### Extended to November 15, 2017

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.

6 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

~ ·	OI LII	le 2010 Caleffual year, or tax year beginning	u enung		
<b>B</b> c	Check if upplicab	Chicago Alliance Against Sexual		D Employer identif	ication number
	Addre	Exploitation			
	□Name □chane □Initial				220074
	returr Final returr	Number and street (of P.O. box if mail is not delivered to street address)  307 N. Michigan Avenue	Room/suit		244-2230
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,048,690.
	Amer returr	1   Clifcago, in 00001		H(a) Is this a group r	
	Appli tion pend		fer	for subordinates	
	-	same as C above		H(b) Are all subordinates i	included? Yes No
		xempt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1	) or 52		a list. (see instructions)
		ite: ▶ www.caase.org		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	<b>L</b> Yea	r of formation: $2007$	<b>M</b> State of legal domicile: <b>IL</b>
Pa	art I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To pall forms of sexual exploitation	promot	e community	iree irom
ern;	2	Check this box  if the organization discontinued its operations or disp	osed of mo	re than 25% of its net a	
Š	3			3	10
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b			10
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a) $\dots$		5	14
Ĭ	6	Total number of volunteers (estimate if necessary)			35
Act		Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		+
	_			Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		1,275,634.	
Revenue	9	Program service revenue (Part VIII, line 2g)		8,718.	
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		39,876.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,324,228.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,324,220.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	, –	630,283.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	"  -	030,203.	0.
Expenses	Ioa	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	n 3 1	· · ·	0.
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		700,588.	186,270.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,330,871.	
	19	Revenue less expenses. Subtract line 18 from line 12		-6,643.	
es		Trevende less expenses. Subtract line 10 from line 12		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		470,386.	551,576.
Ass J Ba	21	Total liabilities (Part X, line 26)		22,317.	
ĘĘ.	22	Net assets or fund balances. Subtract line 21 from line 20		448,069.	
	art II			•	
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedu	les and state	ments, and to the best of m	ny knowledge and belief, it is
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of	which prepar	er has any knowledge.	
Sign	n	Signature of officer		Date	
Her	е	Kaethe Morris Hoffer, Executive Direction	ctor		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		Paul Betlinski		05/25/17 self-employ	P01960501
	parer	Firm's name Desmond & Ahern, Ltd		Firm's EIN ▶	36-3321958
Use	Only	Firm's address 10827 S. Western Avenue			
		Chicago, IL 60643		Phone no. (7	73)779-4720
May	/ the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Total program service expenses

872,981.

including grants of \$

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### Part IV 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)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
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	х	
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		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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	Х	
b	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		21
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	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''		
	Schedule D, Parts XI and XII	12a	х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		-25
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- <i>''</i> -		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		Х

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### Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			۱
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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? If "Yes," complete Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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		Х
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? If "Yes,"			
	complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		X
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? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
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		х
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		X
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	1
	Note. All Form 990 filers are required to complete Schedule O	38	X	

### Part 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>	<u></u>	<u></u> .		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and respectively.	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					1
	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				77
	-			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		<del>                                     </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)'?	4a		X
р	If "Yes," enter the name of the foreign country:		(FDAD)			
<b>E</b> ~	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			Ea		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5a 5b		X
				5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the statement of the statem			30		
ua	any contributions that were not tax deductible as charitable contributions?	-		6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.			- Ou		
~	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices r	rovided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?	-		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation and the organization file Formation (in the organization file) and the organization file Formation (in the organization file) and the organization file Formation (in the organization file) and the organization file Formation (in the organization file) and the organization file Formation (in the organization file) and the organization file) and the organization file Formation (in the organization file) and the organization file) and the organization file) and the organization file Formation (in the organization file) and the organization file) are the organization file) and	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			9b		
	Section 501(c)(7) organizations. Enter:	١	1			1
	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	11a				1
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	па				1
b	amounts due or received from them.)	11b				1
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		.za		
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
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	13b				
С	Enter the amount of reserves on hand	13c				
	Did the exemplation version on a property for indeed to mind a device of wine the torrows.			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2016)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			X
Sec	tion 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			
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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		X
b	Other officers or key employees of the organization	15b		X
	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		X
b	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Lenise Lee - 773-224-2230			
	307 N. Michigan Avenue, Suite 1818, Chicago, IL 60601			

