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GOVERNMENT COPY

Eilts & Associates, Inc. 3711 N. Ravenswood, Ste. 105 Chicago, IL 60613 773/525-6171

July 29, 2016

Chicago Alliance Against Sexual Exploitation (CAASE) 307 N. Michigan Ave. No. 1818 Chicago, IL 60601

Chicago Alliance Against Sexual Exploitation (CAASE):

Enclosed are the original and one copy of the 2015 Exempt Organization returns, as follows...

2015 Form 990

2015 Illinois Form AG990-IL

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Eilts & Associates, Inc.

Barton Eilts

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2015

Prepared for	Chicago Alliance Against Sexual Exploitation (CAASE)
	307 N. Michigan Ave. No. 1818 Chicago, IL 60601
Prepared by	
	Eilts & Associates, Inc. 3711 N. Ravenswood, Ste. 105 Chicago, IL 60613
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return	
and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	August 15, 2016
Special Instructions	The return should be signed and dated.

ggn

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

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.

and ending

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

Open to Public

Inspection

OMB No. 1545-0047

Check if applicable: C Name of organization D Employer identification number Chicago Alliance Against Sexual Address change Exploitation (CAASE) Name change 26-0220074 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 773-244-2230 307 N. Michigan Ave. 1818 termin-ated 1,329,074. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return Chicago, IL 60601 H(a) Is this a group return Applica-F Name and address of principal officer: Kaethe Morris Hoffer Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) ___ 501(c) () ◀ (insert no.) L 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: Www.caase.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2007 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: Chicago Alliance Against Sexual Activities & Governance Exploitation ("CAASE") envisions a community free from all forms of Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) <u>13</u> Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 1,114,198. 1,275,634. Contributions and grants (Part VIII, line 1h) Revenue 18,252. 8,718. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 39,876. 41,630. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,174,080. 1,324,228. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 565,413. 630,283. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 593,486. 700,588. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,158,899. 1,330,871. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,181. -6,643. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 470,386. 458,856. 20 Total assets (Part X, line 16) 22,317. 4.144. 21 Total liabilities (Part X, line 26) 454,712. 448,069. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign Kaethe Morris Hoffer, Executive Director Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature Paid Barton Eilts P01327750 ▶ Eilts & Associates, 61-1443699 Preparer Firm's name Firm's EIN ▶ Firm's address 3711 N. Ravenswood, Ste. Use Only Chicago, IL 60613 Phone no. 773-525-6171 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Chicago Alliance Against Sexual Exploitation ("CAASE") envisions a
	community free from all forms of sexual exploitation, including sexual
	assault and commerical sex trade. CAASE addresses the culture,
	institutions, and individuals that perpetrate, profit from, or support
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 872 , 834 • including grants of \$) (Revenue \$)
	Sexual assualt justice project and legal services: CAASE engages in
	civil litigation against perpetrators and facilitators of sexual harm
	and advocates for appropriate and effective criminal prosecution of
	perpetrators. CAASE also advocates for public policies that increase
	the efficacy of criminal and civil laws pertaining to sexual violence
	and exploitation.
	-
4b	(Code:) (Expenses \$ 229,008 • including grants of \$) (Revenue \$
	Policy and advocacy: CAASE advocates for legislative and policy reforms
	that will increase legal and social accountability for perpetrators of
	harm, especially sex traffickers, pimps, people who buy sex, and those
	who commit sexual assault. CAASE also promotes broad community support
	for services and resources for survivors. CAASE advises law
	enforcement, policy makers, and other stakeholders on best practices
	relating to sex trafficking, prostitution, and rape.
4c	(Code:) (Expenses \$104,364 • including grants of \$) (Revenue \$)
	Prevention: CAASE creates and implements educational curricula that
	encourages high-school-age men and women to work against sexual
	exploitation.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,206,206.

26-0220074

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4 -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4 -		v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Form **990** (2015)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			X
	Schedule K. If "No", go to line 25a	24a		
	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	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		22
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	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? If "Yes," complete Schedule L, Part III	27		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u>-</u> -
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٠,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?			_v
0-	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			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38		(004.5)

26-0220074

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			
	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 r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	13			
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 instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
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	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		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 the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a state of the organization have a s	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_		37
	to file Form 8282?	 I = . I		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	i by th	9			
^	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			00		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	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		>	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the consideration and the constant of the control of the contr			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
				Form	990	(2015)

Exploitation (CAASE)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 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 appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official X **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). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: Lenise Lee - 773-244-2230 307 N. Michigan Ave., Ste. 1818 , Chicago,

60601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	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) Nick Colvin	1.00								•	
Secretary	0.50	Х		Х				0.	0.	0.
(2) Judy Gold	0.50	.							0	0
Director	2.00	Х						0.	0.	0.
(3) Ricquel Harper Treasurer	2.00	X		х				0.	0.	0.
(4) Christopher Hennick-Jaffe	1.00							0.	0.	0.
Vice President	1.00	Х		х				0.	0.	0.
(5) Amy Kohn	1.00							0.		<u> </u>
Director		х						0.	0.	0.
(6) Jennifer Kuhn	1.00							-		
Director		Х						0.	0.	0.
(7) Tiffany Madigan	1.00									
Director		Х						0.	0.	0.
(8) Brenda Myers-Powell	0.50									
Director		Х						0.	0.	0.
(9) Ross Neihaus	3.00									
President		Х		Х				0.	0.	0.
(10) Nancy Radner	1.00									
Director	10.00	Х						0.	0.	0 .
(11) Christine Evans	40.00							F.C. 44.C		
Legal Director	40.00	Х						56,116.	0.	0 .
(12) Kaethe Morris Hoffer	40.00	\ \						75 715	0	0
Executive Director	40.00	Х						75,715.	0.	0 .
(13) Lynne Johnson Policy Director	40.00	х						68,803.	0.	0 .
FOILCY BITECTOT								00,003.	- 0.	

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Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount 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-MIS		fr org and	pensa om th anizat d relat anizati	e ion ed
1b	Sub-total		<u>L</u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	200,634.		0.			0.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							>	200,634.		0.			0.
2	Total number of individuals (including but no compensation from the organization							no r	eceived more than \$100	0,000 of reportable	е			(
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								highest compensated e			3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-	le co	omp	ensa	ation	n and	d ot	her compensation from	the organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			•			5		X
	tion B. Independent Contractors									*				
	Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		pens			
	(A) Name and business	address	NO	INC	3				(B) Description of s	services		ompe		n
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >				(0							

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d 177,092. e Government grants (contributions) f All other contributions, gifts, grants, and ,098,542 similar amounts not included above 516,548 g Noncash contributions included in lines 1a-1f: \$ 1,275,634. h Total. Add lines 1a-1f ... Business Code 611710 7,318. 2 a Education services 7,318. Program Service Revenue b Legal income 1,400. 541100 1,400. С All other program service revenue 8,718. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See 44,722. Part IV, line 18 a Other 4,846. **b** Less: direct expenses 39,876. 39,876. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d

324,228.

Total revenue. See instructions.

8,718.

