Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.



B checketsin Chalcago Alliance Against Sexual D Employer identification number Chicago Alliance Against Sexual 26-0220074 Doing business as Coincago, IL South Mail is not delivered to street address) Room/sulle Telephone number Chicago, IL Obf00 Chicago, IL Gof001 Frame and address of principal officer.Kaethe Morris Hoffer Hails this agroup return Breame as Chicago, IL Gof001 Summary Yes <x no<="" td=""> How WW. Caase Org Summary Yes Yes No Yeebsite: WWW. Caase Org Summary Yes No Yeebsite: WWW. Caase Org L Yes Yes No 1 Breity describe the organization's mission or most significant activities: To promote community free from all forms of sexual exploitation 3 Number of independent voting members of the governing body (Part VI, line ta) 3 11 5 Tat relatureited business revenue from Part VII, column (C), line 12 Ta 7a 0. 3 Number of independent voting members of the governing body (Part VI, line ta) 9, 9, 950. 17, 4422. 1 Breity describe the comparization sinscion or coin realis provide the p</x>	AF	or th	e 2017 calendar year, or tax year beginning and	ending	_	
Design business as 26-0220074 Within Number and street (or P.0. bx if mail is not delivered to street address) Room/suite E Telephone number Or N. Michigan Avenue 1818 773-244-2230 Argender City or town, state or province, country, and ZIP or foreign postal code Genes receipts 3 1,136,008. Margender Finame and address of principal officer.Kaethe Morris Hoffer Hill by her al subordinates? Yes No I Taxexempt status: XS 101(2) (insert no.) 4947(a)(1) or 527 Hill by her al subordinates? Yes No Website: WWW - Caase - Org Hill of comp exemption number Yes No V Hommary I Briefly describe the organization's mission or most significant activities: To promote community free from all forms of sexual exploitation Other N L Year of formation: 207 Mill state alsest. Number of voting members of the governing body (Part Vi, line 1a) 1 1 1 1 A Number of voting members of the governing body (Part Vi, line 1a) 1 1 1 1 S Contributions and grants (Part VIII, column (A), line 12 Ta 1 1 0 0 0	B c		^e Chicago Alliance Against Sexual		D Employer identifie	cation number
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17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) 18 1800, 2700, 234, 321. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 980, 468. 1, 106, 743. 19 Revenue less expenses. Subtract line 18 from line 12 65, 731. 24, 778. 20 Total assets (Part X, line 16) 551, 576. 592, 540. 21 Total liabilities (Part X, line 26) 37, 776. 53, 962. 22 Net assets or fund balances. Subtract line 21 from line 20 513, 800. 538, 578.	ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		794,198.	871,822.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) 18 1800, 2700, 234, 321. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 980, 468. 1, 106, 743. 19 Revenue less expenses. Subtract line 18 from line 12 65, 731. 24, 778. 20 Total assets (Part X, line 16) 551, 576. 592, 540. 21 Total liabilities (Part X, line 26) 37, 776. 53, 962. 22 Net assets or fund balances. Subtract line 21 from line 20 513, 800. 538, 578.	in Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) 18 1800, 2700, 234, 321. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 980, 468. 1, 106, 743. 19 Revenue less expenses. Subtract line 18 from line 12 65, 731. 24, 778. 20 Total assets (Part X, line 16) 551, 576. 592, 540. 21 Total liabilities (Part X, line 26) 37, 776. 53, 962. 22 Net assets or fund balances. Subtract line 21 from line 20 513, 800. 538, 578.	xpe			50.		
19 Revenue less expenses. Subtract line 18 from line 12 65,731. 24,778. 30 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 551,576. 592,540. 21 Total liabilities (Part X, line 26) 37,776. 533,962. 22 Net assets or fund balances. Subtract line 21 from line 20 513,800. 538,578.	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		-	
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)551,576.592,540.21Total liabilities (Part X, line 26)37,776.53,962.22Net assets or fund balances. Subtract line 21 from line 20513,800.538,578.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
			Revenue less expenses. Subtract line 18 from line 12		-	24,778.
	s or			Be		
	sets	20	Total assets (Part X, line 16)		-	
	it As	21	Total liabilities (Part X, line 26)		-	
					513,800.	538,578.

Part II | Signature Block

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

Sign		Signature of o	fficer					Date		
Here		Kaethe	Morris	Hoffer,	Executive	Director				
		Type or print i	name and title							
	Prin	t/Type preparer	's name		Preparer's signature		Date	Check	PTIN	
Paid	Pa	ul Betl	inski				05/01	/18 if self-employed	P019605	501
Preparer	Firm	n's name 🕒	Desmond	& Ahern,	Ltd				36-33219	958
Use Only	Firm	n's address 🖕	10827 S.	. Westerr	n Avenue					
			Chicago	, IL 6064	13			Phone no. (77	3)779-47	720
May the II	RS di	iscuss this ret	urn with the pre	eparer shown ab	ove? (see instructio	ns)			X Yes	No
732001 11-2	8-17	LHA For P	aperwork Rec	luction Act Noti	ce, see the separat	te instructions.			Form 99	0 (2017)

