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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning

07/01, 2008, and ending

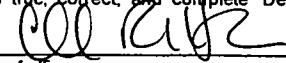
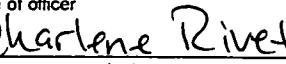
06/30, 2009

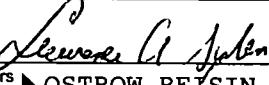
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHICAGO CHILDREN'S ADVOCACY CENTER			D Employer identification number 36-4251865 E Telephone number (312) 492-3700 G Gross receipts \$ 3,834,740. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ►	
	Doing Business As				
	Number and street (or P O box if mail is not delivered to street address)				
	1240 S. DAMEN				Room/suite
	City or town, state or country, and ZIP + 4				
	CHICAGO, IL 60608				
F Name and address of principal officer CHAR RIVETTE 1240 S DAMEN CHICAGO, IL 60608					
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) 4947(a)(1) or 527					
J Website: ► HTTP://CHICAGOCAC.ORG					
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1999 M State of legal domicile IL			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE CHICAGO CHILDREN'S ADVOCACY CENTER UNITES PUBLIC, PRIVATE AND COMMUNITY PARTNERS TO ENSURE THE SAFETY, HEALTH AND WELL-BEING OF ABUSED CHILDREN.			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23	
	5 Total number of employees (Part V, line 2a)	5	63	
	6 Total number of volunteers (estimate if necessary)	6	200	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a		
b Net unrelated business taxable income from Form 990-T, line 34	7b			
Revenue	Prior Year			Current Year
	8 Contribution and grants (Part VIII, line 1h)	4,393,399.	3,763,220.	
	9 Program service revenue (Part VIII, line 2g)		NONE	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,524.	-3,985.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-48,795.	-48,611.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,359,128.	3,710,624.		
Expenses				NONE
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		NONE	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,695,376.	2,594,916.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		NONE	
	b Total fundraising expenses, Part IX, column (D), line 25) ► 287,788.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,683,150.	1,422,709.	
	18 Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	4,378,526.	4,017,625.	
19 Revenue less expenses - Subtract line 18 from line 12	-19,398.	-307,001.		
Net Assets or Fund Balances	Beginning of Year			End of Year
	20 Total assets (Part X, line 16)	1,628,848.	1,286,100.	
	21 Total liabilities (Part X, line 26)	231,116.	187,223.	
	22 Net assets or fund balances. Subtract line 21 from line 20.	1,397,732.	1,098,877.	

Part II Signature Block

Sign Here	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  Type or print name and title Charlene Rivette, Executive Director		
	Date 2/12/10		

Paid Preparer's Use Only	Preparer's signature ► 	Date FEB 11 2010	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P00079652
	Firm's name (or yours if self-employed) if self-employed OSTROW REISIN BERK & ABRAMS, LTD. address, and ZIP + 4 455 N CITYFRONT PLAZA DR, STE 2600 CHICAGO, IL 60611-5379	EIN ► 36-2938874	Phone no. ► 312-670-7444	

May the IRS discuss this return with the preparer shown above? (See instructions)

X Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

THE CHICAGO CHILDREN'S ADVOCACY CENTER UNITES PUBLIC, PRIVATE AND COMMUNITY PARTNERS TO ENSURE THE SAFETY, HEALTH AND WELL-BEING OF ABUSED CHILDREN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
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 No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,224,762, including grants of \$ _____) (Revenue \$ _____)
SEE STATEMENT 1

4b (Code _____) (Expenses \$ 668,474, including grants of \$ _____) (Revenue \$ _____)
MENTAL HEALTH PROGRAM - THE CCAC PROVIDED 2,350 HOURS OF THERAPY TO CHILDREN AND PARENTS. OUR CLINICIANS PROVIDE CRISIS COUNSELING, TALK THERAPY, ART THERAPY, AND PSYCHIATRIC SERVICES FOR CHILDREN AND FAMILIES. WE SPECIFICALLY TARGET CHILDREN AND FAMILIES EXPERIENCING IMMEDIATE AND SEVERE MENTAL HEALTH PROBLEMS WHO HAVE DIFFICULTY ACCESSING MENTAL HEALTH SERVICES IN THEIR COMMUNITY.