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	rt IX Statement of Functional Expens				
Secti	ion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon	ise or note to any line in	this Part IX	(6)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	200,634.	200,634.		
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	345,379.	273,666.	53,785.	17,928.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	39,350.	34,846.	3,378.	1,126.
10	Payroll taxes	44,920.	38,409.	4,883.	1,628.
11	Fees for services (non-employees):				
а	Management				
b	Legal	517,754.	517,754.		
С	Accounting				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	45,778.	20,511.	18,914.	6,353.
12	Advertising and promotion				
13	Office expenses	5,459.	4,727.	577.	155.
14	Information technology				
15	Royalties				
16	Occupancy	79,038.	70,213.	6,719.	2,106.
17	Travel	11,974.	11,922.	52.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	670.		670.	
23	Insurance	8,124.	7,881.	243.	
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	Meetings	8,903.	6,496.	2,407.	
b	Dues and subscriptions	7,666.	7,127.	539.	
С	Postage and printing	4,961.	2,847.	2,114.	
d	Telephone and internet	3,980.	3,536.	444.	
е	All other expenses	6,281.	5,637.	644.	
25	Total functional expenses. Add lines 1 through 24e	1,330,871.	1,206,206.	95,369.	29,296.
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)				
					E 000 (001E)

Form **990** (2015)

Form 990 (2015)

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	233,573.	1	306,214
2			2	
3	Pledges and grants receivable, net	205,237.	3	144,166
4	Accounts receivable, net	2,560.	4	2,080
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ம	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets			7	
8 ک ^ج			8	
9	Prepaid expenses and deferred charges	9,714.	9	8,134
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 6,216.			
	b Less: accumulated depreciation 10b 2,761.	1,435.	10c	3,455
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		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 equal line 34)	458,856.	16	470,386
17	Accounts payable and accrued expenses	4,144.	17	22,317
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္က 22	Loans and other payables to current and former officers, directors, trustees,			
≝	key employees, highest compensated employees, and disqualified persons.			
Liabilities 8	Complete Part II of Schedule L		22	
⊐ ₂₃	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables 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	4,144.	26	22,317
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es	complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	182,712.	27	197,018
E 28	Temporarily restricted net assets	272,000.	28	251,051
둳 29	,		29	
교	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
, o	and complete lines 30 through 34.			
र्ड 30	Capital stock or trust principal, or current funds		30	
§ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32		151 516	32	110 000
Z 33	Total net assets or fund balances	454,712.	33	448,069
34	Total liabilities and net assets/fund balances	458,856.	34	470,386

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Pa	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)		.,32		
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	.,33		
3	Revenue less expenses. Subtract line 2 from line 1	3		6,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45	4,7	<u> 12.</u>
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	44	8,0	<u>69.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	_		37
2a	, , , , , , , , , , , , , , , , , , , ,		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
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 the	e audit,			
	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	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Chicago Alliance Against Sexual

Employer identification number 26-0220074

Exploitation (CAASE) Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	` ,	` ,	` ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	604,530.	667,420.	776,794.	697,702.	759,086.	3505532.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	604,530.	667,420.	776,794.	697,702.	759,086.	3505532.
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)						
	Public support. Subtract line 5 from line 4.						3505532.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012 667, 420.	(c) 2013 776, 794.	(d) 2014 697,702.	(e) 2015 759, 086.	(f) Total 3505532.
	Amounts from line 4	604,530.	667,420.	776,794.	697,702.	759,086.	3505532.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1.00					1.00
	and income from similar sources	169.					169.
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	0 172	10 000		15 600	7,318.	21 726
	assets (Explain in Part VI.)	-8,173.	19,989.		15,602.	7,310.	34,736. 3540437.
	Total support. Add lines 7 through 10		,			10	3340437.
12	Gross receipts from related activities,	•	,			12	
13	•	ŭ	s tirst, second, thir	a, tourth, or titth ta	ax year as a sectio	n 50 I(c)(3)	. □
Se	organization, check this box and storection C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2015 (olumn (fl)		14	99.01 %
	Public support percentage from 2014					15	92.03 %
	33 1/3% support test - 2015. If the o						
	stop here. The organization qualifies						
k	33 1/3% support test - 2014. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	~	
k	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test.	The organization of	jualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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	, I	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6		, ,	, ,	 	1 '	, , , , , , , , , , , , , , , , , , ,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd. fourth, or fifth t	tax vear as a section	on 501(c)(3) organi:	zation.
					•		
Se	ction C. Computation of Publ						
	Public support percentage for 2015 (column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2015. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2014. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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<u> </u>	10b 90 or 99	00 E 71	2015
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O a la a a	Chicago Alliance Against Sexual Jule A (Form 990 or 990-EZ) 2015 Exploitation (CAASE) 26-022	2007	1 p.	
Par		1007	≖ Pa	ige 5
ı aı	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	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	$\vdash \vdash \vdash$	
	A family member of a person described in (a) above?	11b	$\vdash \vdash \vdash$	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	Ш	
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion 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		
Sect	ion 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		
	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		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
C	The organization is the parent of each of its supported organizations. <i>Somptete line</i> of below. The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i> (see instr	uctions)	
	Activities Test. <i>Answer (a) and (b) below.</i>	المالات	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	140
	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	<u></u>		
	that these activities constituted substantially all of its activities.	2a		
	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. 3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	ns		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which the	ne organization is responsive		
		de details in Part VI). See instructions.	3		
9		outable amount for 2015 from Section C, line 6			
10		amount divided by Line 9 amount			
		,	(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	ion E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2		rdistributions, if any, for years prior to 2015			
		onable cause required-see instructions)			
3		ss distributions carryover, if any, to 2015:			
a	Ελουσ	o distributions sarry over, it arry, to 2010.			
b					
c					
	From	2013			
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
i		over from 2010 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2015 from Section D,			
-	line 7:	·			
а		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2015, if			
-		Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6	_	ining underdistributions for 2015. Subtract lines 3h			
-		b from line 1 (if amount greater than zero, see			
		ctions).			
7		ss distributions carryover to 2016. Add lines 3j			
-	and 4	-			
8		down of line 7:			
a					
b					
	Exces	ss from 2013			
		ss from 2014			
		ss from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Chicago Alliance Against Sexual

Schedule A (Form 990 or 990-EZ) 2015 Exploitation (CAASE) 26-0220074 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number Name of the organization Chicago Alliance Against Sexual Exploitation (CAASE) 26-0220074

Filers of	:	Section:
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General		· // (- // - · (- · // - · g
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \rightarrow \$
but it mu	ı st answer "No" on I	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization Chicago Alliance Against Sexual Exploitation (CAASE) Employer identification number

26-0220074

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Christine and Michael Evans 307 N. Michigan Ave. Ste. 1818 Chicago, IL 60601	\$ 49,577.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	U.S. Department of Justice 55 W. Monroe St. Chicago, IL 60603	\$162,667.	Person X Payroll			
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	NoVo Foundation 535 5th Ave. #33 New York, NY 10017	\$ 290,900.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Chicago Alliance Against Sexual Exploitation (CAASE) Employer identification number

26-0220074

Part II	Noncash Property (see instructions). Use duplicate copies of P	art ii ii additional space is needed.	ı
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
:		 	
453 10-26-			l 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number Chicago Alliance Against Sexual 26-0220074 Exploitation (CAASE) Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (<u>a)</u> No. `fŕom Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

2015

Open to Public Inspection

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

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

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

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

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

) (see separate instructions), then Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
		Alliance Agains	st Sexual	En	nployer identification number
	Exploit	ation (CAASE)			26-0220074
Pa	rt I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organize Political expenditures Volunteer hours	·		>	
Pa	rt I-B Complete if the ord	ganization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax	<u> </u>		1 /	• \$
2	Enter the amount of any excise tax	incurred by organization manage	gers under section 4955	5	• \$
	If the organization incurred a section				
	Was a correction made?				
b	If "Yes." describe in Part IV.				
Pa	rt I-C Complete if the org	ganization is exempt un	der section 501(c)	, except section 50	11(c)(3).
1	Enter the amount directly expended	d by the filing organization for s	ection 527 exempt fund	tion activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to o	other organizations for s	ection 527	
	exempt function activities				*\$
3	Total exempt function expenditures			•	
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	ation listed, enter the amount paromptly and directly delivered to	aid from the filing organi o a separate political org	zation's funds. Also ente ganization, such as a sep	r the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter -	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2015