	Chicago Alliance Against Sexual	
	<u>n 990 (2017)</u> Exploitation 26-0220074	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	To Promote a community free from all forms of sexual exploitation,	
	including sexual assault and commercial sex trade. The Organization	
	addresses the culture, institutions and individuals that perpetrate profit from, or support sexual exploitation.	,
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		XNo
	If "Yes," describe these new services on Schedule O.	
3		XNo
5	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	9
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	
	revenue, if any, for each program service reported.	
4a		000.)
	Legal Services and Sexual Assault Justice Project: The Organization	<u> </u>
	engages in civil litigation against perpetrators and facilitators of	
	sexual harm and advocates effective criminal prosecution of	
	perpetrators. The Organization also advocates for public policies t	hat
	increase the efficacy of criminal and civil laws pertaining to sexu	ıal
	violence and exploitation.	
	(Code:) (Expenses \$ 222,753. including grants of \$) (Revenue \$	
4b	(Code:)(Expenses \$222,753. including grants of \$) (Revenue \$) (· · · ·
	policy reforms that will increase legal and social accountability f	or
	perpetrators of harm, especially sex traffickers, pimps, people who	
	sex, and those who commit sexual assault. The Organization also	, pañ
	promotes broad community support for services and resources for	
	survivors. The Organization advises law enforcement, policy makers,	and
	other stakeholders on best practices relating to sex trafficking,	
	prostitution, and rape.	
4c		442.)
	Prevention: The Organization creates and implements educational	
	curricula that encourages high-school-age men and women to work aga sexual exploitation.	linst
	sexual exploitation.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 994,468.	200
		990 (2017)
73200	⁰² 11-28-17 2	

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Chicago Alliance Against Sexual Exploitation

Pa	rt 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)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
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		x
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? If "Yes," complete			
	Schedule D, Part III	8		x
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		х
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		X
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			
	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			
	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		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	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		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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			v
	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			x
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	1/		
10	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? <i>If</i> "Yes,"	10		
	complete Schedule G, Part III	19		x

Form **990** (2017)

732003 11-28-17

Form 990 (2017)

	990 (2017) Exploitation 26-0220	0074	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25a</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		-
	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? <i>If "Yes," complete Schedule N, Part II</i>	32		x
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990	(2017)

732004 11-28-17

Chicago	Alliance	Against	Sexual
Exploita	ation		

Form	990 (2017) Exploitation		26-0220	074	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	able 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,					
	filed for the calendar year ending with or within the year covered by this return	2a	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					77
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the graphication requires a payment in average of C^{7} made partly as a contribution and partly for goods and as	nuinna	arouidad to the powerQ	7.		х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a 7h		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v to file Form 8282?			7c		х
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
u e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		1 ct2	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer					
•	sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the end of the end of the sector of the distribution of the sector 10000			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	-	•			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			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				
	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

Form **990** (2017)

732005 11-28-17

09400501 402354 170158

Chicago Alliance Against Sexual Form 990 (2017) Exploitation 26-0220074 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response or note to any line in this Part VI				
Sect	tion A. Governing Body and Management				—
		1 1 1	1	Yes	
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	-		
	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		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi				
	officer, director, trustee, or key employee?		2		L
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				Γ
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				T
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:			t
	The governing body?		8a	x	T
	Each committee with authority to act on behalf of the governing body?			X	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				t
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		I
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal R		5		Ŧ
	In D. Tonoico (This Section D requests information about policies not required by the internal fi	evenue coue.)		Yes	T
00	Did the organization have local chapters, branches, or affiliates?		10a	165	ł
			104		ł
D	If "Yes," did the organization have written policies and procedures governing the activities of such c		101		I
	and branches to ensure their operations are consistent with the organization's exempt purposes?			<u> </u>	╀
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	before filing the form?	11a		$\frac{1}{1}$
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v	ł
				X	ł
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	ł
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			I
	in Schedule O how this was done			X	ļ
13	Did the organization have a written whistleblower policy?			X	ļ
14	Did the organization have a written document retention and destruction policy?		14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approve	al by independent			l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)			l
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				Ι
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	ment with a			l
	taxable entity during the year?		16a		I
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				l
	exempt status with respect to such arrangements?		16b		Ī
Sec	tion C. Disclosure				Ť
	List the states with which a copy of this Form 990 is required to be filed $ ightarrow IL$				-
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	T (Section 501(c)(3)s only) availat	he	-
	for public inspection. Indicate how you made these available. Check all that apply.) availai		
	To public inspection. Indicate now you made these available. Oncer all that apply.	in Schedule ()			
	Own website Another's website X Unon request Other (explain			icial	
18	Own website Another's website I Upon request Other (explain	nflict of interest policy	nd finar	udi	
18	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finar		
18 19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.		nd finar		
18 19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo		nd finar		_
18 19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bound the second state of the second state of the person who possesses the organization's bound the second state of th	ooks and records:	nd finar		_
18 19 20	Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bound the second statements. Lee - 773-224-2230 307 N. Michigan Avenue, Suite 1818, Chicago, IL 6				
18 19 20	Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bound the second state of the second state of the person who possesses the organization's bound the second state of th	ooks and records:	nd finar	1 9 9	<u> </u>

Form 990 (2	2017)	Exploitation				26-02
Part VII	Compensation	of Officers, Directors,	Trustees,	Key Employees,	Highest	Compensated
·	Employees, an	d Independent Contra	ctors			

Check if Schedule O contains a response or note to any line in this Part VII

Exploitation

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 (Ď), (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.