4c (Code: _____) (Expenses \$ 474,735, including grants of \$ _____) (Revenue \$ _____)
ADVOCACY PROGRAM - THE CCAC PROVIDED ADVOCACY AND CASE MANAGEMENT SERVICES TO 1,808 CHILDREN AND 1,338 PARENTS/CAREGIVERS. ADVOCATES ALSO PROVIDED 1,589 SERVICE REFERRALS TO FAMILIES. ADVOCATES WORK ON BEHALF OF THE CHILDREN AND FAMILIES WHO COME TO THE CENTER. THEY EXPLAIN AND GUIDE PARENTS THROUGH THE INVESTIGATION AND LEGAL PROCESS, ASSESS EACH FAMILY'S NEEDS, PROVIDE EMOTIONAL SUPPORT AND COUNSELING, AND REFER CHILDREN AND CARETAKERS TO OTHER NEEDED SERVICES IN THE FAMILY'S COMMUNITY OR AT THE CENTER.

4d Other program services. (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 3,367,971. (Must equal Part IX, Line 25, column (B).)

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 X	
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? If "Yes," complete Schedule C, Part II	4 X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 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 U.S?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S? If "Yes," complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	
21 Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 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, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	9
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	63
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	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?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
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).	7a	X
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	Section 501(c)(12) organizations. Enter:	11b	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12a	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions

1a Enter the number of voting members of the governing body 1a 23
 b Enter the number of voting members that are independent 1b 23

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X

5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X

6 Does the organization have members or stockholders? 6 X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? 8a X
 b Each committee with authority to act on behalf of the governing body? 8b X

9a Does the organization have local chapters, branches, or affiliates? 9a X
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b

10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X

11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 11 X

Section B. Policies

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X

13 Does the organization have a written whistleblower policy? 13 X

14 Does the organization have a written document retention and destruction policy? 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official? 15a X
 b Other officers or key employees of the organization? 15b X

Describe the process in Schedule O. (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Section 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MICHELLE SWENSON 1240 S. DAMEN CHICAGO, IL 60608
 312-492-3700

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► **NONE**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

36-4251865

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	1a 1b 1c 262,398. 1d 1e 2,995,701. 1f 505,121. 23,934. 3,763,220.			
Program Service Revenue		Business Code			
	2a b c d e f All other program service revenue g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	STMT 2 . . . ► 5,850. NONE NONE			5,850.
	6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)	(i) Real 3,615. (ii) Personal 13,450. -9,835. -9,835.			
	7a 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)	(i) Securities 3,615. (ii) Other 13,450. -9,835. -9,835.			
	8a Gross income from fundraising events (not including \$ 262,398. of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events	STMT 3 54,947. 110,666. STMT 4 . . . ► -55,719.			
	9a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities	a b c			
Other Revenue	10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory	a b c			
	Miscellaneous Revenue	Business Code			
	11a MISCELLANEOUS b TRAINING c d All other revenue e Total. Add lines 11a-11d	2,558. 4,550. 7,108.			2,558. 4,550. -52,596.
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	3,710,624.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	64,120.	51,937.	5,771.	6,412.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	2,116,165.	1,717,796.	195,234.	203,135.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits	180,519.	155,912.	9,688.	14,919.
10 Payroll taxes	234,112.	190,884.	22,765.	20,463.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	8,485.	8,485.		
c Accounting	25,000.		25,000.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	NONE			
12 Advertising and promotion	NONE			
13 Office expenses	57,594.	42,959.	10,171.	4,464.
14 Information technology	6,901.	5,752.	674.	475.
15 Royalties	NONE			
16 Occupancy	45,407.	37,832.	4,368.	3,207.
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . .	8,644.	5,713.	1,426.	1,505.
20 Interest	7,629.		7,629.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	75,518.	62,680.	7,552.	5,286.
23 Insurance	53,664.	45,073.	5,020.	3,571.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUBCONTRACTOR_HOSPITAL_GRANT	524,000.	524,000.		
b VICTIM'S_COMP_WRITEQEEES	218,769.	218,769.		
c MAINTENANCE	114,273.	95,454.	10,790.	8,029.
d CONSULTANTS	91,466.	47,446.	39,854.	4,166.
e TELEPHONE	45,745.	36,972.	5,651.	3,122.
f All other expenses	139,614.	120,307.	10,273.	9,034.
25 Total functional expenses. Add lines 1 through 24f	4,017,625.	3,367,971.	361,866.	287,788.
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	159,995.	2	343,405.
	3 Pledges and grants receivable, net	670,919.	3	533,536.
	4 Accounts receivable, net	220,875.	4	NONE
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	35,738.	9	37,613.
	10a Land, buildings, and equipment, cost basis	861,946.		
	b Less, accumulated depreciation. Complete Part VI of Schedule D.	705,630.	10c	156,316.
	11 Investments - publicly traded securities	279,518.	11	199,017.
	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	31,519.	15	16,213.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,628,848.	16	1,286,100.
Liabilities	17 Accounts payable and accrued expenses	231,116.	17	87,223.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties. STMT. 7	NONE	23	100,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	231,116.	26	187,223.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	416,591.	27	277,035.
	28 Temporarily restricted net assets	981,141.	28	821,842.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,397,732.	33	1,098,877.
	34 Total liabilities and net assets/fund balances	1,628,848.	34	1,286,100.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990. Cash Accrual Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

 b Were the organization's financial statements audited by an independent accountant?