Sche	dule C (Form 990 or 990-EZ) 2015					2200/4 Page 2
Pa	t II-A Complete if the org	ganization is exe	mpt under section	n 501(c)(3) and fil	ed Form 5768 (e	lection under
	section 501(h)).					
A C	neck 🕨 🔲 if the filing organiza	ition belongs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and share	re of excess lobbying	expenditures).			
B C	neck 🕨 🔲 if the filing organiza	ition checked box A ar	nd "limited control" pro	visions apply.		
		ts on Lobbying Expe ditures" means amou	nditures ınts paid or incurred.)	1	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence public opinion (grass roots lobbying)			
b	Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)		7,186.	
С	Total lobbying expenditures (add li	ines 1a and 1b)			7,186.	
d	Other exempt purpose expenditure				1,199,020.	
е	Total exempt purpose expenditure	es (add lines 1c and 1c	d)		1,206,206.	
f	Lobbying nontaxable amount. Enter	er the amount from the	e following table in bot	h columns.	195,621.	
	If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
	Not over \$500,000	20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000	\$1,000,0	000.			
g	Grassroots nontaxable amount (er	nter 25% of line 1f)			48,905.	
h	Subtract line 1g from line 1a. If zer	o or less, enter -0			0.	
i	Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j	If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720		
	reporting section 4911 tax for this year? Yes					
	(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not ate instructions for lir	have to complete all	of the five columns b	elow.
		Lobbying Exper	nditures During 4-Yea	r Averaging Period		
	Calendar year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount		116,980.	176,205.	195,621.	488,806.
b Lobbying ceiling amount (150% of line 2a, column(e))					733,209.
c Total lobbying expenditures		4,536.	5,214.	7,186.	16,936.
d Grassroots nontaxable amount		29,245.	44,051.	48,905.	122,201.
e Grassroots ceiling amount (150% of line 2d, column (e))					183,302.
f Grassroots lobbying expenditures		1,095.	0.		1,095.

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 Exploitation (CAASE)

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

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k	p)
	e lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		X		
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	5044	\		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ection	
				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?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Fai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	cal			
а	Current year		2a		
b	Carryover from last year		2b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
_	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	ist); Part i	II-A, lines 1 a	and 2 (see	
ınstrı	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Chicago Alliance Against Sexual Exploitation (CAASE)

Employer identification number 26-0220074

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struction	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

Par		ollections of A		torical Tr	easures. c	or Othe	r Simil		ts (continu		ige =
	- Summarian manufacture of the state of the										
J	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
а	(check all that apply):										
b	Public exhibition d Loan or exchange programs										
	Scholarly research e Uther										
C 1	Previde a description of the organization's as	llootions and ovalai	n how th	ov further t	ho organizati	on's ever	ant nurn	ooo in Dor	· VIII		
	Provide a description of the organization's co							JSE III Fai	L AIII.		
	During the year, did the organization solicit or to be sold to raise funds rather than to be ma								Yes		1 No
	t IV Escrow and Custodial Arrang										No
rai			ete ii the	organizatio	n answered	Yes on	Form 990	o, Part IV,	line 9, or		
10	reported an amount on Form 990, Part X, line 21. a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
									Yes		No
	on Form 990, Part X?								⊥ res		INO
D	ii res, explain the arrangement in Part Alii a	and complete the lo	niowing	table.					Amount		
_	Designing helenes						4-		Amount		
	Beginning balance										
	d Additions during the year 1d										
	Distributions during the year										
	f Ending balance								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	
	_						•		Yes		│ No │
_	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII										
ı aı	Endowment rands: Complete in				1			ears back	(e) Four	vooro	hook
4	Designation of wear belones	(a) Current year	(D) P	rior year	(c) Two year	S Dack	(a) Tillee y	rears back	(e) Four	years	Jack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
	End of year balance				<u> </u>						
	Provide the estimated percentage of the curr	ent year end baland	•	g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c shou	•									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administe	red for th	ne organiz	zation	г		
	by:									Yes	No
	(i) unrelated organizations 3a(i)										
	(ii) related organizations 3a(ii)										
	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										
	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm			, , , , ,	. F						
	Complete if the organization answered	1			1			. 1			
	Description of property	(a) Cost or o			t or other		cumulate		(d) Book	value	;
	basis (investment) basis (other) depreciation										
	Land										
	Buildings										
	Leasehold improvements				6 21 6		2 7) 1	
	Equipment				6,216.		2,7	0 1 •		3,4!	22.
	Other										

Schedule D (Form 990) 2015

	Chicago Alli		nst Sexual		
Schedule D (Form 990) 2015	Exploitation	n (CAASE)		26	-0220074 _{Page}
Part VII Investments -	Other Securities.				
Complete if the org	ganization answered "Yes" o	on Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or cate		(b) Book value			I-of-year market value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 99					
Part VIII Investments -	_				
	ganization answered "Yes" o				
(a) Description o	f investment	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 99	0. Part X. col. (B) line 13.)				
Part IX Other Assets.					
Complete if the ord	ganization answered "Yes" o	on Form 990. Part IV	. line 11d. See Form 990.	Part X. line 15.	
		Description	,	, 	(b) Book value
<u>(1)</u>		-			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		45.)			
Total. (Column (b) must equal F Part X Other Liabilitie		15.)		>	
		5 000 D 1 N	("	000 D 1 V II 05	
(a) D	ganization answered "Yes" o	on Form 990, Part IV	(b) Book value	n 990, Part X, line 25	
<u></u>	escription of liability		(b) Book value		
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	_				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

Pai	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	nue per Return	_
	Complete if the organization answered "Yes" on Form 990, Part IV, line			-
1	T. 1		1	1,324,228.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		• • • • • • • • • • • • • • • • • • • •	
– a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,324,228.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,324,228.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta			
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1	Total expenses and losses per audited financial statements		1	1,330,871.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d				
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,330,871.
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.) Add lines 4a and 4b		10	0.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	.)	5	1,330,871.
Providences Providences	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	Part V, line 4; Part	1,330,871. X, line 2; Part XI,
Provide Parameters Parameters Parameters	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an act X, Line 2:	.)	Part V, line 4; Part	1,330,871. X, line 2; Part XI,
Provilines Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an act X, Line 2: nagement does not believe its financial	.)	Part V, line 4; Part	1,330,871. X, line 2; Part XI,
Provilines Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an act X, Line 2: nagement does not believe its financial	.)	Part V, line 4; Part	1,330,871. X, line 2; Part XI,
Provilines Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an act X, Line 2: nagement does not believe its financial	.)	Part V, line 4; Part	1,330,871. X, line 2; Part XI,
Provilines Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an act X, Line 2: nagement does not believe its financial	.)	Part V, line 4; Part	1,330,871. X, line 2; Part XI,
Provilines Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an act X, Line 2: nagement does not believe its financial	.)	Part V, line 4; Part	1,330,871. X, line 2; Part XI,
Provide Parameters Parameters Parameters	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an act X, Line 2: nagement does not believe its financial	.)	Part V, line 4; Part	1,330,871. X, line 2; Part XI,

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Yes" on Form 990, Part IV, lines 18, or 19, or if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization and the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization answered "Yes" or if the organization and th

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Chicago Alliance Against Sexual Exploitation (CAASE)