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson) than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	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								0	0
President		х		X				0.	0.	0.
(2) Shauna Prewitt	1.00									0
Vice-President		х		X				0.	0.	0.
(3) Ricquel Harper	1.00									•
Treasurer	1 0 0	X		X				0.	0.	0.
(4) Nick Colvin	1.00								0	0
Director	1 0 0	X						0.	0.	0.
(5) Dr. Joel Filmore	1.00	.,						0	0	0
Director	1 0 0	X						0.	0.	0.
(6) Judy Gold	1.00	.,						0	0	0
Director	1 0 0	X						0.	0.	0.
(7) Amy Kohn	1.00							0	0	0
	1 0 0	X						0.	0.	0.
(8) Tiffany Madigan	1.00	x						0.	0.	0
Director	1.00	^						0.	0.	0.
(9) Kat Aldag	1.00	x						0.	0.	0.
Director (10) Nancy Radner	1.00	^						0.	0.	0.
Director	1.00	x						0.	0.	0.
(11) Francesca Schuler	1.00							0.	•	0 •
Director	1.00	x						0.	0.	0.
(12) Kaethe Morris Hoffer	40.00									
Executive Director		x		x				82,940.	0.	555.
		1								
	1									
		1								
		1				1	İ			
		1								
732007 11-28-17	•	•	•				•			Form 990 (2017)

732007 11-28-17

Form 990 (2017)

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Chi	Lcago	Alliance	Against	Sexual
Exp	ploita	ation		

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										20-02	120	074	Га	ige o
Part \	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average			Posi		ı		Reportable	Reportable			imated	Ч
	Name and the	hours per					than			•	_			
		week					is botl pr/trus		compensation	compensation			ount o	л
								,	from	from related			other	
		(list any	Individual trustee or director						the	organizations			pensat	
		hours for	r dir				ted		organization	(W-2/1099-MIS	.C)	fro	om the)
		related	tee c	ustee			en sa		(W-2/1099-MISC)			orga	anizatio	on
		organizations	trus	al tri		yee	dmo					and	relate	ed
		below	dual	ution	L	nplo	est co	er				orgai	nizatio	ons
		line)	ivipu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Ū		
			-		0	\geq	тə	ш.			-+			
											\rightarrow			
											\rightarrow			
											\rightarrow			
			1											
											\rightarrow			
1b S	ub-total								82,940.		0.		55	55.
	otal from continuation sheets to Part V	I Soction A							0.		0.			0.
									82,940.		0.		55	55.
-	otal (add lines 1b and 1c)													10.
2 To	otal number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	o r	eceived more than \$100	,000 of reportable	э			
С	ompensation from the organization													0
												· ·	Yes	No
• •											Г			
	id the organization list any former officer,								•					
lir	ne 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
	or any individual listed on line 1a, is the su													
	nd related organizations greater than \$15											4		Х
											····	<u> </u>		
	id any person listed on line 1a receive or a													37
	endered to the organization? If "Yes," com	plete Schedul	e J f	or si	ıch	pers	son .				<u></u>	5		Х
Sectio	n B. Independent Contractors													
1 C	omplete this table for your five highest co	mpensated ind	depe	ende	nt c	onti	racto	rs t	that received more than	\$100.000 of com	pens	ation fr	om	
	e organization. Report compensation for										•			
u		the calendar y	car	enui	ig v	VILII				/cai.				
	(A)								(B)		~	(C)		_
	Name and business	address	N	ONE	5				Description of s	ervices		ompen	sation	1
								-						
								\square						
2 To	otal number of independent contractors (i	ncluding but n	ot li	mite	nt h	tho	م انم	ter	above) who received m	ore than				
			JUL III	and the))							
\$	100,000 of compensation from the organi													
												Form 9	190 (2	017)

732008 11-28-17

Chicago Alliance Against Sexual Exploitation

			itation				26-0220	074 Page 9
Pa	rt VI							
		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII … (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ervice Contributions, Gifts, Grants and Other Similar Amounts	ی م و 1 2 ع	 Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, grantsimilar amounts not included abover Noncash contributions included in lines Total. Add lines 1a-1f Settlements Prevention trait 	1b 1c 1d ions) 1e ts, and 1f 1a-1f: \$	Business Code 900099 611710	9,000. 5,894.	9,000. 5,894.		
Program Service Revenue	e	Honorarium	nue	900099	2,548.	2,548.		
	ç	g Total. Add lines 2a-2f			17,442.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	x-exempt bond p	proceeds				
	k c	a Gross rents b Less: rental expenses c Rental income or (loss)						
	7 a	 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 		(ii) Other				
	c	c Gain or (loss) d Net gain or (loss) a Gross income from fundraising		▶ 				
Other Revenue		including \$ <u>66,6</u> contributions reported on line Part IV, line 18 Less: direct expenses	55 • of 1c). See a	5,852. 4,487.				
	9 a	 Net income or (loss) from function a Gross income from gaming ac Part IV, line 19 b Less: direct expenses 	tivities. See a	····· •	1,365.			1,365.
	0 10 a	 c Net income or (loss) from gam a Gross sales of inventory, less and allowances b Less: cost of goods sold 	ing activities returns a a					
	C	c Net income or (loss) from sale Miscellaneous Revenu						
	11 a b	a b		Business Code				
73200		d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 28-17		►	1,131,521.	17,442.	0.	1,365. Form 990 (2017)