# 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, and 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.

<b>(A)</b> Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other	
1) Pogg Nojbova	below line)	hours for related organizations below below	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) Ross Neihaus	2.00	,,		37				0	0	0	
President	1.00	Х		Х				0.	0.	0 .	
(2) Christopher Jaffe Vice-President	1.00	x		х				0.	0.	0	
(3) Ricquel Harper	1.00	^		Λ				0.	0.	0	
Treasurer	1.00	X		х				0.	0.	0	
(4) Nick Colvin	1.00	25		22				0.	0.		
Secretary	2700	x		х				0.	0.	0 .	
(5) Dr. Joel Filmore	1.00							0.0			
Director		х						0.	0.	0	
(6) Judy Gold	1.00										
Director		Х						0.	0.	0 .	
(7) Amy Kohn	1.00										
Director		Х						0.	0.	0 .	
(8) Tiffany Madigan	1.00										
Director		Х						0.	0.	0	
(9) Shauna Prewitt	1.00										
Director		Х						0.	0.	0	
(10) Nancy Radner	1.00										
Director	40.00	Х						0.	0.	0 .	
(11) Kaethe Morris Hoffer	40.00							F0 40F	0	400	
Executive Director		Х		Х				78,407.	0.	400	
		1									

Pai	Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) (B)		(C)						(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable	;	Es	timate	<del>)</del> d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			nount	of
		week	_	CCI ai	luau	liecio	Jiraus	1	from	from related			other	
		(list any hours for	irecto						the organization	organization (W-2/1099-MIS			pensa om th	
		related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-1011	30)		anizat	
		organizations	Individual trustee or director	Institutional trustee		ee/	mper		(11 2) 1000 111100)				d relat	
		below	idual	ution	 	Key employee	est co oyee	e					anizati	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
												<u> </u>		
			1											
												<u></u>		
							-							
			_											
							-					<u> </u>		
			-											
	Sub-total		<u> </u>				1	<u> </u>	78,407.		0.		4	00.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								78,407.		0.		4	00.
2	Total number of individuals (including but i								eceived more than \$100	,000 of reportab	le			
	compensation from the organization													0
_											ı		Yes	No
3	Did the organization list any <b>former</b> officer				•	•	•	-	•					Х
	line 1a? If "Yes," complete Schedule J for s											3		
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	=		-					•	tne organization		4		Х
5	Did any person listed on line 1a receive or									idual for services		4		
J	rendered to the organization? If "Yes," con					-			-		<u>'</u>	5		Х
Sec	tion B. Independent Contractors	1												
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir	n the organization's tax	year.				
	<b>(A)</b> Name and business	address	NT	INC					<b>(B)</b> Description of s	ervices	C	(C ompei	<b>;)</b> nsatio	n
	Name and Business		147	2141				_	Bosonphon or c	0111000		<del>omper</del>	- Ioutio	-
								_						
								$\dashv$						
2	Total number of independent contractors (	including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization 🕨				(	0							
												Form 9	990 (2	2016)

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26-0220074 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Unrelated Total revenue Related or from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 35,750. 1 a Federated campaigns **b** Membership dues ..... 53,500. c Fundraising events d Related organizations 1d 231,535. e Government grants (contributions) f All other contributions, gifts, grants, and 715,372. similar amounts not included above ..... g Noncash contributions included in lines 1a-1f: \$ 1,036,157. h Total. Add lines 1a-1f .. Business Code 9,450. 611710 9,450. 2 a Prevention training Program Service Revenue b Honorarium 500. 900099 500. С All other program service revenue 9,950. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 53,500. of including \$ contributions reported on line 1c). See 2,583 Part IV, line 18 a Other **b** Less: direct expenses 92. 92. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b d All other revenue

92.

046,199.

Total revenue. See instructions.

e Total. Add lines 11a-11d

9,950.

### 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). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 80,900. 58,248. 22,652. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 13,885. 613,737. 573,405. 26,447. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 46,710. 48,575. 885. 980. Other employee benefits 9 50,986. 3,644. 46,323. 1,019. Payroll taxes 10 Fees for services (non-employees): a Management ..... 2,584. 51. 2,635. Legal 6,645. 120. 6,525. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 7,542. 7,412. 130 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,340. 19,083. 16,743. Office expenses 13 8,875. 8,875. Information technology 14 Royalties 15 81,828. 73,229. 7,003. 1,596. 16 Occupancy 14,438. 14,241. 197. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 15,183. 917. 14,266. Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 763. 840. 60. <u> 17.</u> Depreciation, depletion, and amortization ..... 22 8,659. 8,242. 417. 23 Other expenses. Itemize expenses not covered 24 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.) Database subscription/s 12,166. 11,449. 717. Special events 4,534. 4,534. 3,293. 3,208. Dues & subscriptions 85. 549. 512. 37. Webhosting e All other expenses 980,468. 872,981. 85,456. 22,031. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2016)

Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X	·····		
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			306,214.	1	447,645
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		144,166.	3	85,159	
	4	Accounts receivable, net			2,080.	4	9,820
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(c	)(3)(B), and contributing			
		employers and sponsoring organizations of sec		-			
တ္က		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			7		
୪	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	8,134.	9			
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,216.			
	b			3,601.	3,455.	10c	2,615
	11	Investments - publicly traded securities		11			
	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	6,337.	15	6,337		
	16	Total assets. Add lines 1 through 15 (must equ		470,386.	16	551,576	
	17	Accounts payable and accrued expenses			22,317.	17	37,776
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
g ရ	22	Loans and other payables to current and former	r officers	s, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
5	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			22,317.	26	37,776
		Organizations that follow SFAS 117 (ASC 958	3), checl	k here X and			
Se		complete lines 27 through 29, and lines 33 ar	nd 34.				
ğ	27	Unrestricted net assets			197,018.	27	302,899
39	28	Temporarily restricted net assets			251,051.	28	210,901
털	29	Permanently restricted net assets				29	
표		Organizations that do not follow SFAS 117 (A	SC 958	), check here 🕨 🗌			
ŏ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
4ss	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ż	33	Total net assets or fund balances			448,069.	33	513,800
	34	Total liabilities and net assets/fund balances		1	470,386.	34	551,576

Form **990** (2016)

Pai	rt XI Reconciliation 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	1,04					
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,4				
3	Revenue less expenses. Subtract line 2 from line 1	3			31. 69.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
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	51	3,8	00.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Ш			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X 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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				<u> </u>			
				990	(2016)			

### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

**ZU ID** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Chicago Alliance Against Sexual Emplo

Employer identification number

Exploitation 26-0220074 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

### Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	667,420.	776,794.	697,702.	759,086.	1036157.	3937159.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	667,420.	776,794.	697,702.	759,086.	1036157.	3937159.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						822,027.
6	Public support. Subtract line 5 from line 4.						3115132.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
	Amounts from line 4	667,420.	776,794.	697,702.	759,086.	1036157.	3937159.
	Gross income from interest,	-					
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						3937159.
	Gross receipts from related activities,	etc (see instruction	nne)			12	65,973.
	First five years. If the Form 990 is for	•	,	d fourth or fifth to			
	organization, check this box and <b>stor</b>	•		•			
Sec	ction C. Computation of Publ						
14	Public support percentage for 2016 (l	line 6. column (f) di	vided by line 11. d	column (f))		14	79.12 %
	Public support percentage from 2015					15	81.00 %
	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	•	•	•	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
.0	ato roundation. II the organizatio	an ala not oneon a	DONOTHING TO, TO	u, 100, 11a, 01 11k	o, or look it its box a	na see manuelion	·

### 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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(b) 2013	(6) 2014	(u) 2013	(e) 2010	(I) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	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						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first second this	rd fourth or fifth t	av voar as a soctio	n 501(c)(3) organi	zation
		· ·			-	. , . ,	Lation,
Sec	ction C. Computation of Publi						
	Public support percentage for 2016 (li			column (f))		15	%
	Public support percentage for 2016 (iii					16	
	ction D. Computation of Inves					10	70
	•					17	04
17						18	<u>%</u> %
18	Investment income percentage from 2						
198	33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box ar						
t	33 1/3% support tests - 2015. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	20 nox on line 14, 19	ıa, or 19b, check t	nis box and see in	structions	

### Schedule A (Form 990 or 990-EZ) 2016 Exploitation

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (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; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) 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.
- 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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as 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**.
- **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.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
35		
9с		
10a		
10b	00 E7	2016

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
	(VSINI/INV)		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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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.	1		
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.	2		
Sec	tion 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		
Sec	tion 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete <b>line 2</b> 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 inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
h	·	Za		
D	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.	2b		
3	-	ZIJ		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	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? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) <b>See instructions.</b> A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	<sup>₹</sup>	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Cook	on E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secu	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
88	Breakdown of line 7:			
a				
b	Excess from 2013			
с	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