Employer identification number

CARDE)				20-0220	0 / 4			
5. Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not			
e Solicita f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with p dividuals or entities (fundraisers) purs	tion of tion of fundra I (include profess	non-g gover ising o ding o	overnment grants nment grants events fficers, directors, true undraising services?	stees or Yes				
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity		Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
	Yes	No						
on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration			
	complete if the organization answert. Seed funds through any of the following and solicitates Solicitates Solicitates Solicitates Special	complete if the organization answered "Yrt. Seed funds through any of the following active Solicitation of Solicitation of Solicitation of Special fundra	Secomplete if the organization answered "Yes" or rt. Seed funds through any of the following activities. e	Secomplete if the organization answered "Yes" on Form 990, Part IV, rt. Seed funds through any of the following activities. Check all that apply e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events Sor or oral agreement with any individual (including officers, directors, truster VII) or entity in connection with professional fundraising services? dividuals or entities (fundraisers) pursuant to agreements under which expressions. (iii) Did fundraiser custody or central custody.	Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-Ezert. Ised funds through any of the following activities. Check all that apply. e			

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

Schedule G (Form 990 or 990-EZ) 2015

Chicago Alliance Against Sexual Schedule G (Form 990 or 990-EZ) 2015 Exploitation (CAASE) 26-0220074 Page 2 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 Annua1 None (add col. (a) through Fundraiser col. (c)) (event type) (total number) (event type) 44,722 44,722. 1 Gross receipts 2 Less: Contributions 44,722. 44,722. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 4,846. 4,846 Other direct expenses 4,846 **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$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)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 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: a Is the organization licensed to conduct gaming activities in each of these states?

Schedule G (Form 990 or 990-EZ) 2015

b If "No," explain:

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Chicago Alliance Against Sexual

Schedule G (Form 990 or 990-EZ) 2015 Exploitation (CAASE) $26-0$	220074	Page 3
11 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		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
of gaming revenue retained by the third party \$\sum_{\text{\colored}}\$.		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a 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 ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	es 9, 9b, 10	b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G (Form 990 or 990-EZ)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Chicago Alliance Against Sexual Exploitation (CAASE)

Employer identification number 26-0220074

Pai	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminir		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes					-		
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • (Legal Service)	X	6	516,548.	Fair value	ot s	ser'	Vic
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization completed Form 828		•					
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		•	•				37
	exempt purposes for the entire holding period?	?				30a	_	X
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance p					31	-+	_X_
32a	Does the organization hire or use third parties of contributions?		•			32a		Х
h	If "Yes," describe in Part II.					SZA		
33	If the organization did not report an amount in	column (c) t	for a type of prope	rty for which column (a) is ch	necked			
55	describe in Part II.	551G11111 (C) 1	or a type or prope	ity for without conditing (a) is of	oonou,			
	GOOGLIDO III I GIL II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

Chicago Alliance Against Sexual Exploitation (CAASE)

Schedule M	(Form 990) (2015)	<u>Exploitati</u>	on	(CAASE)			26-0220074	Page 2
Part II	Supplemental	Information, Pro	vide	the information requ	uired by Part I, I e number of ite	ines 30b, 32b, and ms received, or a co	33, and whether the organiz ombination of both. Also cor	ation
	<u> </u>							

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Chicago Alliance Against Sexual Emplo

Exploitation (CAASE)

Employer identification number 26-0220074

Form 990, Part I, Line 1, Description of Organization Mission:
sexual exploitation, including sexual assault and commerical sex trade.
CAASE addresses the culture, institutions, and individuals that
perpetrate, profit from, or support sexual exploitation. CAASE work
includes prevention, policy reform, community engagement, and legal
services.
Form 990, Part III, Line 1, Description of Organization Mission:
sexual exploitation. CAASE work includes prevention, policy reform,
community engagement, and legal services.
Form 990, Part VI, Section B, line 11:
The Board of Directors reviews the Form 990 prior to its filing.
Form 990, Part VI, Section B, Line 12c:
The organization requires an annual assessment of any 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.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

December 31, 2015

Prepared for	Chicago Alliance Against Sexual Exploitation (CAASE)
	307 N. Michigan Ave. No. 1818 Chicago, IL 60601
Prepared by	
	Eilts & Associates, Inc. 3711 N. Ravenswood, Ste. 105 Chicago, IL 60613
Amount due or refund	Balance due of \$15.00
Make check payable to	Illinois Charity Bureau Fund
Mail tax return and check (if	Office of the Attorney General Charitable Trust Bureau
applicable) to	100 West Randolph St., 11th Floor Chicago, IL 60601-3175
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s).

Form AG990-IL

	Fice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL		Revised 3/0
PMT	Attorney General LISA MADIGAN State of III Charitable Trust Bureau, 100 West Rando		" 01 0E2076
	11th Floor, Chicago, Illinois 60601	ibii CO	# 01-053976
		X	Check all items attached:
AMT	·	77	1,7
		Make Checks X Payable to	Audited Financial Statements
l	<u> </u>	the III:neie	Copy of Form IFC
INIT		Charity X	\$15.00 Annual Report Filing Fee
	<u> </u>	Bureau Fund	\$100.00 Late Report Filing Fee
	and # 20 0220074		MO DAY YR d: 09/15/2007
Are co		ganization was created	d: 09/15/2007
	LEGAL Chicago Alliance Against Sexual	Year-end	
	NAME Exploitation (CAASE)	amounts	A) \$ 470,386
١	MAIL	A) ASSETS	
	ODRESS 307 N. Michigan Ave., No. 1818	B) LIABILITIES	
	STATE Chicago, IL	C) NET ASSETS	C) \$ 448,069
	P CODE 60601	PERCENTAGE	AMOUNT
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	86.676%	D) \$ 1,151,982
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	13.324%	E) \$ 1,131,982
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES		-
	F) OTHER REVENUES	%	F) \$
	ON TOTAL DEVENUE INCOME AND CONTRIBUTIONS DESCRIPTO (ADD D. F. & F.)	400.0/	G) \$ 1,329,074
۱	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 1,329,074
H.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	90.304%	1 206 206
	H) OPERATING CHARITABLE PROGRAM EXPENSE	90.304%	H) \$ 1,206,206
	I) EDUCATION DROOD AN OFFINIOR EVERNOR	.,	
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	1) \$
	IN TOTAL QUARTERS F PROGRAM OFFINIOS EVENIOS (APRILIO I)	90.304%	1 206 206
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	90.304%	J) \$ 1,206,206
	14) JOINT COSTS ALL OCATED TO DEOCE AM SERVICES (INCLLIDED IN 1).		
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$	Γ	
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
	(A) CHANTO TO OTHER CHARITABLE CHARNIZATIONS	70	Γ) Φ
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	90.304%	L) \$ 1,206,206
	L) TOTAL GRANITABLE PROGRAM SERVICE EXPENDITURE (ADD 3 & K)	J0 • J0 • J	L) \$\pi\$ \text{1,200,200}
	M) MANAGEMENT AND GENERAL EXPENSE	7.140%	M)\$ 95,369
	W) WAWACINENT AND GENETIAL EXITENSE	7 • 1 4 0 /6	WI) # 33,303
	N) FUNDRAISING EXPENSE	2.556%	N) \$ 34,142
	N) TONDINIONALA ENGL	2 7 3 3 7 7 8	Ν) ψ
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 1,335,717
			ο, φ = γ σ σ σ γ . = .
III.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		
	(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS:		
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
	TO THE TIME CONTINUED BY THE THOLEGE CONTINUE TO HE TO	100 70	, ,
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	4/		
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS:		,
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		s) \$
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:	
	T) NAME, TITLE: Kaethe Morris Hoffer, Executive Director		T) \$ 75,715
	U) NAME, TITLE:Lynne Johnson, Policy Director		U) \$ 68,803
	v) NAME, TITLE:Christine Evans, Legal Director		V) \$ 56,116
v.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES	ED)	List on back side of instructions
1	CHAIRTABLE I HOGHAM BLOOMIF HOW. CODE CATEGORIES		CODE
1-01-1	W) DESCRIPTION: Social justice work regarding prevention	on	W)# 300
598091 04-01-15	X) DESCRIPTION:		X) #
5980	Y) DESCRIPTION:		Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE	3.		X
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	٥.		Λ
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	JP Morgan Chase - Chicago IL			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Lenise Lee - 773-244-2230			
ALI	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	Kaethe Morris Hoffer		
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. 2.) FOR FEES DUE SEE INSTRUCTIONS.	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE

598101 04-01-15

PREPARER (PRINT NAME)

SIGNATURE

DATE

Form **990**

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.