 c If "Yes" to lines 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

 b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

CHICAGO CHILDREN'S ADVOCACY CENTER

36-4251865

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: (Please check only one organization.)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . (Attach Schedule H)
4	<input type="checkbox"/>	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
5	<input type="checkbox"/>	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)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .
7	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4) . (see instructions)
11	<input type="checkbox"/>	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 that describes the type of supporting organization and complete lines 11e through 11h.
e	<input type="checkbox"/>	a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally Integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box <input type="checkbox"/>
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
g	<input type="checkbox"/>	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
g	<input type="checkbox"/>	(ii) A family member of a person described in (i) above?
g	<input type="checkbox"/>	(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,705,845.	4,275,539.	3,844,311.	4,393,399.	3,763,220.	19,982,314.
2 Tax revenues levied for the organization'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 1-3	3,705,845.	4,275,539.	3,844,311.	4,393,399.	3,763,220.	19,982,314.
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						19,982,314.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	3,705,845.	4,275,539.	3,844,311.	4,393,399.	3,763,220.	19,982,314.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,362.	13,589.	27,294.	14,524.	5,850.	72,619.
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 IV)	23,838.			4,800.	7,108.	35,746.
11 Total support. Add lines 7 through 10 . . .						20,090,679.
12 Gross receipts from related activities, etc (See instructions)					12	1,112,350.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.46 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.38 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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 1-5						
7a 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
TRAINING	23,838.			4,272.	4,550.	32,660.
MISCELLANEOUS				528.	2,558.	3,086.
TOTALS	23,838.		4,800.	7,108.	35,746.	

Supplemental Financial Statements

2008

Open to Public
Inspection

Name of the organization

CHICAGO CHILDREN'S ADVOCACY CENTER

Employer Identification number

36-4251865

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure <input type="checkbox"/> Preservation of open space
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	Held at the End of the Year
2a	
2b	
2c	
2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i)	Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a	Revenues included in Form 990, Part VIII, line 1 ► \$
b	Assets included in Form 990, Part X ► \$

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

<input type="checkbox"/> a Public exhibition	<input type="checkbox"/> d	Loan or exchange programs
<input type="checkbox"/> b Scholarly research	<input type="checkbox"/> e	Other _____
<input type="checkbox"/> c Preservation for future generations		

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
1c		
1d		
1e		
1f		

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Yes	No
3a(i)	
3a(ii)	
3b	

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	830,075.	NONE	684,893.	145,182.
e Other	31,871.		20,737	11,134.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				156,316.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25.

1. Part XVII: remove the text of the footnote to the

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,710,624.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,017,625.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-307,001.
4	Net unrealized gains (losses) on investments	4	8,146.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	8,146.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-298,855.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,921,248.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	8,146.
b	Donated services and use of facilities	2b	219,018.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-16,540.
e	Add lines 2a through 2d	2e	210,624.
3	Subtract line 2e from line 1	3	3,710,624.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,710,624.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,220,103.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	219,018.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	-16,540.
e	Add lines 2a through 2d	2e	202,478.
3	Subtract line 2e from line 1	3	4,017,625.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	4,017,625.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

CAPITAL CAMPAIGN LOSSESPART XII LINE 2D

CAPITAL CAMPAIGN WRITEOFFS WERE SHOWN AS A REDUCTION OF REVENUE (LOSS) ON

THE STATEMENT OF ACTIVITIES FOR 990 PURPOSES. THIS IS INCLUDED IN

EXPENSES.