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Chicago Alliance Against Sexual Exploitation

	rt IX Statement of Functional Expense			26-02	20074 Page 10
			or organizations must as	malata aaluma (A)	
Secu	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	83,045.	59,792.	23,253.	
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	667,442.	630,277.	22,166.	14,999.
8	Pension plan accruals and contributions (include	. , •	, =	, =	,
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	64,468.	61,972.	1,221.	1,275.
10	Payroll taxes	56,867.	52,280.	3,449.	1,138.
11	Fees for services (non-employees):	,	- ,	- , -	
a	Management				
b	Legal	1,001.	953.	48.	
	Accounting	9,026.		9,026.	
d	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch 0.)	41,542.	41,335.	207.	
12	Advertising and promotion				
13	Office expenses	24,131.	21,289.	2,842.	
14	Information technology				
15	Royalties				
16	Occupancy	98,343.	88,546.	7,721.	2,076.
17	Travel	14,871.	14,654.	217.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,372.	3,250.	9,122.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	840.	763.	60.	17.
23	Insurance	9,345.	8,978.	367.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Database subscription/s	6,704.	6,155.	549.	
b	Miscellaneous	6,593.		6,593.	
c	Special events	5,845.		· · ·	5,845.
d	Dues & subscriptions	4,030.	4,008.	22.	
	All other expenses	278.	216.	62.	
25	Total functional expenses. Add lines 1 through 24e	1,106,743.	994,468.	86,925.	25,350.
26	Joint costs. Complete this line only if the organization			· · ·	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
	<u> </u>		I		E 000 (001 T)

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Form **990** (2017)

09400501 402354 170158

Chicago	Alliance	Against	Sexual
Exploita	ation	-	

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Pa		Balance Sneet					
		Check if Schedule O contains a response or not	e to any l	ine in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			447,645.	1	466,920.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			85,159.	3	95,538.
	4	Accounts receivable, net			9,820.	4	21,970.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated empl	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	ons (as defined under				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c	c)(9) voluntary			
ध		employees' beneficiary organizations (see instr).	Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
Ä	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,216.			
	b	Less: accumulated depreciation		4,441.	2,615.	10c	1,775.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				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 equa			551,576.	16	592,540.
	17	Accounts payable and accrued expenses			37,776.	17	53,962.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Se	22	Loans and other payables to current and former	officers,	directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and di	squalified persons.			
iabi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third pa	irties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			37,776.	26	53,962.
		Organizations that follow SFAS 117 (ASC 958), check	here 🕨 🗴 and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets			302,899.	27	316,534.
3al	28	Temporarily restricted net assets			210,901.	28	222,044.
Fund Balances	29					29	
Fu		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
P		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets	32	Retained earnings, endowment, accumulated in			E12 000	32	
~	33	Total net assets or fund balances			513,800.	33	538,578.
	34	Total liabilities and net assets/fund balances			551,576.	34	592,540.
							Form 990 (2017)

Form 990 (2017) E: Part X Balance Sheet

Chicago	Alliance	Against	Sexual							
Exploitation										

Form		20-02	20074	Pag	ge 12
Ра	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	1,131	L,5	21.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,106	5,7	43.
3	Revenue less expenses. Subtract line 2 from line 1	3			78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	513	3,8	00.
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	538	3,5	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	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	Х	
	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 th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

732012 11-28-17

SC	HEDU	LE A								OMB No. 1545-0047
			rity Status an					2017		
(,	Co		nization is a section 50°			or a section		ZU 17
Denar	tment of th	e Treasury			47(a)(1) nonexempt cha Attach to Form 990 or F					Open to Public
	al Revenue				/Form990 for instruction			nformation.		Inspection
Nam	e of the	organizati		-	ce Against S				Employer	identification number
				oitation	5				2	6-0220074
Pa	rt I	Reason	for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organiza	tion is not a	private found	dation because it is: (For lines 1 through 12, c	heck only	one box.)			
1	A	church, coi	nvention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)([.]	1)(A)(i).		
2	Δ Α	school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3	A	hospital or	a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4	Δ Α	medical res	earch organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:									
5		n organizati	on operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit describ	ed in
	s	ection 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7					intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
_				omplete Part II.)						
8		-			(1)(A)(vi). (Complete Par					
9					in section 170(b)(1)(A)(
			or a non-land-q	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	t the colleg	e or
10		niversity:							- l- !	
10					e than 33 1/3% of its sup					
					ct to certain exceptions, (less section 511 tax) fro					
				mplete Part III.)			sses acqu		ganization	alter Julie 30, 1973.
11					ively to test for public sa	fety See	section 50)9(a)(4)		
12		-	-	-	ively for the benefit of, to	•			arry out the	purposes of one or
					ed in section 509(a)(1) o					
					of supporting organizatio					
а					supervised, or controlled					giving
					gularly appoint or elect a					
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	upporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
		control or n	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С			-	• •	g organization operated				lly integrate	ed with,
			0	()(s). You must complete I	,				
d				• • •	orting organization oper			• •	•	
					zation generally must sat				d an attent	veness
					nplete Part IV, Sections					
e			•		written determination fro			а туре ї, туре	ii, iype iii	
4					nally integrated support					
g			• •	n about the supporte	d organization(s)					
9		lame of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of	fmonetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	nstructions)	support (see instructions)
.										
Tota										
LHA	For Pap	berwork Re	auction Act N	votice, see the Instr	uctions for Form 990 o		732021 10-	06-17 Sche	aule A (For	m 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 Exploitation Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Se	ction A. Public Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	776,794.	697,702.	759,086.	1036157.	1112714.	4382453.			
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 \dots									
4	Total. Add lines 1 through 3	776,794.	697,702.	759,086.	1036157.	1112714.	4382453.			
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)						1090666.			
6	Public support. Subtract line 5 from line 4.						3291787.			
Se	ction B. Total Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
7	Amounts from line 4	776,794.	697,702.	759,086.	1036157.	1112714.	4382453.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots									
9	Net income from unrelated business									
	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	Total support. Add lines 7 through 10						4382453.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	89,267.			
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
_	organization, check this box and stor									
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2017 (•			14	75.11 %			
	Public support percentage from 2016					15	79.12 %			
16 a	33 1/3% support test - 2017. If the o									
	stop here. The organization qualifies									
b	33 1/3% support test - 2016. If the c									
	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	t VI how the orgar	nization			
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟			
b	0 10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or			
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the									
	organization meets the "facts-and-cire									
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17t						
					Soho	dule A (Form 990	or 000 E7) 2017			

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 Exploitation

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.)