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

Open to Public Inspection

OMB No. 1545-0047

~ '	OI LITE	e 2010 Calendar year, or tax year beginning	a c ritaining		
B (Check if applicable	C Name of organization Chicago Alliance Against Sexual		D Employer identif	cation number
	Addres	Exploitation (CAASE)			
	Name change	Doing business as		7 26-0	220074
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	307 N. Michigan Ave.	1818	773-	244-2230
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,329,074.
Ļ	Ameno	Chicago, in 00001	_	H(a) Is this a group r	
	Applic tion pendir	F Name and address of principal officer: Naectie Molilis IIoli	er	for subordinates	
	-	same as C above		H(b) Are all subordinates i	ncluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)(0) = (insert no.) = 4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)
		te: > www.caase.org		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2007	M State of legal domicile: ${ t IL}$
Pa	art I	Summary			
ė	1	Briefly describe the organization's mission or most significant activities:	ago A.	lliance Agai	nst Sexual
Activities & Governance		Exploitation ("CAASE") envisions a commu			
ern	2	Check this box if the organization discontinued its operations or dispositions.	osed of mor	e than 25% of its net a	
Š	1			3	13
ø		Number of independent voting members of the governing body (Part VI, line 1b)			13
ies	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			13
Ĭ	1	Total number of volunteers (estimate if necessary)			50
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
Revenue	1	Contributions and grants (Part VIII, line 1h)		1,114,198.	1,275,634.
	1	Program service revenue (Part VIII, line 2g)		18,252.	8,718.
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		41,630.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,174,080.	1,324,228.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)) <u> </u>	565,413.	630,283.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	L	0.	0.
Ϋ́				F02 40C	700 500
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		593,486.	700,588.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,158,899.	
<u>_ </u>		Revenue less expenses. Subtract line 18 from line 12		15,181.	-
ts o			В	eginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		458,856.	470,386.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		4,144. 454,712.	22,317. 448,069.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		454,/14.	440,009.
		Ities of perjury, I declare that I have examined this return, including accompanying schedul	and atatan	agenta, and to the heat of m	w knowledge and holiaf it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of v			ly knowledge and belief, it is
uue,	, correc	is and complete. Declaration of preparer (other than officer) is based on an information of v	vilicii prepare	I ilas ally kilowieuge.	
C: ~.	_	Signature of officer		I Date	
Sig		Kaethe Morris Hoffer, Executive Direc	rtor		
Her	е	Type or print name and title	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	d	Barton Eilts		if	
	parer	Firm's name Eilts & Associates, Inc.		self-employ	61-1443699
	Only	Firm's address 3711 N. Ravenswood, Ste. 105		THIII 3 LIN	<u>,</u>
		Chicago, IL 60613		Phone no. 77	3-525-6171
Ma\	/ the IF	RS discuss this return with the preparer shown above? (see instructions)		11 110110110.77	X Yes No
				<u></u>	

Form	990	(2015)	
I OIIII	330	(2013)	

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Chicago Alliance Against Sexual Exploitation ("CAASE") envisions a
	community free from all forms of sexual exploitation, including sexual
	assault and commerical sex trade. CAASE addresses the culture,
	institutions, and individuals that perpetrate, profit from, or support
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	Sexual assualt justice project and legal services: CAASE engages in
	civil litigation against perpetrators and facilitators of sexual harm
	and advocates for appropriate and effective criminal prosecution of
	perpetrators. CAASE also advocates for public policies that increase
	the efficacy of criminal and civil laws pertaining to sexual violence
	and exploitation.
4b	(Code:) (Expenses \$ 229,008 · including grants of \$) (Revenue \$)
	Policy and advocacy: CAASE advocates for legislative and policy reforms
	that will increase legal and social accountability for perpetrators of
	harm, especially sex traffickers, pimps, people who buy sex, and those
	who commit sexual assault. CAASE also promotes broad community support
	for services and resources for survivors. CAASE advises law
	enforcement, policy makers, and other stakeholders on best practices
	relating to sex trafficking, prostitution, and rape.
4-	(Code:) (Expenses \$ 104,364 • including grants of \$) (Revenue \$)
4c	(Code:)(Expenses \$ 104,304 including grants of \$) (Revenue \$) Prevention: CAASE creates and implements educational curricula that
	encourages high-school-age men and women to work against sexual
	exploitation.
	<u>exploitation</u> .
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\) 1, 206, 206.
	Form 990 (2015)

26-0220074

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		Х
16	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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2015)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			37
	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 		, v
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		1
34		04		х
25-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)? If "Yes " complete Schedule R. Part V. line ?	2Eh		
26	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?	26		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
38		38	Х	
	Note. All Form 990 filers are required to complete Schedule O	30	22	

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| Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	X						
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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
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 Accounts (FBAR).									
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	5c								
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
any contributions that were not tax deductible as charitable contributions?									
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			Х					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor									
b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
to file Form 8282?									
	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 10b								
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
	Gross income from members or shareholders								
IJ									
100	amounts due or received from them.) 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	.za							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
_	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
		Form	990	(2015)					

26-0220074

Exploitation (CAASE)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI					X				
<u>Sec</u>	tion A. Governing Body and Management									
		1 1	4.0		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other								
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision	า							
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х				
6	Did the organization have members or stockholders?			6		Х				
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?									
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?			7b		X				
8	$ Did the \ organization \ contemporaneously \ document \ the \ meetings \ held \ or \ written \ actions \ undertaken \ during \ the \ years \ years \ during \ the \ years \ year$	ear by the following:								
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)								
			_		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the f	orm?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe								
	in Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approx	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?								
а	The organization's CEO, Executive Director, or top management official			15a		X				
b	Other officers or key employees of the organization			15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a								
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's								
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶IL									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)	s only) a	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply.									
Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest po	licy, and	finan	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records:								
	Lenise Lee - 773-244-2230									
	307 N. Michigan Ave., Ste. 1818 , Chicago, IL 606	501								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Nick Colvin	1.00								•	•
Secretary	1 2 5 2	Х		Х				0.	0.	0.
(2) Judy Gold	0.50	l								
Director		Х						0.	0.	0.
(3) Ricquel Harper	2.00	l		l						
Treasurer	1	Х		Х				0.	0.	0.
(4) Christopher Hennick-Jaffe	1.00	l		l						
Vice President	1	Х		Х				0.	0.	0.
(5) Amy Kohn	1.00	١								•
Director	1 00	Х						0.	0.	0.
(6) Jennifer Kuhn	1.00									•
Director	1 00	Х						0.	0.	0.
(7) Tiffany Madigan	1.00									•
Director	0.50	Х						0.	0.	0.
(8) Brenda Myers-Powell	0.50	,,								_
Director	3 00	Х						0.	0.	0.
(9) Ross Neihaus	3.00	x		x				0.	0.	0.
President	1.00	_		_				0.	0.	0.
(10) Nancy Radner	1.00	x						0.	0.	0.
Director (11) Christine Evans	40.00	Δ						0.	0.	<u> </u>
Legal Director	40.00	x						56,116.	0.	0.
(12) Kaethe Morris Hoffer	40.00	^						30,110.	0.	
Executive Director	40.00	Х						75,715.	0.	0.
(13) Lynne Johnson	40.00							75,715.	•	
Policy Director	40.00	Х						68,803.	0.	0.
Torrey Birector								00,003.	•	