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2008

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name _____ Date _____

NAME OF THE ORGANIZATION:

Employer identification number

36-4251865

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a	<input type="checkbox"/> Mail solicitations	e	<input type="checkbox"/> Solicitation of non-government grants
b	<input type="checkbox"/> Email solicitations	f	<input type="checkbox"/> Solicitation of government grants
c	<input type="checkbox"/> Phone solicitations	g	<input type="checkbox"/> Special fundraising events
d	<input type="checkbox"/> In-person solicitations		

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

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. Form 990-EZ filers are not required to complete this table

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>FOUNDERS LUNCH</u> (event type)	(b) Event #2 <u>GIRLS NIGHT OUT</u> (event type)	(c) Other Events <u>4</u> (total number)	(d) Total Events (Add col. (a) through col (c))
Revenue	1 Gross receipts	101,705.	100,763.	114,877.	317,345.
	2 Less Charitable contributions	90,860.	81,238.	90,300.	262,398.
	3 Gross revenue (line 1 minus line 2)	10,845.	19,525.	24,577.	54,947.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	24,027.	40,238.	46,401.	110,666.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				► (110,666.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				► -55,719.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				► ()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				►

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? _____
 b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
 b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? _____
 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
9a	
10a	
11	
12	

13 Indicate the percentage of gaming activity operated in

a The organization's facility 13a %

b An outside facility 13b %

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address:

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?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

CHICAGO CHILDREN'S ADVOCACY CENTER

Employer Identification number

36-4251865

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
<u>HARRY SHORT</u>									
PRESIDENT	1.	X		X			NONE	NONE	NONE
<u>DOROTHY HILLARD</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>JOHN Rooney</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>TABRINA DAVIS</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>JOHN GOAD</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>JAMES VANEK</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>ANNE TOULOUSE</u>									
VICE PRESIDENT	1.	X	X				NONE	NONE	NONE
<u>WILLIAM DODDS</u>									
TREASURER	1.	X	X				NONE	NONE	NONE
<u>BRUCE AXTMAN</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>SCOTT ELLIOT</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>LINDA GILKERSON</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>MICHAEL MONTALBANO</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>ADRIENNE FASANO</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>JULIANA STRATTON</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>KATHERINE BAHAMONDE</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>FREEMAN FARROW</u>									
SECRETARY	1.	X	X				NONE	NONE	NONE
<u>ROXILLE GLASCO</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>TERRY HOLT</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>JENNIFER KRAFT</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>TON SAMPSON</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE
<u>ELIZABETH YORE</u>									
BOARD MEMBER	1.	X					NONE	NONE	NONE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSIA

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Schedule J-2 (Form 990) 2008

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

CHICAGO CHILDREN'S ADVOCACY CENTER

36-4251865

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2008

Open To Public
Inspection

Name of the organization

CHICAGO CHILDREN'S ADVOCACY CENTER

Employer identification number

36-4251865

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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 ►(<u>STMT 8</u>)			41,414.	
26 Other ►(_____)				
27 Other ►(_____)				
28 Other ►(_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for
which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

NONE

Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that
it must hold for at least three years from the date of the initial contribution, and which is not required to be
used for exempt purposes for the entire holding period?

30a	X
-----	---

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard
contributions?

31	X
----	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a	X
-----	---

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

- **Attach to Form 990.** To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

CHICAGO CHILDREN'S

Employer identification number

CHICAGO CHILDREN'S ADVOCACY CENTER

36-4251865

990 REVIEW

PART VI LINE 10

BEGINNING WITH THE 2008 FORM 990, CONTROLLER AND EXECUTIVE COMMITTEE OF

BOARD PERFORM REVIEW OF 990 AND APPROVE - A FINAL DRAFT OF THE 990 WILL

BE EMAILED TO EACH VOTING MEMBER OF THE BOARD PRIOR TO FILING WITH THE

IRS.

Name of the organization

CHICAGO CHILDREN'S ADVOCACY CENTER

Employer identification number

36-4251865

CONFLICT OF INTEREST POLICYPART VI LINE 12CTHE BOARD OF DIRECTORS ARE REQUIRED ON AN ANNUAL BASIS TO AFFIRM THEIRUNDERSTANDING AND COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THEFORM OF AN ANNUAL STATEMENT.

Name of the organization

CHICAGO CHILDREN'S ADVOCACY CENTER

Employer identification number

36-4251865

EXECUTIVE COMPENSATIONPART VI LINE 15DURING THIS REPORTING PERIOD THE POSITION OF EXECUTIVE DIRECTOR WASFILLED. A CONSULTING FIRM WAS HIRED TO AID IN THE RECRUITMENT OF THISPOSITION. A SEARCH COMMITTEE COMPRISED OF CCAC BOARD MEMBERS WAS FORMEDTO HANDLE CANDIDATE SELECTION, DEVELOPMENT OF JOB DESCRIPTION, AND MARKETCOMPENSATION WITH ASSISTANCE FROM THE CONSULTING FIRM.OFFICERS' SALARIES ARE SET USING THE FOLLOWING FACTORS: INTERNAL EQUITY,FINANCIAL RESOURCES AVAILABLE, MARKET, AND THE CURRENT SALARY OF THECANDIDATE. THE MARKET VALUE IS DETERMINED BY SALARY INFORMATIONAVAILABLE THROUGH GUIDESTAR, SOCIETY FOR HUMAN RESOURCE MANAGEMENT SALARYSURVEYS AND COMPARABLE DATA COLLECTED DIRECTLY FROM CLIENTS ANDCANDIDATES OF THE FIRM. POSITIONS ARE COMPARED BY TYPE/LEVEL OF THEPOSITION, BUDGET OF THE ORGANIZATION AND TYPE OF ORGANIZATION.

