges				66,932
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	299,441			
	b	Less accumulated depreciation	accumulated depreciation 10b 248,69				50,750
	11	Investments—publicly traded securities .		148,989	11	201,589	
	12	Investments-other securities See Part IV, line			12		
	13	Investments—program-related See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	[15		
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	6,473,547	16	3,302,421
	17	Accounts payable and accrued expenses	165,283	17	102,231		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		· ·		20	
Ś	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
iab		persons Complete Part II of Schedule L .				22	
	23	Secured mortgages and notes payable to unrela	ted th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	l thırd	parties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,	174,088	25	99,210
	26	Total liabilities.Add lines 17 through 25 .			339,371	26	201,441
Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets			6.134.176	27	3,100,980
ala	27 28	Temporarily restricted net assets			0,104,170	27	3,100,900
1 B	20 29	Permanently restricted net assets	•	· · · · · · -		20	0
Fund	29	Organizations that do not follow SFAS 117	(058)		29	
r Fl		check here \blacktriangleright and complete lines 30 th					
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or ed			31		
Ass	32	Retained earnings, endowment, accumulated in				32	
Net /	33	Total net assets or fund balances			6,134,176	33	3,100,980
Ž	34	Total liabilities and net assets/fund balances .			6,473,547	34	3,302,421
							E

Form 990	(2018)
Part XI	Rec

Pa	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	,896,127
2	Total expenses (must equal Part IX, column (A), line 25)	2			,538,138
3	Revenue less expenses Subtract line 2 from line 1	3		-1	,642,011
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		6	,134,176
5	Net unrealized gains (losses) on investments	5			-12,380
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-1	,378,805
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		3	,100,980
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	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 Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No
b	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	red	Зb		

Form **990** (2018)

Additional Data

Software ID: Software Version: EIN: 77-0646756 Name: CAIR-FOUNDATION INC

Form 990 (2018)

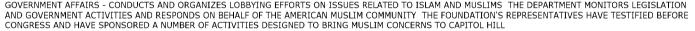
Form 990, Part III, Line 4a:

CIVIL RIGHTS WORK - COUNSELS, MEDIATES AND ADVOCATES ON BEHALF OF MUSLIMS AND OTHERS WHO HAVE EXPERIENCED RELIGIOUS DISCRIMINATION, DEFAMATION OR HATE CRIMES THE DEPARTMENT WORKS TO PROTECT AND DEFEND THE CONSTITUTIONAL RIGHTS OF AMERICAN MUSLIMS, THEREBY SUPPORTING THE RIGHTS OF ALL AMERICANS



MEDIA RELATIONS - WORKS WITH LOCAL AND NATIONAL MEDIA TO ENSURE AN ACCURATE PORTRAYAL OF ISLAM AND MUSLIMS IS PRESENTED TO THE AMERICAN PUBLIC THE FOUNDATION MONITORS LOCAL, NATIONAL AND INTERNATIONAL MEDIA, IN PART TO CHALLENGE NEGATIVE STEREOTYPES, BUT ALSO TO APPLAUD AND ENCOURAGE POSITIVE REPRESENTATIONS OF ISLAM AND MUSLIMS OVER THE YEARS. THE FOUNDATION HAS BECOME A RESPECTED AND CREDIBLE SOURCE FOR 10URNALISTS AND OTHER MEDIA PROFESSIONALS





efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493319210099
SCHEDULE A (Form 990 or Cor 990EZ)			Con	nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o mpt charitable 990 or Form 99	organization of trust. 0-EZ.	a section	OMB No 1545-0047
Interna	al Rever	f the Treasury	• • • •	Go to	www.irs.gov/Form9	<u>790</u> for the late	st information		Inspection
		he organiza ATION INC	tion					Employer identific	ation number
Pa	rt I	Reason	for Public	Charity Stat	us (All organization	s must comple	te this part) 9	77-0646756	
					ent is (For lines 1 thro				
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperat	ive hospital serv	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
4		A medical r name, city,		nızatıon operat	ed in conjunction with	a hospital descri	bed in section :	L70(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or univer				bed in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).	
7	\checkmark	An organiza section 17	ation that nor ' 0(b)(1)(A)	mally receives (vi). (Complete	a substantıal part of ıt Part II)	s support from a	governmental u	nit or from the gener	al public described in
8		A communi	ty trust desc	ribed in sectior	n 170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cert ess taxable income (le amplete Part III)	ain exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ation organize	ed and operated	d exclusively to test for	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup		ervised or controlled in ation vested in the san and C.				
С					supporting organization ions) You must com				ited with, its
d		functionally	integrated	The organizatio	d. A supporting organi n generally must satisi ' t IV, Sections A and	fy a distribution	requirement and		
e					ved a written determin integrated supporting		RS that it is a Ty	ре I, ⊤уре II, ⊤уре II	I functionally
f	Enter	r the number	of supported	organizations					
g			-		pported organization(· '			1
(i) Name of supported organization			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anızatıon listed ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No		
Tata									
Tota	1								L

