

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning Nov 8, 2017, **and ending** Dec 31, 2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **CHRONIC ILLNESS ADVOCACY AND AWARENESS GROUP INC.**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
 [Redacted] PT. 1 [Redacted]

City, state, and ZIP or foreign postal code
 [Redacted] 09 [Redacted]

D [Redacted]

E Telephone number: (774) 262-6671

F Group Exemption Number ▶

G Accounting Method: [Redacted] (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀ (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. ▶ \$ 187.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1 Contributions, gifts, grants, and similar amounts received																187.													
	2 Program service revenue including government fees and contracts																0.													
	3 Membership dues and assessments																0.													
	4 Investment income																0.													
	5a Gross amount from sale of assets other than inventory						0.																							
	b Less: cost or other basis and sales expenses						0.																							
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								0.																					
	6 Gaming and fundraising events																													
	a Gross income from gaming (attach Schedule G if greater than \$15,000)									0.																				
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)										0.																			
c Less: direct expenses from gaming and fundraising events										0.																				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)												0.																		
7a Gross sales of inventory, less returns and allowances													0.																	
b Less: cost of goods sold													0.																	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8 Other revenue (describe in Schedule O)																														
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																													187.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)																													
	11 Benefits paid to or for members																													
	12 Salaries, other compensation, and employee benefits																													
	13 Professional fees and other payments to independent contractors																													
	14 Occupancy, rent, utilities, and maintenance																													
	15 Printing, publications, postage, and shipping																													
	16 Other expenses (describe in Schedule O)																													
17 Total expenses. Add lines 10 through 16 ▶																													2,514.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																													
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																													
	20 Other changes in net assets or fund balances (explain in Schedule O)																													
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																													



Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose

Continuation Statement

Organization's Primary Exempt Purpose
ADVOCACY FOR THOSE WITH CHRONIC ILLNESSES
AND CONDITIONS FOR ACCESS TO HEALTHCARE
AND PALLIATIVE CARE.