Form **990** (2015)

	990 (2015) Exploitat	tion (CA	AA	SE))					26-02	220	074	P	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do no box, ui officer		ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	organization (W-2/1099-MISC)				organizations (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	e ion ed			
1b	Sub-total		<u>L</u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	200,634.		0.			0.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							>	200,634.		0.			0.
2	Total number of individuals (including but no compensation from the organization							no r	eceived more than \$100	0,000 of reportable	е			(
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								highest compensated e			3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-	le co	omp	ensa	ation	n and	d ot	her compensation from	the organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			•			5		X
	tion B. Independent Contractors									*				
	Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		pens			
	(A) Name and business	address	NO	INC	3				(B) Description of s	services		ompe		n
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >				(0							

532008 12-16-15

Form **990** (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Unrelated Total revenue Related or from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d 177,092. e Government grants (contributions) f All other contributions, gifts, grants, and ,098,542 similar amounts not included above 516,548 g Noncash contributions included in lines 1a-1f: \$ 1,275,634. h Total. Add lines 1a-1f ... Business Code 611710 7,318. 2 a Education services 7,318. Program Service Revenue 541100 b Legal income 1,400. 1,400. С All other program service revenue 8,718. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See 44,722. Part IV, line 18 a Other 4,846. **b** Less: direct expenses 39,876. 39,876. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d ,324,228. 8,718. 39,876. Total revenue. See instructions.

	rt IX Statement of Functional Expens				
Sect	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 expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	200 624	200 624		
	trustees, and key employees	200,634.	200,634.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	345,379.	273,666.	53,785.	17,928
7	Other salaries and wages	343,3/3.	4/3,000.	33,103.	11,340
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	39,350.	34,846.	3,378.	1,126.
9	Other employee benefits	44,920.	38,409.	4,883.	1,628
10	Payroll taxes	44,520•	30, 403.	±,005.	1,020
11	Fees for services (non-employees):				
a	Management	517,754.	517,754.		
b	Legal	317,734.	317,734.		
q	Accounting				
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	45,778.	20,511.	18,914.	6,353
12	Advertising and promotion	20,777			
13	Office expenses	5,459.	4,727.	577.	155.
14	Information technology	- ,	,	-	
15	Royalties				
16	Occupancy	79,038.	70,213.	6,719.	2,106.
17	Travel	11,974.	11,922.	52.	<u>, </u>
18	Payments of travel or entertainment expenses	·			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	670.		670.	
23	Insurance	8,124.	7,881.	243.	
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.) Meetings	8,903.	6,496.	2,407.	
	Dues and subscriptions	7,666.	7,127.	539.	
b	Postage and printing	4,961.	2,847.	2,114.	
c d	Telephone and internet	3,980.	3,536.	444.	
		6,281.	5,637.	644.	
	All other expenses	1,330,871.	1,206,206.	95,369.	29,296
25 26	Joint costs. Complete this line only if the organization	1,330,071.	1,200,200	23,302.	27,270
∠0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II IUIIUWIIIY 30F 98-2 (A30 938-720)				

Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	233,573.	1	306,214
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	205,237.	3	144,166
4	Accounts receivable, net	2,560.	4	2,080
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
ž 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	9,714.	9	8,134
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 6,216.			
b	2 761	1,435.	10c	3,455
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		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 equal line 34)	458,856.	16	470,386
17	Accounts payable and accrued expenses	4,144.	17	22,317
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ดู 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
<u> </u>	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables 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	4,144.	26	22,317
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
န္	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 29	Unrestricted net assets	182,712.	27	197,018
28	Temporarily restricted net assets	272,000.	28	251,051
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □			
	and complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds		30	
ខ្ចុំ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	454,712.	33	448,069
34	Total liabilities and net assets/fund balances	458,856.	34	470,386

Form **990** (2015)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 1	,32 ,33	4,2 0,8 6,6			
9 10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	3					
	column (B))	10	44	8,0	69.		
Pai	rt XII Financial Statements and Reporting	<u> </u>		-			
	Check if Schedule O contains a response or note to any line in this Part XII						
1							
20	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		2a		Х		
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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			
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
3а	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		<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_3b_	000	(004 =)		
			⊢orm	330 ((2015)		

532012 12-16-15

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Chicago Alliance Against Sexual

Employer identification number

OMB No. 1545-0047

Inspection

Exploitation (CAASE) 26-0220074 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 Exploitation (CAASE)

26-0220074 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total					
1	Gifts, grants, contributions, and						_					
	membership fees received. (Do not											
	include any "unusual grants.")	604,530.	667,420.	776,794.	697,702.	759,086.	3505532.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	604,530.	667,420.	776,794.	697,702.	759,086.	3505532.					
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)											
6	Public support. Subtract line 5 from line 4.						3505532.					
Sec	tion B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total					
7	Amounts from line 4	604,530.	667,420.	776,794.	697,702.	759,086.	3505532.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties											
	and income from similar sources	169.					169.					
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.)	-8,173.	19,989.		15,602.	7,318.						
11	Total support. Add lines 7 through 10						3540437.					
	Gross receipts from related activities,	•	,			12						
13	First five years. If the Form 990 is for	-	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)						
804	organization, check this box and stor						>					
	ction C. Computation of Publ		<u>~</u>				00 01					
	Public support percentage for 2015 (14	99.01 %					
	Public support percentage from 2014					15	92.03 %					
16a	33 1/3% support test - 2015. If the control is a support test - 2015 is a support test - 2015.											
	stop here. The organization qualifies											
D	33 1/3% support test - 2014. If the condition have						IIS DOX					
170	and stop here. The organization qual						P					
17a	10% -facts-and-circumstances tes											
	and if the organization meets the "fac		•	-	•	•						
I.	meets the "facts-and-circumstances"											
a	10% -facts-and-circumstances tes	_										
	more, and if the organization meets the											
10	organization meets the "facts-and-circ											
10	Private foundation. If the organization	in did not check a	DUN UIT III IE TO, TO	a, 100, 17a, 01 171	o, oneon ins box a	110 200 111211UCIION	ა					

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	slow, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and			1			· · · · · · · · · · · · · · · · · · ·
	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-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(-)	(-,	(=,====	(=, == : :	(-,	(-/
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd. fourth. or fifth t	ax vear as a section	on 501(c)(3) organiz	zation.
		· ·			-		
Sec	ction C. Computation of Publi						
15	Public support percentage for 2015 (li	ine 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					•	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2015. If the					33 1/3%, and line 1	
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che	· ·			*	•	
20	Private foundation. If the organization						
_							

532023 09-23-15

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

,		Yes	No
	4		
	1		
	2		
	3a		
	O.L.		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	FL.		
	5b 5c		
	50		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	30		
	10a		
	10b		
m 9	90 or 99	90-EZ	2015

Sche	edule A (Form 990 or 990-EZ) 2015 Exploitation (CAASE)	26-022007	4 Pa	age 5
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		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
_	Did the second of the second o		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 ta	×		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. stion E. Type III Functionally-Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see in	etructions):		
1 a	The organization satisfied the Activities Test. Complete line 2 below.	c dodonoj.		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instructions	.)	
2	Activities Test. <i>Answer (a) and (b) below.</i>	iny (see manacheme	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
ŭ	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	Zu		
J	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. <i>Answer (a) and (b) below.</i>	25		
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 <i>Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	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. See instructions. All									
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1								
2	Recoveries of prior-year distributions	2								
3	Other gross income (see instructions)	3								
4	Add lines 1 through 3	4								
5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or									
	collection of gross income or for management, conservation, or									
	maintenance of property held for production of income (see instructions)	6								
7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8								
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see									
	instructions for short tax year or assets held for part of year):									
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								
е	Discount claimed for blockage or other									
	factors (explain in detail in Part VI):									
2	Acquisition indebtedness applicable to non-exempt-use assets	2								
_3	Subtract line 2 from line 1d	3								
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,									
	see instructions).	4								
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6	Multiply line 5 by .035	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Sect	ion C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1								
2	Enter 85% of line 1	2								
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3								
4	Enter greater of line 2 or line 3	4								
5	Income tax imposed in prior year	5								
6	Distributable Amount. Subtract line 5 from line 4, unless subject to									
	emergency temporary reduction (see instructions)	6								
7	Check here if the current year is the organization's first as a non-functional	y-integr	ated Type III supporting org	ganization (see						
	instructions).									