1

2

3

4

5

6

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 Part II (b)(1)(A)(ix)(Complete only if you checked the box on line 5, 7, 8, or 9 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 (b) 2015 (d) 2017 (e) 2018 (a) 2014 (c) 2016 (f) Total (or fiscal year beginning in) ► Gifts, grants, contributions, and 2,191,906 3,251,416 5,136,516 6,545,721 3,571,887 20,697,446 membership fees received (Do not include any "unusual grant ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,191,906 3,251,416 5,136,516 6,545,721 3,571,887 20,697,446 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 219,256 line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 20.478.190 from line 4 Section B. Total Support Calendar year (a)2014 (b)2015 (c)2016 (d)2017 (e)2018 (f)Total (or fiscal year beginning in) 7 2,191,906 3,251,416 5,136,516 6,545,721 3,571,887 20,697,446 Amounts from line 4 Gross income from interest, 8 dividends, payments received on 2,997 2,204 1,697 3,047 9,945 securities loans, rents, royalties and income from similar sources Net income from unrelated business q activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 326 35,655 24,000 1,238 14 61,233 assets (Explain in Part VI) Total support. Add lines 7 through 11 20,768,624 10 12 Gross receipts from related activities, etc. (see instructions) 12 421,415 13 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) organization, check this box and stop here \ldots \ldots \ldots \triangleright \triangleright Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 98 600 % 15 Public support percentage for 2017 Schedule A, Part II, line 14 15 98 270 % 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶☑ and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b box and **stop here.** The organization gualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported ▶ 🗆 organization

b 10%-facts-and-circumstances test-2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

supported organization

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

instructions

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

 (Complete only if you checked the box on line 10 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.)

54	ection A. Public Support	quality and cr		below, please ee		/	
	Calendar year						
	(or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
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						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
	under section 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						
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						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) 🕨	(4) 2011	(0) 2020	(0) 2010	(4) 2017	(0) 2020	(1) 10101
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
~	Add lines 10a and 10b						
	Net income from unrelated business						
11	activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, tl	hird, fourth, or fift	h tax year as a se	ction 501(c)(3) oi	rganızatıon,
	check this box and stop here						▶□
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S		•			16	
-	ection D. Computation of Invest		-	luna 10. a-luuru (f			
17	Investment income percentage for 201	18 (line 10c, colur	nn (f) divided by	line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17						
19a	331/3% support tests-2018. If the	organization did n	ot check the box	on line 14, and lin	ie 15 is more than	1 33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s						
b		-					3% and line 18 is
U	••	-					
	not more than 33 1/3%, check this box	and stop nere.	me organization	quaimes as a publ	iciy supported org	anization	·
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check			
					Cahadul	a A (Earm 000 a	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination Зb Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported b organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections С 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as 9a defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Yes

Part IV Supporting Organizations (continued)								
			Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the							
	governing body of a supported organization?	11a						
b	A family member of a person described in (a) above?	11b						
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c						
	ation B. Tona I Comparison Anna signations							

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			

Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- a 🦳 The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c 🕅 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

1

ē	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		
	substantially all of its activities	2a	
Ł	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	involvement	2b	
	Devent of Supported Overspirations, Answer (a) and (b) helew		

- **3** Parent of Supported Organizations **Answer (a) and (b) below.**
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI**, the role played by the organization in this regard

3a

Зb

Yes

No

Yes

1

2

No

Page 6

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (continue	ed)			
Section D - Distributions			Current Year			
 Amounts paid to supported organizations to accomplish 	exempt purposes					
2 Amounts paid to perform activity that directly furthers excess of income from activity	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons				
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval require	ed)					
6 Other distributions (describe in Part VI) See instruction	ons					
7 Total annual distributions. Add lines 1 through 6						
 8 Distributions to attentive supported organizations to we details in Part VI) See instructions 	nich the organization is respon	sive (provide				
9 Distributable amount for 2018 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
Distributable amount for 2018 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions						
3 Excess distributions carryover, if any, to 2018						
a From 2013						
b From 2014. . <th< td=""><td></td><td></td><td></td></th<>						
d From 2016						
e From 2017.						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2018 distributable amount						
 Carryover from 2013 not applied (see instructions) 						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2018 from Section D, line 7						
\$						
a Applied to underdistributions of prior years						
b Applied to 2018 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions						
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions						
7 Excess distributions carryover to 2019. Add lines 31 and 4c						
8 Breakdown of line 7						
a Excess from 2014						
b Excess from 2015						
<u>c</u> Excess from 2016						
d Excess from 2017						
	I	í	í			

Schedule A (Form 990 or 990-EZ) (2018)