## Chicago Alliance Against Sexual

Schedule A	(Form 990 or 990-EZ) 2016 Exploitation	26-0220074 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions), the	n			
<ul> <li>Section 501(c)(4), (5), or (6) organize</li> </ul>				
Name of organization Chicag	o Alliance Agains	t Sexual	Emp	loyer identification number
Exploi				26-0220074
Part I-A Complete if the o	rganization is exempt und	der section 501(c)	or is a section 527 of	organization.
<ul> <li>1 Provide a description of the organ</li> <li>2 Political campaign activity expend</li> <li>3 Volunteer hours for political camp</li> </ul>	ditures		<b>&gt;</b>	<b>.</b>
	rganization is exempt und			
1 Enter the amount of any excise ta				
2 Enter the amount of any excise ta	ax incurred by organization manag	ers under section 4955	<b>&gt;</b>	\$
3 If the organization incurred a sect	tion 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
<b>b</b> If "Yes," describe in Part IV.				
Part I-C Complete if the o	rganization is exempt und	der section 501(c),	except section 501	(c)(3).
<ul> <li>3 Total exempt function expenditur line 17b</li> <li>4 Did the filing organization file Form</li> <li>5 Enter the names, addresses and made payments. For each organic contributions received that were</li> </ul>	es. Add lines 1 and 2. Enter here a	ther organizations for seand on Form 1120-POL,  IN) of all section 527 point from the filing organizal separate political organizal management in the separate political organizal separate political organizate political organizations.	ection 527  Similar Signal Sig	Yes No ch the filing organization he amount of political
<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

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Schedule C (Form 990 or 990-EZ) 2016					2200/4 Page 2
Part II-A Complete if the orga	anization is exer	npt under section	n 501(c)(3) and fil	led Form 5768 (el	ection under
section 501(h)).					
A Check ▶ ☐ if the filing organization	ion belongs to an affi	liated group (and list in	Part IV each affiliated	l group member's nam	e, address, EIN,
expenses, and share	e of excess lobbying	expenditures).			
B Check ▶ ☐ if the filing organization	ion checked box A ar	nd "limited control" pro	visions apply.		
	s on Lobbying Exper itures" means amou	nditures ints paid or incurred.)		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (	grass roots lobbying)		450.	
<b>b</b> Total lobbying expenditures to influ		, ,,		2,449.	
c Total lobbying expenditures (add lin				2,899.	
d Other exempt purpose expenditure				979,825.	
e Total exempt purpose expenditures	s (add lines 1c and 1c	l)		982,724.	
f Lobbying nontaxable amount. Enter				172,409.	
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (ent	ter 25% of line 1f)			43,102.	
h Subtract line 1g from line 1a. If zero	or less, enter -0			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -0			0.	
j If there is an amount other than zero	o on either line 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this y	/ear?			L	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 Exper	nditures During 4-Yea	r Averaging Period		
Calendar year	(a) 2013	<b>(b)</b> 2014	(a) 2015	(d) 2016	(a) Total

(or fiscal year beginning in) 116,980. 176,205. 195,621. 172,409 661,215. 2a Lobbying nontaxable amount **b** Lobbying ceiling amount 991,823. (150% of line 2a, column(e)) 4,536. 5,214. 7,186. 2,899. 19,835. c Total lobbying expenditures 29,245. 44,051. 48,905. 43,102. 165,303. d Grassroots nontaxable amount e Grassroots ceiling amount 247,955.

1,095.

Schedule C (Form 990 or 990-EZ) 2016

1,545.

450.

(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)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	ount
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?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	FO4(-\/	-\	-4:	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on sur(c)(:	o), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year?	3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members			· · · · · · · · · · · · · · · · · · ·	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
C					
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 exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Pai	t IV Supplemental Information				
Prov	ide 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 a	and 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

### **SCHEDULE D** (Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Chicago Alliance Against Sexual Exploitation

**Employer identification number** 26-0220074

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	$\operatorname{Did}$ the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		
Par	•		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		T T
С	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired	·	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
_	<b>)</b> \$		04.)(4)(7)(7)
8	Does each conservation easement reported on line 2(d) abo		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	s the organization's accounting for
Par	conservation easements. t III   Organizations Maintaining Collections of	of Art Historical Treasures or (	Other Similar Assets
ı uı	Complete if the organization answered "Yes" on Forn	-	other ommur Assets.
12	If the organization elected, as permitted under SFAS 116 (A		amont and balance shoot works of art
ıa	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		ance of public service, provide, in Fart Alli,
h	If the organization elected, as permitted under SFAS 116 (A)		et and balance shoot works of art, historical
b			
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pr	ublic service, provide the following amounts
	relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	pasuros, or other similar assets for financi	
2			ai gairi, provide
_	the following amounts required to be reported under SFAS 1		▶ ¢
	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		
D	ASSELS INCIDUEU III FUIIII 330, Pail A		Ф