Name of the organization

CHICAGO CHILDREN'S ADVOCACY CENTER

Employer identification number

36-4251865

DOCUMENTS TO THE PUBLICTHE ORGANIZATION MAKES ITS FINANCIAL STATEMENT INFORMATION, CONFLICT OFINTEREST POLICY, AND ORGANIZATIONAL DOCUMENTS AVAILABLE TO THE PUBLICUPON REQUEST. ADDITIONALLY, THE FINANCIAL STATEMENTS AND ANNUAL REPORTCAN BE FOUND ON THE ORGANIZATION'S WEBSITE AS WELL AS GUIDESTAR.ORG.

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

CASE COORDINATION PROGRAM - THE CCAC COORDINATED 1,974 MULTIDISCIPLINARY INVESTIGATIONS INTO REPORTS OF CHILD SEXUAL ABUSE AND 292 MULTIDISCIPLINARY INVESTIGATIONS INTO REPORTS OF SEVERE CHILD PHYSICAL ABUSE. 894 FORENSIC INTERVIEWS WERE PERFORMED. INVESTIGATIONS OFTEN REQUIRE CHILDREN TO BE INTERVIEWED ABOUT THE INCIDENT OF ABUSE AND SOMETIMES CHILDREN RECEIVE A FORENSIC MEDICAL EXAM. CASE COORDINATORS CONTACT PARENTS TO SCHEDULE APPOINTMENTS FOR THESE EVENTS AND COORDINATE THE WORK OF THE MANY PROFESSIONALS WHO WORK AT THE CCAC. THEY ALSO SPEAK WITH EACH FAMILY ABOUT HISTORIES OF DOMESTIC VIOLENCE, MEDICAL AND MENTAL HEALTH PROBLEMS, AND NEEDS RELATED TO LANGUAGE AND DISABILITIES.

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	5,850.			5,850.
TOTALS	5,850.			5,850.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
FOR THE LOVE	16,746.
GUYS NIGHT OUT	65,091.
GIRLS NIGHT OUT	81,238.
FOUNDERS LUNCH	90,860.
ASSOCIATES BOARD	6,643.
OTHER	1,820.
TOTAL	262,398.

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
FOR THE LOVE	5,640.	6,894.	-1,254.
GUYS NIGHT OUT	18,600.	23,064.	-4,464.
GIRLS NIGHT OUT	19,525.	40,238.	-20,713.
FOUNDERS LUNCH	10,845.	24,027.	-13,182.
ASSOCIATES BOARD	337.	625.	-288.
OTHER		15,818.	-15,818.
TOTALS	54,947.	110,666.	-55,719.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSES	35,738.	37,613.
TOTALS	35,738.	37,613.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
U.S. GOVERNMENT BOND FUND	279,518.	199,017.	FMV
TOTALS	279,518.	199,017.	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: NORTHERN TRUST COMPANY
ORIGINAL AMOUNT: NONE
DATE OF NOTE: 12/15/2008
MATURITY DATE: 12/14/2009
REPAYMENT TERMS: DEMAND
PURPOSE OF LOAN: WORKING CAPITAL
DESCRIPTION AND FMV SECURITY INTEREST IN ALL ASSETS
OF CONSIDERATION:

BEGINNING BALANCE DUE NONE
ENDING BALANCE DUE 100,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE NONE

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 100,000.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
VARIOUS MATERIALS	X		41,414.	RETAIL VALUE
TOTALS			41,414.	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property.	(b) Date acquired (mo. day, yr.)	(c) Date sold (mo. day, yr.)			
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis Subtract line 22 from line 21	23				
24 Total gain Subtract line 23 from line 20	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the smaller of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions)	27b				
c Enter the smaller of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a				
b Enter the smaller of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the smaller of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 39. Enter the portion from other than casualty or theft on Form 4797, line 6	32

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
 (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation (see instructions)	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**CHICAGO CHILDREN'S ADVOCACY CENTER
Supplement to Form 4797 Part I Detail**

36-4251865