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
	MISC REVENUE - 2014 AMOUNT \$ 326 2017 AMOUNT \$ 1,238 REIMBURSEMENTS - 2015 AMOUNT \$ 2 4,850 2016 AMOUNT \$ 24,000 REWARD POINTS REVENUE - 2015 AMOUNT \$ 10,805 2018 AMOUNT \$ 14

efi	le GRAPHIC pri	nt - DO NOT I	PROCESS	As Filed Data -				D	LN:	93493319	210099
SC	HEDULE C	Р	olitical	Campaign a	nd L	obbying A	Activit	ies		OMB No 1	.545-0047
	rm 990 or 990-			mpt From Income					527	20	18
	rtment of the Treasury al Revenue Service			ation is described b gov/Form990 for in					Z.	Open to Inspe	Public ection
• S • S • S • S • S • S • S • S • S • S	Section 501(c)(3) org Section 501(c) (othe Section 527 organiz e organization ans Section 501(c)(3) ol Section 501(c)(3) ol	ganizations Con er than section 5 cations Complet wered "Yes" or ganizations that ganizations that wered "Yes" or ate instructions	nplete Parts 01(c)(3)) org e Part -A on n Form 990, have filed For have NOT fi n Form 990, s), then	Part IV, Line 4, or Fo orm 5768 (election un iled Form 5768 (electi Part IV, Line 5 (Prox	nplete Parts orm 99 nder se	Part I-C I-A and C below 0-EZ, Part VI, Iın ection 501(h)) Co der section 501(h)	Do not co e 47 (Lob mplete Pa)) Comple	mplete Part I- bying Activit rt II-A Do not te Part II-B D	B i es), comj io not	then plete Part II-F	B art II-A
Nai	me of the organizat	<u>,, , , , , , , , , , , , , , , , , , ,</u>						Employer id	entif	ication nun	nber
CAI	R-FOUNDATION INC							77-0646756			
Par	t I-A Complet	e if the orga	nization is	exempt under se	ectior	1 501(c) or is	a sectio		niza	tion.	
1		ion of the organ		ct and indirect politica							
2	Political campaign	,	itures (see ir	nstructions)				•	\$		
3	Volunteer hours f	or political camp	aign activitie	s (see instructions)							
Par	t I-B Complet	e if the orga	nization is	exempt under se	ectior	ı 501(c)(3).					
1	Enter the amount	of any excise ta	ix incurred by	y the organization und	der sec	tion 4955		•	\$		
2	Enter the amount	of any excise ta	ix incurred by	y organization manag	ers un	der section 4955		►	\$		
3	If the organizatio	n incurred a sect	on 4955 tax	, dıd it file Form 4720) for th	us year?				🗌 Yes	
4a	Was a correction	made?								□ Yes	
b	If "Yes," describe	ın Part IV									
Par			nization is	exempt under se	ectior	1 501(c), exce	pt section	on 501(c)(3).		
1	Enter the amount	directly expend	ed by the fili	ng organızatıon for se	ection 5	27 exempt functi	on activiti	es 🕨	\$_		
2	Enter the amount function activities		anızatıon's fu	unds contributed to ot	her or	ganızatıons for se	ction 527	exempt ►	\$_		
3	Total exempt fund	tion expenditure	es Add lines	1 and 2 Enter here a	and on	Form 1120-POL,	lıne 17b	•	\$		
4	Did the filing orga	inization file For	m 1120-PO	L for this year?					· -	🗌 Yes	
5	organization made	e payments For outions received	each organiz that were pro	ntification number (EI zation listed, enter the omptly and directly de idditional space is nee	e ámoi elivere	unt paid from the d to a separate po	filing orga plitical org	anization's fun anization, suc	ds A	lso enter the	
	(a) Nam	e		(b) Address		(c) EIN	filing c	ount paid from organization's If none, enter		(e) Amount contributions and promp	s received

			funds If none, enter -0-	and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see the	e instructions for Form 990 or 990-EZ.	Cat	No. 500845 Schedule C (Form 990 or 990-EZ) 2018

Sch	nedule C (Form 990 or 990-EZ) 2018			Page 2
Р	art II-A Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and file	d Form 5768 (eleo	ction under
A	Check If the filing organization belongs expenses, and share of excess lol	to an affiliated group (and list in Part IV each affiliated <u>c</u> bbying expenditures)	roup member's name,	address, EIN,
в	Check > I if the filing organization checked	box A and "limited control" provisions apply		
	Limits on Lobb	ying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legis	slative body (direct lobbying)		
с	Total lobbying expenditures (add lines 1a and 3	1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun columns	t from the following table in both		
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of l	,		
n	Subtract line 1g from line 1a If zero or less, er			
i	Subtract line 1f from line 1c If zero or less, en			
j	If there is an amount other than zero on either section 4911 tax for this year?	line 1h or line 1i, did the organization file Form 4720 re	porting	🗆 Yes 🗌 No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditu	res During 4-	Year Averagii	ng Period		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h))

		(a)	(b)
For e activ	each "Yes" response on lines 1a through 1ı below, provide in Part IV a detailed description of the lobbying ity	Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
с	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			8,173
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?		No		
j	Total Add lines 1c through 1i				8,173
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5), o	r sectio		
1	Were substantially all (90% or more) dues received nondeductible by members?			Yes 1	No
1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
2	Did the organization make only in-house lobbying expenditures of \$2,000 of less? Did the organization agree to carry over lobbying and political expenditures from the prior year?			2	
-	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	-)(E) 0			
Fa	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Par answered "Yes."				.)(0)
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
c		2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3	1		

- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING ON CAPITOL HILL ON ADVOCACY MATTERS WHICH BENEFITS THE ORGANIZATION'S MISSION
	Schedule C (Form 990 or 990E7) 2018

4 5

		int - DO NOT PROCESS As Fil	led Data -			D		319210099
	HEDULE D m 990)	Supplemer	ntal Financia	I Statements				o 1545-0047
Depa	rtment of the Treasury	Part IV, line 6, 7, 8, 9, 1	10, 11a, 11b, 11c, 1 ► Attach to Form 99		12b.		Оре	018 n to Public spection
Na	me of the organ		<u>,</u>			loyer id	entification	
CAI	R-FOUNDATION INC				77-0	646756		
Pa	art I Organi	zations Maintaining Donor Advi	ised Funds or Oth	er Similar Funds o	1			
		te if the organization answered "Ye	s" on Form 990, P	art IV, line 6.				
	Tabal assumbly a st		(a) Donor a	advised funds		(b)Fund	s and other	accounts
1	Total number at	,						
2 3		of contributions to (during year) of grants from (during year)						
4	Aggregate value							
5		ation inform all donors and donor adviso	L	assets held in donor av	lyiced fi	unde are	the	
	organization's p	roperty, subject to the organization's ex	clusive legal control?					Yes 🗌 No
6	charitable purpo private benefit?	ation inform all grantees, donors, and do ises and not for the benefit of the donor	r or donor advisor, or	for any other purpose	conferrı	ng impe		Yes 🗌 No
		vation Easements. Complete If th			n 990,	Part I√	, line 7.	
1		onservation easements held by the orga	``	¬ · · <i>· ·</i>				
	Preservatio	on of land for public use (e g , recreation	n or education) l	Preservation of ar	histori	cally imp	ortant land	area
	Protection	of natural habitat	l	Preservation of a	certified	l historic	structure	
	Preservation	on of open space						
2		2a through 2d if the organization held a e last day of the tax year	qualified conservatio	n contribution in the fo	rm of a_		ation at the End o	of the Year
а	Total number of	conservation easements			2a			
b	Total acreage re	stricted by conservation easements			2b			
С	Number of conse	ervation easements on a certified histori	ic structure included i	n (a)	2c			
d		ervation easements included in (c) acqu n the National Register	red after 7/25/06, ar	nd not on a historic	2d			
3		ervation easements modified, transferre	ed, released, extingui	shed, or terminated by	the org	anızatıor	n during the	
4	Number of state	s where property subject to conservation	on easement is locate	d 🕨				
		, ,				-		
5	and enforcemen	zation have a written policy regarding the it of the conservation easements it hold:	s?				🗌 Yes	
6	Staff and volunt	eer hours devoted to monitoring, inspec	cting, handling of viol	ations, and enforcing c	onserva	tion eas	ements durır	ng the year
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violation	s, and enforcing conser	vation e	easemen	ts during the	e year
8	Does each conse and section 170	ervation easement reported on line 2(d) (h)(4)(B)(ii)?) above satisfy the red	quirements of section 1	70(h)(4)(B)(I)	🗌 Yes	
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the 's accounting for conservation easemen	e footnote to the orga	n its revenue and expe nization's financial stati	nse stai ements	tement, that des	and	
Pa	rt IIII Organi	zations Maintaining Collections te if the organization answered "Ye	of Art, Historica		ier Sin	nilar A	ssets.	
1a	If the organizati art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	L6 (ASC 958), not to public exhibition, edu	report in its revenue st ucation, or research in				
Ь	historical treasu	on elected, as permitted under SFAS 11 res, or other similar assets held for pub its relating to these items						
I	(i) Revenue includ	ed on Form 990, Part VIII, line 1				▶\$_		
(ii)Assets included	ın Form 990, Part X						
2		on received or held works of art, histori its required to be reported under SFAS			incial ga			
а	Revenue include	ed on Form 990, Part VIII, line 1				▶\$		
b	Assets included	ın Form 990, Part X				► \$		