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services 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-									
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									
5	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
	Amounts included on lines 1, 2, and									
1 0	3 received from disgualified persons									
t	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									
	Public support. (Subtract line 7c from line 6.)									
	ction B. Total Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
9	Amounts from line 6									
	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									
c	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 assets (Explain in Part VI.)									
13	Total support. (Add lines 9, 10c, 11, and 12.)									
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) orgar	nization,			
	check this box and stop here			<u></u>)			
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
15	Public support percentage for 2017 (line 8, column (f) d	livided by line 13,	column (f))		15	%			
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%			
Se	ction D. Computation of Inve	stment Incom	e Percentage							
17	Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%			
	Investment income percentage from					18	%			
19 a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line	e 17 is not			
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organiz	zation				
k	b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organizatio	n ►			
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions)			
7320	23 10-06-17				Sch	edule A (Form 9	90 or 990-EZ) 2017			
				15						

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Schedule A (Form 990 or 990-EZ) 2017 Exploitation

(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.)

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Schedule A (Form 990 or 990-EZ) 2017

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Chicago Alliance Against Sexual Schedule A (Form 990 or 990-EZ) 2017 Exploitation

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI .	11c		L
Sec	tion B. Type I Supporting Organizations		Vee	Na
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
1	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		L
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		L
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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
	The organization satisfied the Activities Test. Complete line 2 below.	•		
a 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 ins	tructions	3)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	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	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L
73202	5 10-06-17 Schedule A (Form 9 17	90 or 99	}0-EZ)	2017
	\perp /			

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Schedule A (Form 990 or 990 EZ) 2017 Exploitation Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 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 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 6

emergency temporary reduction (see instructions)

7 \perp Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Chicago Alliance Against Sexual Schedule A (Form 990 or 990 FZ) 2017 Exploitation

-	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)										
Secti	on D - Distributions		(oontindod)	Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes									
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported									
	organizations, in excess of income from activity										
3	Administrative expenses paid to accomplish exempt purpose										
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 responsive	e								
	(provide details in Part VI). See instructions.										
9	Distributable amount for 2017 from Section C, line 6										
10	Line 8 amount divided by line 9 amount	1	1								
		(i)	(ii)	(iii) Distributeble							
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017							
1	Distributable amount for 2017 from Section C, line 6										
2	Underdistributions, if any, for years prior to 2017 (reason-										
	able cause required- explain in Part VI). See instructions.										
3	Excess distributions carryover, if any, to 2017										
a											
b	From 2013										
c	From 2014										
d	From 2015										
e	From 2016										
f	Total of lines 3a through e										
g	Applied to underdistributions of prior years										
h	Applied to 2017 distributable amount										
i	Carryover from 2012 not applied (see instructions)										
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.										
4	Distributions for 2017 from Section D,										
	line 7: \$										
	Applied to underdistributions of prior years										
	Applied to 2017 distributable amount										
	Remainder. Subtract lines 4a and 4b from 4.										
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h										
	and 4b from line 1. For result greater than zero, explain in										
	Part VI. See instructions.										
7	Excess distributions carryover to 2018. Add lines 3j										
8	and 4c. Breakdown of line 7:										
	Excess from 2013										
	Excess from 2014										
	Excess from 2015										
	Excess from 2016										
	Excess from 2017										
<u> </u>											

Schedule A (Form 990 or 990-EZ) 2017

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		Alliance A	Against S	exual		
m 990 or 990-EZ) 2017	Exploitat	:10n				5-0220074 P
rt IV, Section A, lines 1, e 1; Part IV, Section D, I ction D, lines 5, 6, and 8	, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	5a, 6, 9a, 9b, 9c, 1 IV, Section E, lines	11a, 11b, and 110 s 1c, 2a, 2b, 3a, a	c; Part IV, Sectio and 3b; Part V, lii	n B, lines 1 and ne 1; Part V, Se	2; Part IV, Section C ction B, line 1e; Part
			20		Schedule A (Form 990 or 990-EZ
	Ipplemental Informental Informental Informent rt IV, Section A, lines 1, e 1; Part IV, Section D, I	m 990 or 990-EZ) 2017 Exploitat Ipplemental Information. Provide rt IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 4 a 1; Part IV, Section D, lines 2 and 3; Part ction D, lines 5, 6, and 8; and Part V, Sect	m 990 or 990-EZ) 2017 Exploitation Ipplemental Information. Provide the explanations of rt IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, - a 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines ction D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, a	m 990 or 990-EZ) 2017 Exploitation Ipplemental Information. Provide the explanations required by Part I rt IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11d a 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, a ction D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also compl	m 990 or 990-EZ) 2017 Exploitation Ipplemental Information. Provide the explanations required by Part II, line 10; Part II, rt IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectio a 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line ction D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a	m 990 or 990-EZ) 2017 Exploitation 26 Ipplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b rt IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and a 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional in

SCHEDULE C	Political Campaign and Lobbying Activities	
(Form 990 or 990-EZ)		

