

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2015Open to Public
Inspection**A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
COMPASSIONATE CARE NETWORKNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite
6348 N MILWAUKEE AVECity or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60646**D** Employer identification number

54-2179399

E Telephone number

(773) 775-3600

F Group Exemption
Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**H** Check ☐
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).**I** Website: ▶**J** Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **110,971****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	87,717
	2	Program service revenue including government fees and contracts	2	8,662
	3	Membership dues and assessments	3	2,685
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b	Gross income from fundraising events (not including \$ <u>6,548</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	11,907
	c	Less: direct expenses from gaming and fundraising events	6c	11,907
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	99,064
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	78,075	
13	Professional fees and other payments to independent contractors	13		
14	Occupancy, rent, utilities, and maintenance	14	4,133	
15	Printing, publications, postage, and shipping	15	5,889	
16	Other expenses (describe in Schedule O)	16	10,477	
17	Total expenses. Add lines 10 through 16 ▶	17	98,574	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	490	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			

Net Assets

	end-of-year figure reported on prior year's return)	19	41,454
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	41,944

Form 990-EZ (2015)

Page **2****Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	41,454	22 42,853
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	41,454	25 42,853
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,454	27 42,853

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? FREE HEALTH CARE SERVICES	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
28 FREE HEALTH SCREENINGS/SURVEYS-OVER ONE THOUSAND SCENE D FOR DIABETES,HIGH BP,OBESITY,HEART RISK & DENTAL AT VARIOUS COMM CTRS IN IL & WI (Grants \$ 35,000) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 40,000
29 FREE HEALTH EDUCATION-OVER THIRTY THOUSAND PEOPLE WERE REACHED VIA COMMUNITY OUTREACH AND RADIO ON HEALTH RELATED TOPICS. (Grants \$ 20,000) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 22,000
30 COMMUNITY HEALTH OUTREACH AND RESOURCE EDUCATION- OUTREACH PROGRAMS DONE AT SEMINARS, CONFERENCES AND WEBINARS (Grants \$ 10,650) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 10,000
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32 72,000

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
AYESHA SULTANA MD PRESIDENT	20	0		
BADAR ZAHEER MD VICE PRESIDENT	4	0		
FATEMA R MIRZA MBA SECRETARY	30	20,342		
AZHER QUADER MD EXEC DIR & MEMBER	30	0		
AHSAN KHAJA CPA TREASURER	8	0		
MOHAMMED GAFOOR MD MEMBER	15	0		
WASIF KHAN JD MEMBER	1	0		
EJAZ RAHIM MD MEMBER	2	0		
ABRAR QUADER JD DIR OF COMM PARTNERSHIPS	30	29,042		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a _____		
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a _____; section 4912 40a _____; section 4955 40a _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c _____		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	
41 List the states with which a copy of this return is filed. 41 _____		
42a The organization's books are in care of 42a <u>AZHER QUADER</u> Telephone no. 42a <u>(773) 775-3600</u> Located at 42a <u>6438 N MILWAUKEE AVE CHICAGO, IL</u> ZIP + 4 42a <u>60646</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	
If "Yes," enter the name of the foreign country: 42b _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	
If "Yes," enter the name of the foreign country: 42c _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 _____		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Form**990-EZ**(2015)

Form 990-EZ (2015)

Page **4**

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 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	47	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

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

Sign Here	Signature of officer	2016-06-20
	AZHER QUADER EXECUTIVE DIRECTOR	Date
	Type or print name and title	

**Paid
Preparer
Use Only**

Print/Type preparer's name AHSAN KHAJA	Preparer's signature	Date 2016-06-20	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00275063
Firm's name ▶ AHSAN KHAJA CPA			Firm's EIN ▶ 16-1687014	
Firm's address ▶ 4751 W TOUHY AVE STE 302 LINCOLNWOOD, IL 60712			Phone no. (847) 491-0478	

May the IRS discuss this return with the preparer shown above? See instructions ☒ **Yes** ☐ **No**

Form **990-EZ** (2015)

Additional Data

Return to Form

Software ID: 15000260

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description