Cat No 52283D Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

e Other

5 cmc				C A					0 11	C:			aye a
	t III	Organizations Maintaining Co											
3		the organization's acquisition, accessic (check all that apply)	n, and other	records, o		any of t	ne foi	llowing t	hat are	a significant	use of its	collection	
а		Public exhibition			d		Loan	or excha	ange pr	ograms			
b		Scholarly research			e		Other						
С		Preservation for future generations											
4	Provid Part X	de a description of the organization's co <iii< th=""><th>llections and</th><th>explain h</th><th>ow the</th><th>ey furth</th><th>er the</th><th>e organiz</th><th>ation's</th><th>exempt purpo</th><th>ose in</th><th></th><th></th></iii<>	llections and	explain h	ow the	ey furth	er the	e organiz	ation's	exempt purpo	ose in		
5		g the year, dıd the organızatıon solıcıt o s to be sold to raıse funds rather than t								ımılar	🗌 Ye	s 🗌 No	
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.	wered "Yes'								unt on F	orm 990, Pa	art
1a		e organization an agent, trustee, custod led on Form 990, Part X?	ian or other i	Intermedia	ary for	contrib	utions	s or othe	er asset	s not	🗌 Ye	5 🗌 No	
b	If "Ye	es," explain the arrangement in Part XII	Land comple	te the foll	owina	table		[A	Amount		
c		ning balance			omig	table			1c				
d	-	ions during the year							1d				
е		butions during the year							1e				
f		ig balance							1f				
		ne organization include an amount on Fi		+ V luna 7	1 6			l atadiala				5 🗌 No	
2а ь											_	5 LINO	
b		s," explain the arrangement in Part XII Endowment Funds. Complete i											
Pa	rt V	Endowment Funds. Complete i	(a)Curren			rior year		(c)Two ye				(e)Four years b	back
1a	Beainn	Ing of year balance	(a)curren		(0)-	nor year					als back		
	-	putions											
		restment earnings, gains, and losses											
		or scholarships								-			
	Other e	expenditures for facilities ograms											
f	Admini	strative expenses											
g	End of	year balance											
2	Provid	de the estimated percentage of the curr	ent year end	balance (line 1	g, colun	nn (a)) held a	s				
а	Board	l designated or quasi-endowment 🕨											
b	Perma	anent endowment 🕨											
с	Temp	orarily restricted endowment >											
-	The p	ercentages on lines 2a, 2b, and 2c sho	uld equal 100	0%									
3a		nere endowment funds not in the posse nization by	ssion of the o	organizatio	on that	t are he	eld and	d admını	stered	for the		Yes	No
	(i) ur	related organizations		•••		•		• •				(i)	
	• •	elated organizations					•	• •				(ii)	
		s" on $3a(II)$, are the related organizatio					•	• •	• •	• • •	. 3	b	
4		be in Part XIII the intended uses of the	-	n s endowi	menti	unas							
Ра	rt VI	Land, Buildings, and Equipme Complete if the organization answ		" on Form	n 990	Part	TV lu	no 11a	Soo F	orm 990 Pa	art X lun	o 10	
	Descri	ption of property (a) Cost or ot (investm	her basıs	(b) Cost o						d depreciation		d) Book value	
12	Land												
		gs					4,364			6,080			8,284
		old improvements								194,246			
a	⊏quipm	nent				∠3	6,712			194,240	1		42,466

0

50,750

48,365

.

►

48,365

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Schedule D (Form 990) 2018					Page 3
Part VII	Investments—Other Securities. Complete if the organized See Form 990, Part X, line 12.	anızat	ion ansv	vered "Yes" or	Form 990, Pa	rt IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value	Cos	(c) Method of v t or end-of-year	
(1) Financia (2) Closely- (3)Other	l derivatives	•				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12)	►				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, P	art IV, lı	ne 11c. See Fo	orm 990, Part	X, line 13.
	(a) Description of investment	(b) Bo	ook value	Cos	(c) Method of v t or end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' of	n Forr	m 990 Pa	rt IV line 11d '	See Form 990 P	art X line 15
	(a) Description					(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6) (7)						
(7)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15)					
Part X	Other Liabilities. Complete if the organization answer					
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) B	ook value		
				00.210		
(2)	ALARIES AND RELATED EXPENSES			99,210		
(3)						
(4)		+				
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	•		99,210		

2. Liability for uncertain tax positions 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) 2018

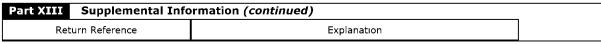
Pa	t XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par		Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par		r Return.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🔒 .	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Information			

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

Return Reference Explanation









efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349331921009								
SCHEDULE G	laguZ	emental Inf	ormation Rega	rding	OMB No 1545-0047			
(Form 990 or 990-EZ)	ties	2018						
Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Open to Put								
ame of the organization Employer identification number								
CAIR-FOUNDATION INC				77-0646756				
Part I Fundraising Activities.Complete if the organization answered "Yes" on Form 990, Part IV, line 17.								
	filers are not required	-						
1 Indicate whether the c	organization raised funds t	hrough any of the i	following activities Check	all that apply				
a 🗌 Mail solicitations		•	e 🔲 Solicitation of nor	-government grants				
b 🗌 Internet and email	solicitations		f 🔲 Solicitation of gov	ernment grants				
c 🗌 Phone solicitations		,	g 🔲 Special fundraisin	g events				
d 🗌 In-person solicitati	ons							
	ave a written or oral agre d in Form 990, Part VII) o			· • —	es 🗆 No			
	ghest paid individuals or e least \$5,000 by the orgar) pursuant to agreement	s under which the fundrais				
(i) Name and address of Ind or entity (fundraiser)	or entity (fundraiser) fundraiser have from activity (or		(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization				
1		Yes No						
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total		• • • • • • • • • • • • • • • • • • •						
					<u> </u>			