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

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of org	anization Chicago	Alliance Against	Sexual		Emplo	oyer identification number
		Exploit					26-0220074
Pa	art I-A	Complete if the org	janization is exempt unde	r section 501(c) o	or is a section 5	27 or	ganization.
2	Politica	campaign activity expendit	ration's direct and indirect politica ures gn activities	-			
Pa	art I-B	Complete if the ord	anization is exempt unde	r section 501(c)(3)		
			incurred by the organization unde			► \$	
			incurred by organization manager				
3	If the or	canization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		,	Yes No
			······································				
b	If "Yes."	" describe in Part IV.					
Pa	art I-C	Complete if the org	janization is exempt unde	r section 501(c),	except section	501(d	c)(3).
1	Enter th	e amount directly expended	d by the filing organization for sect	ion 527 exempt functi	on activities	▶\$	
			ization's funds contributed to othe			-	
	exempt	function activities		-		▶\$	
3			. Add lines 1 and 2. Enter here an			•	
	line 17b)				▶\$	
4			1120-POL for this year?				
5			nployer identification number (EIN				
	made p	ayments. For each organiza	tion listed, enter the amount paid	from the filing organiza	ation's funds. Also er	nter the	e amount of political
		•	omptly and directly delivered to a			eparat	e segregated fund or a
	political	action committee (PAC). If	additional space is needed, provid	le information in Part I	V.		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fu filing organization funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2017

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Schedule C (Form 990 or 990-EZ) 2017					220074 Page 2
Part II-A Complete if the org	ganization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).					
	-	filiated group (and list in	n Part IV each affiliated	group member's nam	e, address, EIN,
	re of excess lobbying	1 ,			
B Check ► if the filing organiza	ation checked box A a	nd "limited control" pro	ovisions apply.		
	its on Lobbying Expe ditures" means amo	enditures unts paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence public opinion	(grass roots lobbying)		300.	
b Total lobbying expenditures to infl	luence a legislative bo	dy (direct lobbying)		1,216.	
c Total lobbying expenditures (add	lines 1a and 1b)			1,516.	
d Other exempt purpose expenditur	res			1,617,530.	
e Total exempt purpose expenditure	es (add lines 1c and 1	d)		1,619,046.	
f Lobbying nontaxable amount. Ent	er the amount from th	e following table in bot	h columns.	230,952.	
If the amount on line 1e, column (a)	or (b) is: The lot	obying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	7,000,000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (er				57,738.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zer	,			0.	
j If there is an amount other than ze				Г	
reporting section 4911 tax for this				L	Yes No
(Some organizations t	hat made a section &	eraging Period Under 501(h) election do not rate instructions for lin	have to complete all	of the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	176,205.	195,621.	172,409.	230,952.	775,187.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,162,781.
c Total lobbying expenditures	5,214.	7,186.	2,899.	1,516.	16,815.

450. f Grassroots lobbying expenditures

48,905.

44,051.

732042 11-09-17

43,102.

57,738.

300.

Schedule C (Form 990 or 990-EZ) 2017

193,796.

290,694.

750.

c Total lobbying expenditures

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

26-0220074 Page 3

Schedule C (Form 990 or 990-EZ) 2017 Exploitation 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)).

of the kobbying activity. Yes No Amount 1 During the year, did the filing organization attempt to influence public opinion on a legislative matter or referendum, through the use of: Amount a Volunteers? Image: State of the state state of the s	For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t	(b)	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Image: Complex C	of the	obbying activity.	Yes	No	Amo	ount	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
d Mailings to members, legislators, or the public?	b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots					
f Grants to other organizations for lobbying purposes?							
g Direct contact with legislators, their staffs, government officials, or a legislative body?							
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i i Other activities? i j Total. Add lines 1c through 1i i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? i b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 i d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? i Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 i 2 id the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 3 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 3 4 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1	f	Grants to other organizations for lobbying purposes?					
i Other activities? j Total. Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes," enter the amount of any tax incurred by organization managers under section 4912 c If 'Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 3 Did the organization argree to carry over lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Total Supplemental Information	g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes," enter the amount of any tax incurred by organization managers under section 4912 c If 'Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 1 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 4 Dues, assessments and similar amounts from members 1 2 1 Dues, assessments and similar amounts from members 1 2 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol							
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expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Fart IV Supplemental Information	•	•					
5 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information				4			
Part IV Supplemental Information	5						
	-						
			list): Part II-A	lines 1 :	and 2 (see		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2017