Schedule A (Form 990 or 990-EZ) 2015

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou				
2	Amou	ints paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amou	ints paid to acquire exempt-use assets			
5	Qualif	fied 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	Distrik	outions to attentive supported organizations to which the	ne organization is responsive	e	
	(provi	de details in Part VI). See instructions.			
9	Distrik	outable amount for 2015 from Section C, line 6			
10	Line 8	3 amount divided by Line 9 amount			
			(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
					7 11110 21110 120 120
1		outable amount for 2015 from Section C, line 6			
2		rdistributions, if any, for years prior to 2015			
	,	onable cause required-see instructions)			
3	Exces	ss distributions carryover, if any, to 2015:			
<u>a</u>					
b					
<u> </u>	_	2010			
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
i		over from 2010 not applied (see instructions)			
<u></u>		uinder. Subtract lines 3g, 3h, and 3i from 3f.			
4	line 7:	outions for 2015 from Section D,			
		. Ψ ed to underdistributions of prior years			
		ed to 2015 distributable amount			
		tinder. Subtract lines 4a and 4b from 4.			
		uning underdistributions for years prior to 2015, if			
-		Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6		uning underdistributions for 2015. Subtract lines 3h			
_		b from line 1 (if amount greater than zero, see			
		ctions).			
7		ss distributions carryover to 2016. Add lines 3j			
	and 4	- I			
8		down of line 7:			
а					
b					
С	Exces	ss from 2013			
d	Exces	ss from 2014			
е	Exces	ss from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Chicago Alliance Against Sexual

Schedule A (Form 990 or 990-EZ) 2015 Exploitation (CAASE) 26-0220074 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

2015

Open to Public Inspection

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organization Chicago 	ations: Complete Part III. Alliance Against	- Covual	l Em	ployer identification number
	cation (CAASE)	. Bexual	-""	26-0220074
Part I-A Complete if the or	ganization is exempt unde	er section 501/c)	or is a section 527	
Provide a description of the organi Political expenditures Volunteer hours	ization's direct and indirect politica	al campaign activities in	n Part IV.	
	ganization is exempt unde			
1 Enter the amount of any excise tax	cincurred by the organization unde	er section 4955	>	\$
2 Enter the amount of any excise tax	cincurred by organization manage	rs under section 4955	>	\$
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the or	<u> </u>			· / · /
1 Enter the amount directly expende	ed by the filing organization for sec	tion 527 exempt functi	on activities	\$
2 Enter the amount of the filing orga		•		
exempt function activities				\$
3 Total exempt function expenditure				
line 17b				
4 Did the filing organization file Form	1120-POL for this year?			L Yes L No
5 Enter the names, addresses and e made payments. For each organiz contributions received that were p political action committee (PAC). If	ation listed, enter the amount paid romptly and directly delivered to a	I from the filing organiza separate political orga	ation's funds. Also enter inization, such as a sepa	the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Fo	rm 990 or 990-EZ) 2015	Exploitatio	n (CAASE)		26-0	220074 Page 2
	Complete if the org	ganization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
	section 501(h)).					
A Check ► L	if the filing organiza	ation belongs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and sha	re of excess lobbying	expenditures).			
B Check ►	if the filing organiza	ation checked box A a	nd "limited control" pro	visions apply.		
		ts on Lobbying Expe ditures" means amou	nditures ınts paid or incurred.])	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobb	oying expenditures to infl	uence public opinion (grass roots lobbying)			
b Total lobb	oying expenditures to infl	uence a legislative boo	dy (direct lobbying)		7,186.	
	oying expenditures (add I				7,186.	
	empt purpose expenditur				1,199,020.	
e Total exe	mpt purpose expenditure				1,206,206.	
	nontaxable amount. Ent				195,621.	
	unt on line 1e, column (a) (bying nontaxable am			
Not over	\$500,000	20% of	the amount on line 1e.			
Over \$50	0,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,0	000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,5	500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17	,000,000	\$1,000,	000.			
- Crossroo	ts nontaxable amount (er	eter 25% of line 1f			48,905.	
=	line 1g from line 1a. If zer				0.	
	line 1f from line 1c. If zero				0.	
	an amount other than ze			· · · · · · · · · · · · · · · · · · ·	· ·	
	section 4911 tax for this				[Yes No
		4-Year Ave	eraging Period Under	section 501(h)		
	(Some organizations t		` '	•	of the five columns b	elow.
		<u>-</u>	ate instructions for li			
		Lobbying Expe	nditures During 4-Yea	ar Averaging Period		T
	alendar year year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
			116 000	186 005	105 601	400.005

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total				
2a Lobbying nontaxable amount		116,980.	176,205.	195,621.	488,806.				
b Lobbying ceiling amount (150% of line 2a, column(e))					733,209.				
c Total lobbying expenditures		4,536.	5,214.	7,186.	16,936.				
d Grassroots nontaxable amount		29,245.	44,051.	48,905.	122,201.				
e Grassroots ceiling amount (150% of line 2d, column (e))					183,302.				
f Grassroots lobbying expenditures		1,095.	0.		1,095.				

Schedule C (Form 990 or 990-EZ) 2015

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

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i				
	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 under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			t III-A, lir	ne 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
_	expenses for which the section 527(f) tax was paid).	Jui			
а	Current year		2a		
	Carryover from last year				
c					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4					
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part I	I-A. lines 1 a	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	(

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Chicago Alliance Against Sexual Exploitation (CAASE)

Employer identification number 26-0220074

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
D-1			
Pa		-	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a cel	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forn	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing coi	nservation easements during the year
-		dia a se da la la la la companya da se esta construcción de la companya de la com	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•	Data and accompanies accompany was sited as line 0/d\ about		O(I-)(4)(D)(i)
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Pai	conservation easements. III Organizations Maintaining Collections o	f Δrt Historical Treasures or 0	Other Similar Assets
. u	Complete if the organization answered "Yes" on Form		Stroi Ommai 7.00cto.
12	If the organization elected, as permitted under SFAS 116 (AS		ement and halance sheet works of art
ıu	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descr		arioe or public service, provide, irri are xiii,
h	If the organization elected, as permitted under SFAS 116 (AS		nt and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	addation, or resourch in farther area or p	able service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		a. ga, provido
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