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	edule G (Form 990 or 990-EZ) 2018 art II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$		gross income on Form	1 990-EZ, lines 1 and (bb. List events with
		(a)Event #1 ANNUAL	(b) Event #2	(c)Other events	(d) Total events (add col (a) through
NIe		FUNDRAISER AND BANQUET (event type)	(event type)	(total number)	col (c))
Кеvение					
ă	1 Gross receipts	185,028			185,028
	2 Less Contributions3 Gross income (line 1 minus	32,015			32,015
	line 2)	153,013			153,013
	4 Cash prizes				
Se	5 Noncash prizes				
Expenses	6 Rent/facility costs				
ă Ш	7 Food and beverages	150,513			150,513
Direct	8 Entertainment	2,500			2,500
ā	9 Other direct expenses				
	10 Direct expense summary Add lines 4	-		🕨	153,013
	11 Net income summary Subtract line 10				0
Par	rt IIII Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	IV, line 19, or reported	1 more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
å	1 Gross revenue				
Expenses	2 Cash prizes				
ů ů	3 Noncash prizes				
Direct	4 Rent/facility costs				
ā —	5 Other direct expenses				
		☐ Yes%	☐ Yes%	☐ Yes%	
	6 Volunteer labor	No No	🗌 No	□ No	
	7 Direct expense summary Add lines 2	through 5 in column (d)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizat				
a b					
10a					
b					

Sche	dule G (Form 990 or 990-EZ) 2018			F	Page 3
11	Does the organization conduct gaming activities with nonmembers?		🗌 Yes		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		🗌 Yes		
13	Indicate the percentage of gaming activity conducted in				
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and re-	cords			
	Name 🕨				
	Address 🕨				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		🗌 Yes		
b	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the	÷			
	amount of gaming revenue retained by the third party \blacktriangleright \$				
С	If "Yes," enter name and address of the third party				
	Name 🕨				
	Address Þ				
16	Gaming manager information				
	Name ►				
	Gaming manager compensation > \$				
	Description of services provided ►				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		🗌 Yes	🗆 No	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
Dav	n the organization's own exempt activities during the tax year ► \$ TTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	() -		nd Dart	
Fal	III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform				s

Return Reference

Explanation

Schedule G (Form 990 or 990-EZ) 2018

efile GRAPHIC pri	int - DO	NOT PROCESS	As Filed Data -					DLN: 93493319	9210099
	he full c	ontent of this d	ocument, please se	elect landscape mode	e (11" x 8.5") whe	n printing.			
Schedule I	Letante and litner Accietance to Litranizatione						OMB No 1545-0047		
(Form 990) Governments and Individuals in the United States							2018		
				ation answered "Yes," o	on Form 990, Part IV			Open to Publ	ic
Department of the Treasury Internal Revenue Service			► Go to <u>wn</u>	Attach to Form w.irs.gov/Form990 for		on.		Inspection	
Name of the organization CAIR-FOUNDATION IN(2						Employe 77-0646	er identification number	
Part I General	Inform	ation on Grants	and Assistance				//-0040	0750	
				the grants or assistance,			ce, and	☑ Yes	
2 Describe in Part	IV the orga	anızatıon's procedur	es for monitoring the u	se of grant funds in the Ur	nited States				
				and Domestic Governme ditional space is needed	ents. Complete if the o	ganization answered "Yes	" on Form 990, Pa	art IV, line 21, for any rec	ripient
(a) Name and add organization or governmer	ress of	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descripti noncash assis		
(1) See Addıtıonal Data	à								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
			-	s listed in the line 1 table				▶	3

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assis	stance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
Return Reference	Return Reference Explanation						
PART I, LINE 2	RT I, LINE 2 THE GRANT ADMINISTRATOR MONITORS ALL FUNDS CODED TO GRANTS						

Additional Data

Software ID: Software Version:

EIN: 77-0646756

Name: CAIR-FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON TRUST FOUNDATION INC 453 NEW JERSEY AVENUE SE WASHINGTON, DC 20003	52-1887951	501(C)(3)	1,000,000				TO SUPPORT FUTURE INVESTMENTS
CAIR-DFW 13111 N CENTRAL EXPRESSWAY STE 380 DALLAS, TX 75243	75-2805360	501(C)(3)	20,000				GRANT TO HIRE A NEW EXECUTIVE DIRECTOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US COUNCIL OF MUSLIM ORGANIZATIONS 1155 F STREET NW SUITE 1050 WASHINGTON, DC 20004	46-2811888	501(C)(3)	10,000				2018 HILL DAY ADVOCACY AND 2017 JERUSALEM RALLY IN WASHINGTON D C