732043 11-09-17

SC	HEDULE D	S	upplement	al Financia	al Statements		OMB No. 1545-0047	
(Forn	n 990)	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.						
	ment of the Treasury		90.		Open to Public Inspection			
	Revenue Service	~1 ·	<u>www.urs.gov/Form</u> Alliance A		is and the latest information.	Em	ployer identification number	
INditio	Ū	Exploita	ation	-		-	26-0220074	
Par	t I Organiz	ons Maintainii	ng Donor Advise	ed Funds or O	ther Similar Funds or A	ccol	Ints. Complete if the	
	organizatio	answered "Yes" on	Form 990, Part IV, li	-				
				. ,	advised funds (b) Fun	ids and other accounts	
1								
2			ring year)					
3			year)					
4 5			nd donor advisors in		sets held in donor advised fun	de		
5	-			-	ontrol?		Yes No	
6					that grant funds can be used o			
Ū	Ũ	0	, ,	0	or for any other purpose confer			
	impermissible priv					-		
Par	t II Conserv	ion Easement	S. Complete if the or	ganization answer	ed "Yes" on Form 990, Part IV,	, line 7	•	
1	Purpose(s) of con	vation easements	held by the organizat	tion (check all that	apply).			
	Preservatio	f land for public us	e (e.g., recreation or	education)	Preservation of a historically	impoi	rtant land area	
	Protection of	atural habitat			Preservation of a certified hi	storic	structure	
	Preservatio	f open space						
2	Complete lines 2a	rough 2d if the org	anization held a qual	ified conservation	contribution in the form of a co	nserv		
	day of the tax yea						Held at the End of the Tax Year	
						2a		
						2b		
					n (a)	2c		
d					I not on a historic structure	0.4		
2					and or terminated by the organ	2d		
3	year ►	tion easements mo	onied, transferred, re	eleased, extinguisi	ned, or terminated by the orgar	lization	i duning the tax	
4			ct to conservation ea	asement is located				
5		, ,			inspection, handling of			
	•	•	, , ,				Yes No	
6					ions, and enforcing conservation			
				_				
7	Amount of expense	incurred in monito	ring, inspecting, han	dling of violations,	and enforcing conservation ea	isemei	nts during the year	
	►\$							
8	Does each conse	tion easement repo	orted on line 2(d) abo	ove satisfy the requ	uirements of section 170(h)(4)(E	3)(i)		
9	In Part XIII, descri	how the organizati	on reports conservat	tion easements in	its revenue and expense stater	nent, a	and balance sheet, and	
			tnote to the organiza	ation's financial sta	tements that describes the org	ganiza	tion's accounting for	
Dar	conservation ease		na Colloctions d	of Art Historia	al Treasures, or Other	Simil	ar Accoto	
Fai			wered "Yes" on Forr	-		511111	di Assels.	
10		-			o. port in its revenue statement ar			
Id	0	<i>,</i> 1	ι.	,,	n, or research in furtherance of		,	
			tatements that desci		, or research in furtherance of	public	service, provide, in r art All,	
b					in its revenue statement and b	alance	e sheet works of art historical	
~	-				arch in furtherance of public se			
	relating to these if				0, passo 00	, 1		
	•		rt VIII, line 1				\$	
		، in Form 990, Part ک					\$	
2	.,				imilar assets for financial gain,	provid	le	
	the following amo	s required to be re	ported under SFAS	116 (ASC 958) rela	ting to these items:			
а	Revenue included	n Form 990, Part VI	II, line 1				\$	
							\$	
LHA	For Paperwork R	uction Act Notice	, see the Instructior	ns for Form 990.			Schedule D (Form 990) 2017	
732051	10-09-17							

09400501 402354 170158

29 2017.03040 Chicago Alliance Against Se 170158_1

	Chicago	Alliance .	Agair	nst Se	xual				
Sche	dule D (Form 990) 2017 Exploit		-				26-	0220074	Page 2
	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Other			
3	Using the organization's acquisition, accessi								
	(check all that apply):								
а	Public exhibition	d	I 🗌 L	.oan or exc	hange progra	ams			
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ev further t	he organizati	on's exemp	ot purpose in	Part XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran							t IV, line 9, or	
	reported an amount on Form 990, Pa			5			,	, ,	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontributior	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII							•	
		·	Ū.					Amount	
с	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F						?	Yes	No
	If "Yes," explain the arrangement in Part XIII.					-	· ·····		
	t V Endowment Funds. Complete i								
		(a) Current year		ior year	(c) Two year		Three years b	oack (e) Four yea	rs back
1a	Beginning of year balance	(-,	(-7)	, , , , , , , , , , , , , , , , , , ,			, <u> </u>		
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
•	and programs								
f	Administrative expenses								
	End of year balance								
	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1c	column (;	a)) held as:				
	Board designated or quasi-endowment	forte your ond bulance	%	, column (
b	Permanent endowment	%							
	Temporarily restricted endowment	%							
•	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	-	ation that	t are held a	and administe	red for the	organization	1	
	by:						er gan inzanteri	Ye	s No
	(i) unrelated organizations								
	(ii) related organizations								+
b	If "Yes" on line 3a(ii), are the related organiza								+
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere). Part IV	line 11a. S	See Form 990). Part X. lin	e 10.		
	Description of property	(a) Cost or o			or other		umulated	(d) Book va	lue
		basis (investr			(other)	.,	ciation		
19	Land		,						
	Buildings								
	Leasehold improvements								
	Equipment				6,216.		4,441.	1.	775.
	Other				.,==••		., = •	/	
	Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	10c.)			1	775.
TOLA	\sim	guai i unii 330, Fdil	л, сошП	ייווו , נשן יי			····· 🚩	· - /	

Schedule D (Form 990) 2017

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Chicago	Alliance	Against	Sexual
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	nedule D (Form 990) 2017 Exploitatic	n		26	-0220074 Page 3
P	art VII Investments - Other Securities.				
	Complete if the organization answered "Yes"				
<u> </u>	a) Description of security or category (including name of security)	(b) Book value	e (c) Method of	valuation: Cost or end	d-of-year market value
	Financial derivatives				
	Closely-held equity interests				
	Other				
-	(A)				
	(B)				
	(C)				
	(D)				
	(E)				
-	(F) (O)				
	(<u>G)</u> (H)				
	(H) al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
P	art VIII Investments - Program Related.				
•	Complete if the organization answered "Yes"	on Form 000 Port IV	V line 11e See Form 000	Dart V lina 12	
	(a) Description of investment	(b) Book value	(c) Method of	, Part A, line 13. valuation: Cost or end	1-of-year market value
	(1)				i or your market value
	(2)				
	(3)				
	(4)				
	(5)				
	(6)				
	(7)				
	(8)				
	(9)				
	al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
P	art IX Other Assets.				
	Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11d. See Form 990	, Part X, line 15.	
	(a)	Description			(b) Book value
	(1)				
	(2)				
	(3)				
	(4)				
	(5)				
	(6)				
	(7)				
	(8)				
	(9)				
	tal. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		►	
P	art X Other Liabilities.				
	Complete if the organization answered "Yes"	on Form 990, Part I		m 990, Part X, line 25	
1.	(a) Description of liability		(b) Book value	4	
	(1) Federal income taxes			4	
	(2)			4	
	(3)			4	
	(4)			4	
	(5)			4	
	(6)			4	
	(7)			4	
	(8)				
	(9)				
	t al. (Column (b) must equal Form 990, Part X, col. (B) lin				
2.	Liability for uncertain tax positions. In Part XIII, provide				
	organization's liability for uncertain tax positions unde	r FIN 48 (ASC 740). (Check here if the text of t		
				Sch	edule D (Form 990) 2017