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Schedule D (Form 990) 2016

Pai	rt III   Organizations Mair	ntaining Coll	ections of A	rt, Hist	orical Tr	easures, e	or Other	Similar	Assets	(continued	d)
3	Using the organization's acquisit	tion, accession,	and other record	ls, check	any of the	following tha	at are a sigi	nificant use	of its co	llection ite	ms
	(check all that apply):										
а	Public exhibition		d	l	oan or exc	hange progra	ams				
b	Scholarly research		е		Other						
С	Preservation for future ger	nerations									
4	Provide a description of the orga	anization's collec	ctions and explain	n how th	ey further t	he organizati	ion's exem	ot purpose	in Part X	all.	
5	During the year, did the organiza	ation solicit or re	ceive donations	of art, his	storical trea	sures, or oth	er similar a	ssets			
	to be sold to raise funds rather t	than to be mainta	ained as part of t	he orgar	nization's co	ollection?				Yes 🗌	□ No
Pai	rt IV Escrow and Custo	dial Arrangei	ments. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990, P	art IV, lin	e 9, or	
	reported an amount on F	orm 990, Part X,	line 21.								
1a	Is the organization an agent, true	stee, custodian o	or other intermed	liary for	contribution	ns or other as	ssets not in	cluded		_	
	on Form 990, Part X?								Ш ,	Yes L	No
b	If "Yes," explain the arrangemen	nt in Part XIII and	I complete the fo	llowing t	able:						
									Α	mount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an a	amount on Form	990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liability	·?	Ш	Yes _	No
	If "Yes," explain the arrangemen									<u></u> L	
Pai	rt V Endowment Funds					1					
		<del></del>	) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (d	<b>)</b> Three year	s back (	<b>e)</b> Four yea	rs back
1a	0 0 ,										
b											
С	0,0,,	and losses									
d											
е	Other expenditures for facilities										
	and programs										
f	1										
g											
2	Provide the estimated percentage	<del>-</del>	year end balanc		g, column (a	a)) held as:					
а	5	owment		_%							
b	· · · · · · · · · · · · · · · · · · ·		_%								
С	' '		%								
_	The percentages on lines 2a, 2b										
за	Are there endowment funds not	in the possession	on of the organiza	ation tha	t are neid a	ina administe	erea for the	organizati	on		
	by:									Yes	No No
	(i) unrelated organizations									3a(i)	+-
										3a(ii)	+-
	If "Yes" on line 3a(ii), are the rela									3b	
4 Pai	Describe in Part XIII the intended art VI Land, Buildings, and			wmenti	unus.						
· u	Complete if the organizat			) Part IV	lina 11a 9	Saa Form 991	) Dart Y lir	no 10			
	Description of property		(a) Cost or o			or other		umulated	1 1	d) Book va	luo
	Description of property	у	basis (investn			(other)		eciation	"	a) book va	iue
10	Land		243.5 (11170361)	,	54010	(24,101)	ССРГС				
b	Land Buildings										
D	Leasehold improvements								+		
d						6,216.		3,601		2.	615.
	±					-,		-,001	+		
	al. Add lines 1a through 1e. (Colun		l Form 990. Part	X. colun	nn (B). line 1	10c.)	1		<del>.                                     </del>	2,	615.

	iance Against	Sexual	
Schedule D (Form 990) 2016 Exploitatio	n		26-0220074 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15 )		<b></b>
Part X Other Liabilities.			·· 🚩 ]
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, li	ne 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)		

<sup>2.</sup> 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 X

Schedule D (Form 990) 2016

Scriedule D	(Form 990)	) 2016	Exproreacton	20
Part XI	Recond	iliation of	Revenue per Audited Financial	Statements With Revenue per Ret

	Communication of the contract per statute at a manifest of the contract per state at the contrac				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,265,995.
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	217,305.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		2,491.		
е	Add lines 2a through 2d			2e	219,796.
3	Subtract line 2e from line 1			3	1,046,199.
4	Amounts included on Form 990, Part VIII, line 12, 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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,046,199.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,200,264.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	217,305.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2,491.		
е	Add lines 2a through 2d			2e	219,796.
3				_	980,468.
_	Subtract line <b>2e</b> from line <b>1</b>			3	J00, ±00.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	200,400.