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9331	9210	099			
	edule J	Co	mpensati	on Information	OM	1B No	1545-(047			
,	n 990) ment of the Treasury	Complete if the orga	Compensa inization answ ► Attach	rustees, Key Employees, and Hig ted Employees ered "Yes" on Form 990, Part IV to Form 990. instructions and the latest inform	, line 23.		2018 pen to Public				
Interna	al Revenue Service					Insp	ectio	n			
	ne of the organiza R-FOUNDATION INC				Employer identificat	ion nu	ımber				
					77-0646756						
Ра	rt I Questio	ons Regarding Compensat	ion								
1a				the following to or for a person liste y relevant information regarding the			Yes	No			
		or charter travel	느	Housing allowance or residence for	•						
	_	companions		Payments for business use of perso							
		nification and gross-up payments		Health or social club dues or initiati							
	Discretion	ary spending account		Personal services (e g , maid, chau	ffeur, chef)						
b		xes in line 1a are checked, did thi ill of the expenses described abov		ollow a written policy regarding payr plete Part III to explain	nent or reimbursement	1b					
2				or allowing expenses incurred by all	- 1-2	2					
	directors, truste	es, oncers, including the CEO/Ex	lecutive Director	, regarding the items checked in lin	2 147						
3	organization's C	EO/Executive Director Check all	that apply Do n	d to establish the compensation of t iot check any boxes for methods CEO/Executive Director, but explain							
	Compensa	ation committee		Written employment contract							
	Independent	ent compensation consultant		Compensation survey or study							
	🗌 Form 990	of other organizations		Approval by the board or compensation	ation committee						
4	During the year, related organiza		90, Part VII, Seo	ction A, line 1a, with respect to the f	iling organization or a						
а	Receive a severa	ance payment or change-of-contr	ol payment?			4a		No			
b	Participate in, oi	r receive payment from, a supple	mental nonqualı	fied retirement plan?		4b		No			
с		r receive payment from, an equit of lines 4a-c, list the persons and		isation arrangement? licable amounts for each item in Par	t III	4c		No			
5	For persons liste), 501(c)(4), and 501(c)(29) ed on Form 990, Part VII, Section ontingent on the revenues of	A, line 1a, did t	must complete lines 5-9. The organization pay or accrue any							
а	The organization					5a		No			
b	Any related orga If "Yes," on line	anızatıon? 5a or 5b, descrıbe ın Part III				5b		No			
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did t	he organization pay or accrue any							
а	The organization	۶				6 a		No			
b	Any related orga If "Yes," on line	anızatıon? 6a or 6b, descrıbe ın Part III				6b		No			
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,		he organization provide any nonfixe rt III	d	7		No			
8				ed pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No			
9	If "Yes" on line !	8 did the organization also follow	the rebuttable	presumption procedure described in	Regulations section						
	53 4958-6(c)?					9					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

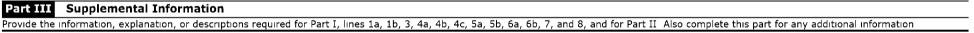
Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

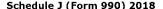
					T			
(A) Name and Title	I		n of W-2 and/or 1099-MIS		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	column (B) reported as deferred on prior Form 990
1 NEHAD A HAMMAD EXECUTIVE DIRECTOR	(i)	219,663	150	0	7,826	23,805	251,444	0
	(ii)) ⁰	0	0	0	0	0	0
2 CARY D HOOPER DIRECTOR OF	(i)		150	0	6,027	30,025	192,984	0
COMMUNICATIONS	(ii)	0	0	0	0	0	0	0
			· · · · · · · · · · · · · · · · · · ·					
/		//						1 (Farma 000) 2018

Schedule J (Form 990) 2018









		int - DO NOT P	ROCESS	As Filed Data -		DL	-N: 9349331	9210	099
	IEDULE M m 990)		N	Ioncash Contri	butions		OMB No 3		
,. v i		►Complete if the	organizati	ons answered "Yes" on F	orm 990, Part IV, lines 2	29 or 30.	20	18)
		Attach to Form	990.						
	tment of the Treasury al Revenue Service	▶Go to <u>www.irs.</u>	qov/Form9	<u>90</u> for the latest informat	tion.		Open to Inspe		
	e of the organizat	ion				Employer id	entification n	umber	•
CAIK-	FOUNDATION INC					77-0646756			
Pa	rt I Types	of Property							
			(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncas	(d) hod of determi h contribution a		s
1	Art—Works of ar	t							
	Art—Historical tr								
	Art—Fractional ir								
	Books and public								
5	Clothing and hou goods								
6	Cars and other v								
7	Boats and planes					1			
8	Intellectual prope	erty							
9	Securities—Public	1	Х	9	61,93	3 SALE PRICE			
10	Securities—Close					_			
11	Securities—Partr or trust interest								
	Securities-Misce								
13	Qualified conserv contribution—Hi								
	structures .								
14	Qualified conserv contribution—Of	/ation							
15	Real estate-Res								
16	Real estate—Cor	nmercial							
17	Real estate—Oth	er							
18	Collectibles .								
	Food inventory					_			
20	Drugs and medic								
	Taxidermy .								
	Historical artifact								
	Scientific specim Archeological art								
25	Other ► (+			
26	Other ► (
27	Other ► (
28	Other ► (
29				tion during the tax year for 3, Part IV, Donee Acknowled		29			
								Yes	No
30a	must hold for at	least three years f	rom the date	contribution any property a of the initial contribution, a	and which is not required to	be used for e			
	purposes for the	e entire holding peri	iod'			• • •	30a		No
b		e the arrangement							
31	Does the organı	zation have a gift a	cceptance p	plicy that requires the review	v of any nonstandard contr	ibutions?	31		No
32a				or related organizations to s		ash • • • •	32a		No
b	If "Yes," describ	e in Part II							
33	If the organizati describe in Part		n amount ın	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Fall								