	Chicago Alliance Against S	exual			
Sche	dule D (Form 990) 2017 Exploitation			26-	0220074 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With			
	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	1,643,824.
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	507,816.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	4,487.		
е	Add lines 2a through 2d			2e	512,303.
3	Subtract line 2e from line 1			3	1,131,521.
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	1,131,521.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,619,046.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	507,816.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,487.		
е	Add lines 2a through 2d			2e	512,303.
3	Subtract line 2e from line 1			3	1,106,743.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,106,743.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

Fin 48 Note from Audited Financial Statements

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
732054 10-09-17 Schedule D (Form 990) 2017
09400501 402354 170158 2017.03040 Chicago Alliance Against Se 170158_1

Chicago Alliance Against SexualSchedule D (Form 990) 2017Exploitation26-0220074 Page 5
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, 2017 and 2016.
Part XI, Line 2d - Other Adjustments:
Direct benefit special events 4,487.
Part XII, Line 2d - Other Adjustments:
Direct benefit special events 4,487.
$^{732055\ 10-09-17}$ 33 400501 402354 170158 2017.03040 Chicago Alliance Against Se 170158 1

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2017.03040 Chicago Alliance Against Se 170158_1

SCHEDULE G	SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						s L	OMB No. 1545-0047	
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the								2017	
Department of the Treasury Internal Revenue Service	O	rganization entered more than \$1 ▶ Attach to Form 990 ▶ Go to www.irs.gov/Form990	or Fo	rm 99	0-EZ.			Open to Public nspection	
Name of the organization	Chicago Exploit	Alliance Against				-	loyeride -0220	ntification number	
	ing Activities.	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,				
	complete this part	t. sed funds through any of the followir	na acti	vities	Check all that apply				
a 🔛 Mail solicitat	ions email solicitations tations	e Solicita	tion of	non-g gover	overnment grants nment grants				
2 a Did the organization key employees list	on have a written c ed in Form 990, P highest paid indiv	or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization.	rofess	ional f	undraising services?	,	Yes Ser is to b		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amou to (or reta fundra listed in	ined by) aiser	(vi) Amount paid to (or retained by) organization	
			Yes	No					
		n is registered or licensed to solicit		bution	s or has been notified	d it is exem	pt from r	egistration	
or licensing.									
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form	990 or	990-1	EZ. S	Schedule G	i (Form 9	990 or 990-EZ) 2017	

Chicago Alliance Against Sexual Schedule G (Form 990 or 990 EZ) 2017 Exploitation 26-0220074 Page 2 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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Race for Fall None (add col. (a) through CAASE Fundraiser col. (c)) (event type) (event type) (total number) Revenue 31,694. 35,852. 67,546. 1 Gross receipts 31,694 30,000 61,694. 2 Less: Contributions 5,852. 5,852. Gross income (line 1 minus line 2) 3 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 487. 487. **7** Food and beverages 4,000. 4,000. 8 Entertainment Other direct expenses 9 4,487. 10 Direct expense summary. Add lines 4 through 9 in column (d) ► 1,365. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue ... 2 Cash prizes Direct Expenses 3 Noncash prizes 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 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: Yes a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? No **b** If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2017 732082 09-13-17

<u> </u>	Chicago Alliance Against Sexual	5-0220074 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes 🛄 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
40	to administer charitable gaming?	Ves 🛄 No
	Indicate the percentage of gaming activity conducted in:	13 a %
	The organization's facility An outside facility	
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
17	Line the name and address of the person who prepares the organization's gaming/special events books and records.	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation	
	Description of services provided 🕨	
	Director/officer Employee Independent contractor	
а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes 🔲 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	10
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	III, lines 9, 9b, 10b, 15b,
7320		Form 990 or 990-EZ) 2017
	36	

	Chicago	Alliance	Against	Sexual	
Schedule G (Form 990 or 990-EZ)	Exploita	ation			
Part IV Supplemental Information (continued)					

Part IV Supplemental Information (continued)		
		Schedule G (Form 990 or 990-EZ)
732084 04-01-17	37	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information. Chicago Alliance Against Sexual



Employer identification number 26-0220074

Form 990, Part VI, Section B, line 11b:

Exploitation

Form 990 was reviewed and approved by the Board Audit Committee prior to

filing.

Form 990, Part VI, Section B, Line 12c:

The Organization requires an annual assessment of all potential conflicts

of interest.

Form 990, Part VI, Section C, Line 19:

The Organization makes certain of its governing documents, conflict of

interest policy and financial statements available upon request. The

financial statements are available on the Illinois Attorney General's

website.

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

Schedule O (Form 990 or 990-EZ) (2017)

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