### Part XIII Supplemental Information.

b Other (Describe in Part XIII.)c Add lines 4a and 4b

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.

### Part X, Line 2:

### Fin 48 Note from Audited Financial Statements

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

The Organization was granted an exemption from federal income taxes by the Internal Revenue Service pursuant to the provisions of Internal Revenue Code Section 501(c)(3). The Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A)(vi) and has been classified as an organization that is not a private Foundation under Section 509(a)(1). The tax-exempt purpose of the Organization and the nature in which it operates is described above. Management believes the Organization continues to operate in compliance with its tax-exempt purpose. Thus, no provision for income tax has been provided for in the financial statements. The Organization's Form 990, Return of Organization

Schedule D (Form 990) 2016

980,468.

Part XIII   Supplemental Information (continued)
Exempt from Income Tax, is subject to examination by the IRS, generally
for three years after it has been filed.
The Organization has adopted the requirements for accounting for uncertain
tax positions and management has determined that the Organization was not
required to record a liability related to uncertain tax positions as of
December 31, 2016.
Part XI, Line 2d - Other Adjustments:
Direct benefit special events 2,491.
Part XII, Line 2d - Other Adjustments:
Direct benefit special events 2,491.

### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Name of the organization

Chicago Alliance Against Sexual Exploitation

Employer identification number 26-0220074

Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answet.</li> </ul>	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not	
Indicate whether the organization raised funds through any of the following activities. Check all that apply.    Mail solicitations   e   Solicitation of non-government grants							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
<b>Fotal</b>			_				
List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration	

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

Schedule G (Form 990 or 990-EZ) 2016

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	)-EZ, lines 1 and 6b. List		ots greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			Race for	Fall	None		
			CAASE	Fundraiser		(add col. (a) through	
			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
Revenue			71 /	( )1 /	,		
ver		Cross respirts	28,603.	25,371.		53,974.	
Re	'	Gross receipts	20,003.	25,571.		33,374.	
	_						
	2	Less: Contributions					
	_	0 ' " 1 ' " 0	28,603.	25,371.		53,974.	
	3	Gross income (line 1 minus line 2)	20,003.	23,311.		33,374.	
	4	Cash prizes					
	_						
S	5	Noncash prizes					
Se							
per	6	Rent/facility costs					
Direct Expenses				1 101		1 101	
rec	7	Food and beverages		1,101.		1,101.	
Ö							
	8	Entertainment		1 200		1 200	
	9	Other direct expenses		1,390.		1,390.	
		Direct expense summary. Add lines 4 through	. ,			2,491.	
Da	11	Net income summary. Subtract line 10 from li				51,483.	
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a.					
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add	
Revenue				billyo/progressive billyo		col. (a) through col. (c))	
Re							
	1	Gross revenue					
es	2	Cash prizes					
ens	_						
Direct Expenses	3	Noncash prizes					
ct							
Dire	4	Rent/facility costs					
	5	Other direct expenses					
	_		Yes %	Yes%	Yes %		
	6	Volunteer labor	∟ No	∟ No	└── No		
	_				_		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>		
	_				_		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>		
_	_						
		ter the state(s) in which the organization condu	_			Yes No	
a Is the organization licensed to conduct gaming activities in each of these states?							
b	If "	No," explain:					
40	<u> </u>	and the same of th	land a			Yes No	
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
b	IT "	Yes," explain:					

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

# Chicago Alliance Against Sexual

Sch.	edule G (Form 990 or 990-EZ) 2016 EXPIOITATION	<u> </u>	<u> 440</u>	0 / 4	: Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?			Yes	No No
	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?	Γ		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:				
		1	120	I	0/
	The organization's facility		13a		<u>%</u>
	An outside facility	·····	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:			
	Name				
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$	ınt			
С	If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
u	retain the state gaming license?	[		Yes	☐ No
				103	
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ııne			
<b>D</b> -	organization's own exempt activities during the tax year > \$				
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	art III, line	es 9,	9b, 1	0b, 15b, 

# Chicago Alliance Against Sexual 26-0220074 Page 4 Exploitation Schedule G (Form 990 or 990-EZ) Part IV | Supplemental Information (continued)

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Chicago Alliance Against Sexual Emplo Exploitation

**Employer identification number** 26-0220074