Schedule M (Form 990) (2018)



Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
	THE METHOD THE ORGANIZATION IS USING TO REPORT THE NUMBER OF CONTRIBUTIONS IS NUMBER OF ITEMS RECEIVED



efile GRAPHIC prin	DLN: 93493319210099			
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	Complete to pro Form 990 o	vide information for r 990-EZ or to prov Attach to Forn	on to Form 990 or 990-EZ r responses to specific questions on ide any additional information. n 990 or 990-EZ. <u>90</u> for the latest information.	Z OMB No 1545-0047 2018 Open to Public Inspection
Name! & the of gameation CAIR-FOUNDATION INC			Employ 77-0646	ver identification number

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS UTILIZES AN OUTSIDE ACCOUNTANT TO PREPARE THE FORM 990, WHICH IS RE VIEWED AND SIGNED BY THE BOARD CHAIRPERSON A COPY IS THEN SENT TO THE FULL BOARD BEFORE I T IS FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
• · · ·	THE BOARD OF DIRECTORS MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLI CY BY MANDATING THAT ALL CONTRACTS ARE VETTED BY A BIDDING PROCESS REVIEWED BY THE BOARD A ND THAT ALL BOARD MEMBERS AND EMPLOYEES AGREE TO ABIDE BY THE SIGNED CONFLICT OF INTEREST POLICY AND TO RECUSE THEMSELVES IF THEY BELIEVE THAT THEY MAY HAVE A CONFLICT OF INTEREST WHEN IT COMES TO ANY FINANCIAL DECISION MAKING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND FORM 990 AVAILABLE UPON REQUEST

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -										DLN: 934933	319210	099
SCHEDULE R	Related	Organiz	ations ar	nd Un	related	Partne	ership	s			OMB No 1		17
(Form 990)	Complete if the orga	nization ans		on Form	990, Part I		-		7.		20	18	
Department of the Treasury Internal Revenue Service	Open to Public Inspection												
Name of the organization CAIR-FOUNDATION INC								Emplo	yer identif	ication	number		
								77-064	46756				
Part I Identification	of Disregarded Entities Complete I	f the organiz	ation answer	ed "Yes	" on Form 9	990, Part :	IV, line 3	3.					
Name, address, and	(a) EIN (if applicable) of disregarded entity		(b) Primary activ	vity	(c) Legal domic or foreign o	ule (state	(d) Total inco	ome I	(e) End-of-year as	sets	(f Direct coi ent	ntrolling	
	of Related Tax-Exempt Organization of related Tax-Exempt Organizations during the tax year.	ns Complet	e if the organ	ization	l answered "	Yes" on F	orm 990,	Part IV,	line 34 be	cause	ıt had one or	more	
Name, address, and	(a) EIN of related organization		b) y activity	Legal do or forei	(c) mıcıle (state gn country)	(d Exempt Co		Public ch	(e) arity status n 501(c)(3))	Dir	(f) rect controlling entity	(g Section (13) cor entit Yes	512(b) ntrolled
(1)WASHINGTON TRUST FOUNDATE 453 NEW JERSEY AVENUE SE	ION INC	TO SUPPORT FOUNDATION			DC 501(0		501(C)(3) LIN		LINE 11			Yes	
WASHINGTON, DC 20003										N/A			
52-1887951 (2)CAIR NATIONAL LEGAL DEFENSE 453 NEW JERSEY AVENUE SE	FUND INC		GENERAL GAL SERVICES NDATION INC		DC	501(C)(3)		LINE 11		N/A		Yes	
WASHINGTON, DC 20003 82-0922964													
												+	
For Paperwork Reduction Ac	t Notice, see the Instructions for Form	990.		LCa	t No 50135	J SY		I		Sche	dule R (Form	990) 20	18

Part III Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it h	ıad
one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(H Disprop alloca	1) rtionate tions?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	aging	(k) Percentage ownership
							Yes	No		Yes	No	
Part IV Identification of Related Organizations Taxable as a Co	rnoration	or Trus	t Complete	if the organiz	ation answ	ered "Yes	" on F	orm 9	90 Part IV	line	34	

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(Section (13) co ent	512(b) ntrolled ity?
		country)						Yes	No

Schedule R (Form 990) 2018

р	Reimbursement paid to related organization(s) for expenses				1p	No
q	Reimbursement paid by related organization(s) for expenses				1q	No
r	Other transfer of cash or property to related organization(s)				1r	No
S	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and tra	ansaction thresholds		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount invol	ved
(1) W	ASHINGTON TRUST FOUNDATION	В	1,000,000	CASH DONATION		
(2)W	ASHINGTON TRUST FOUNDATION	к	402,089	FAIR MARKET VALUE		
				Schedule R (Form 990) 2018

Fa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
с	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
	Sharıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)	1n		No
	Sharing of paid employees with related organization(s)	10		No
D	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
г	Other transfer of cash or property to related organization(s)	1r		No
	Other transfer of cash or property from related organization(s)	15		No

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	or g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	99	0) 2018







Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