Par	t III Organizations Maintaining Co			torical Tr	easures (or Oth	er Simi		ts/contin		.ge 2
	•										
3	Using the organization's acquisition, accession	n, and other record	is, crieci	k arry or trie	Tollowing tha	at are a s	signilicani	use of its	Collection	Hems	5
	(check all that apply):										
а	Public exhibition	d			change progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col							ose in Pai	t XIII.		
5	During the year, did the organization solicit or							_	_		1
_	to be sold to raise funds rather than to be mai								⊻ Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organizatio	on answered	"Yes" or	n Form 99	00, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for	contribution	ns or other as	sets no	t included	d l			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
-									Amount		
c	Beginning balance						1c		7 11110 4111		
	Additions during the year										
f	Distributions during the year										
	Ending balance Did the organization include an amount on For								Yes		No
	•		•								NO
Par	If "Yes," explain the arrangement in Part XIII. C										
	· ·	(a) Current year		rior year	(c) Two year			years back	(a) Four	voare l	nack
10	-		(D) F	noi yeai	(C) TWO year	13 Dack	(u) Tillee	yours back	(e) rour	yoursi	Jack
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	<u></u> %									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	at are held a	and administe	ered for	the organ	ization			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	red on S	Schedule R?)				3b		
4	Describe in Part XIII the intended uses of the o										
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990), Part I\	/, line 11a. S	See Form 990), Part X	, line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumulat	ted	(d) Book	value	
		basis (investn	nent)		(other)	de	preciation	ո			
	Land	+									
	Buildings										
	Leasehold improvements										
	Equipment				6,216.		2,7	61.		3,45	55.
	Other				.,==••		-,,			, - \	
	. Add lines 1a through 1e. (Column (d) must eq		X. colur	nn (B). line 1	10c.)			•	-	3,45	55.

Schedule D (Form 990) 2015

	Chicago All	iance Against	: Sexual		
	(Form 990) 2015 Exploitatio	n (CAASE)		26-	-0220074 Page
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of va	lluation: Cost or end	of-year market value
(1) Financia	al derivatives				
	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line			
	(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or end	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, F	Part X, line 15.	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X, line 25.	
1.	(a) Description of liability		(b) Book value		
	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

(8)

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Rev	enue per Returr).
	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	1,324,228.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,324,228.
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			0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,324,228.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exp	oenses 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	1,330,871.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,330,871.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b		-	<u> </u>
5			5	1,330,871.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			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		
Da:	rt V lino 2.			
Pa.	rt X, Line 2:			
Mai	nagement does not believe its financial	gtatements	include un	certain tay
mai	lagement does not believe its linancial	scacemencs	inciace and	dertain tax
no	sitions			
<u>po</u> ,	51010115			

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Name of the organization

Chicago Alliance Against Sexual Exploitation (CAASE)

Employer identification number 26-0220074

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

532081 09-14-15

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

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 Exploitation (CAASE)

	<u> </u>		_
Part II	Fundraising Ev	ents. 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 \$5.0	00

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 Annual Fundraiser	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	44,722.			44,722.
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	44,722.			44,722.
	4	Cash prizes				
	5	Noncash prizes				
ses						
xper	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire						
	8	Entertainment	4 4 4 6			4 0 4 6
	9	Other direct expenses				4,846.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lines 10 from				39,876.
Pa	rt I	Gaming. Complete if the organization				557555
		\$15,000 on Form 990-EZ, line 6a.				
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				billigo/progressive billigo		coi. (a) through coi. (c)
Ä	1	Gross revenue				
ses	2	Cash prizes				
pens	3	Noncash prizes				
Ä.		rionodon prizos				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	- Carlot and Corporation	Yes %	Yes%	Yes %	
	6	Volunteer labor	□ No	No No	☐ No	
	_	Diversity and the control of the con	h E in a aluman (al)		_	
	7	Direct expense summary. Add lines 2 through	ir 5 iir Coluiriir (u)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condi the organization licensed to conduct gaming a		atataa?		Yes No
		ne organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		. L res L No
	_	· · ·				
	_					
		ere any of the organization's gaming licenses re			year?	Yes No
i.	11	Yes," explain:				

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

Chicago Alliance Against Sexual

Schedule G (Form 990 or 990-EZ) 2015 EXPIDITATION (CAASE)	26-02200/4 Page 3
11 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 former	;d
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and it	
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the of gaming revenue retained by the third party ▶\$	amount
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a 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 sp	pent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III lines 9 9b 10b 15b
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Chicago Alliance Against Sexual Exploitation (CAASE)

Employer identification number 26-0220074

(a) (b) Noncash contribution amounts reported on applicable interests 1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Designation in the size of the property in the property is a positional to the property in the property is a position property in the property is a positi	Par	t I Types of Property							
Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded Securities - Closely held stock Securities - Partnership, LLC, or trust interests Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded Securities - Securities - Partnership, LLC, or trust interests Cars and other vehicles Securities - Publicly traded Securities - Partnership, LLC, or trust interests Cars and other vehicles Securities - Miscellaneous Qualified conservation contribution - Historic structures Qualified conservation contribution - Other			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of do	etermini	-	s
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	1	Art - Works of art							
3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	2								
4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	3								
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	4								
6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Partnership, LLC, or trust interests 11 Securities - Miscellaneous 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	5								
7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	6								
8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	7								
10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	8	Intellectual property							
11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	9	Securities - Publicly traded							
trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	10	Securities - Closely held stock							
12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	11	Securities - Partnership, LLC, or							
13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other									
Historic structures 14 Qualified conservation contribution - Other	12	Securities - Miscellaneous							
14 Qualified conservation contribution - Other	13	Qualified conservation contribution -							
45 Pool astata Pooldantial	14	7.77							
	15	Real estate - Residential							
16 Real estate - Commercial	16								
17 Real estate - Other	17								
18 Collectibles									
19 Food inventory									
20 Drugs and medical supplies									
21 Taxidermy									
22 Historical artifacts									
23 Scientific specimens									
24 Archeological artifacts		Archeological artifacts (T.e.g.a.1 Service)	Y	6	516 548	Fair value	of (gor.	vic
			Λ	-	310,340	• Fair value	OI .	SCI	VIC
26 Other () 27 Other ()		_							
28 Other ()		`							
29 Number of Forms 8283 received by the organization during the tax year for contributions			zation durin	n the tax vear for c	contributions		-		
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29									
		To Whom the organization completed from 52.	50, r arr 11,	Donoc / totalowiou,	<u> </u>			Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it	30a	During the year, did the organization receive by	v contributio	on any property rea	oorted in Part I. lines 1 thro	ough 28, that it			110
must hold for at least three years from the date of the initial contribution, and which is not required to be used for									
		•		•	·		30a		X
b If "Yes," describe the arrangement in Part II.	b								
			oolicy that r	equires the review	of any non-standard contr	ibutions?	31		Х
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	32a								
				_	· ·		32a		X
b If "Yes," describe in Part II.	b								
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,			column (c)	for a type of prope	rty for which column (a) is	checked,			
describe in Part II.		describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

Chicago Alliance Against Sexual Exploitation (CAASE)

Schedule M	(Form 990) (2015) E	xploitation	(CAASE)		26-022007	74 Page 2
Part II	Supplemental In	formation. Provide	the information requ	uired by Part I, lines 30b, 3 e number of items received	2b, and 33, and whether the ord, or a combination of both. Als	rganization

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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Chicago Alliance Against Sexual Emplo

Exploitation (CAASE)

Employer identification number 26-0220074

Form 990, Part I, Line 1, Description of Organization Mission:
sexual exploitation, including sexual assault and commerical sex trade.
CAASE addresses the culture, institutions, and individuals that
perpetrate, profit from, or support sexual exploitation. CAASE work
includes prevention, policy reform, community engagement, and legal
services.
Form 990, Part III, Line 1, Description of Organization Mission:
sexual exploitation. CAASE work includes prevention, policy reform,
community engagement, and legal services.
Form 990, Part VI, Section B, line 11:
The Board of Directors reviews the Form 990 prior to its filing.
Form 990, Part VI, Section B, Line 12c:
The organization requires an annual assessment of any 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.