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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014 Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

<u>~</u>	ror &n	e 20 14 Calendar year, or tax year beginning 0	<u> Л. 1, 2014 - and</u>	enaing	<u>JUN 30, 401</u>	<u> </u>
В	Check if applicat	C Name of organization		,	D Employer identi	fication number
	Addr	<pre>pe [_Children_s Advocacy Cer</pre>	nters of Illino	is		
	Name Chan	Doing business as			36-	4254553
	Initia returi	Number and street (or P.O. box if mail is not deliv	vered to street address)	Room/suit		
Ē	Final	400 Couth 9th Ct #202	,	203	, ,	-528-2224
_	termi		7IP or foreign postal code		G Gross receipts \$	695,407.
Г	Amer	ded companyed and the company	or foreign postar code		H(a) Is this a group	
F	returi ∏Appli		lio Tarkin			
_	⊥ltiòn pend	ng !	rie Barkin		for subordinate	
		same as C above	4		H(b) Are all subordinates	
			(insert no.) 4947(a)(1)			a list. (see instructions)
		te: ► childrenasvocacycenters			H(c) Group exempt	
	Form c art I	forganization: X Corporation Trust Ass Summary	ociation Other	L Yea	ir of formation: 1996	M State of legal domicile: IL
_	1	Briefly describe the organization's mission or most	significant activities The	Child	ren's Advoc	acv Centers
ဦ		of Illinois is a state cha				
'n	2	Check this box if the organization discon				
Š	3	Number of voting members of the governing body (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	1 4-
ဗိ	4	Number of independent voting members of the gov	, ,		 	4.5
مخ در	1				4	
Ę	5	Total number of individuals employed in calendar ye	ear 2014 (Part V, line 2a)		5	
Activities & Governance	6	Total number of volunteers (estimate if necessary)			6	
Ą	1	Total unrelated business revenue from Part VIII, col	` ''		7.	
	<u>b</u>	Net unrelated business taxable income from Form 9	990-T, line 34	-	7	ь 0.
				ļ_	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			681,086 60,692	
	9	Program service revenue (Part VIII, line 2g)	· · · · · · · · · · · · · · · · · · ·			. 65,138.
<u>`</u>	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			14	
, L	11				<20,109	.> 1,029.
3	12	Total revenue - add lines 8 through 11 (must equal i	Part VIII, column (A), line 12)		721,683	. 695,407.
i	13	Grants and similar amounts paid (Part-IX, column (A), lines 1-3)		314,932	
Ĭ	14	Benefits paid to or for members (Ran IX, column (A)			0	
်ပ	15	Salaries, other compensation, employee benefits (P			258,379	
xpenses	16a	Professional Fundraising fees (Part IX column)(A) III	ne 11e)	<u> </u>	0	
, je	h	Total fundraising expenses (Part IX, column/D), line	25)	0.		<u> </u>
ĭй	17	Other expenses (Part IX, column (A), lines 17a 11d,	115240)	<u> </u>	182,667	. 179,650.
)	18			-	755,978	
		Total expenses (Quines F2) (must equal Part IX	k, Column (A), line 25)	-		
2 4	19	Revenue less expenses Subtract line 18 from line 1	12		<34,295	
Net Assets or Find Balances		T. I		<u> </u>	Beginning of Current Yea	r End of Year
SSE	20	Total assets (Part X, line 16)		<u> </u>	136,223	
et	21	Total liabilities (Part X, line 26)		<u> </u>	60,528	
품	22	Net assets or fund balances Subtract line 21 from	ine 20		75,695	14,540.
$\overline{}$	art II				 -	
		alties of perjury, I declare that I have examined this return, i				my knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepar	er has any knowledge.	
		Billie out				
Sig	n	Signature of officer			Date	
He	re	Billie Larkin, Executi	ve Director			
_		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai	d	Allen K. Murphy, CPA	HOLK. M	111	1-26-2014 self-emp	P00135697
	- parer	Firm's name Murphy & Associat	es CPAs LIC	Nº W	Firm's EIN	27-4404526
	Only	Firm's address 2501 Chatham Rd,	Sto 120	<u> </u>	I IIIII 3 LIN	<u>, 41 3304340</u>
	J,	Springfield, IL			Dhana na /	217\ 544 2120
N.4-	4 1 - 1		·		Phone no. (217) 544-2120 X Ves No
IVIA	v ine i	RS discuss this return with the preparer shown above	/e// (see instructions)			IXIVac I Na

Form 990 (2014)

			res	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	<u>X</u>	
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		<u>X</u>
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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,		37	
	Part VI	11a	X	
D	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	446		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	 		-23
_	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		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		}	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	441		
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	14b		X
10	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	"		
	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,			
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u></u>	X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_ b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u>L</u>
		Form	990	(2014)

			Yes	No
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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		' I	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
_ d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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			v
00	Schedule L, Part I	25b	_	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	l		
	complete Schedule L, Part II	06		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	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	<u> </u>		
	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		<u>x</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		<u>X</u>
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		<u>X</u>
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_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.
25.	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	2EL		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	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	33		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u></u>
	Note. All Form 990 filers are required to complete Schedule O	38	Х	1
				(2014)

	990 (2014) Children's Advocacy Centers of Illinois 36-4254!	<u> 553</u>	P	age 🕄
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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		ļ	
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 (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?	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
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			-
ou	any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_00		
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?	7a	Ì	x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor.	7b		A
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
·	to file Form 8282?	70		х
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7c		_^
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7-	1	1
e	·	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?		1	
_		8		-
9	Sponsoring organizations maintaining donor advised funds.	_	1	-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├
d 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	-
10	Section 501(c)(7) organizations. Enter			Ì
а	Initiation fees and capital contributions included on Part VIII, line 12			
) 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders 11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	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	 -	<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	i		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	-
a	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	l		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l		
	organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand		1	í

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2014) Children's Advocacy Centers of Illinois 36-4254553 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17			
	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 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			-
7 4	more members of the governing body?	7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- 74		-
ь	persons other than the governing body?	76		x
_		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х	
a	The governing body?	8a		v
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		1	Γ
40-	Did the exceptation boys level abortons by a efficiency		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
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	ļ	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	ļ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		Ì	
	in Schedule O how this was done	12c	<u></u>	ļ
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	_14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u></u>	X
b	Other officers or key employees of the organization	15b	<u> </u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ľ
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1	
	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		ļ
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) and 990-T (Section 501(c)(3)s only) are	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Billy Larkin - 217-528-2224			
	400 South 9th St. #203, Springfield, IL 62703		_	

F <u>orm 990 (</u>	Children's Advocacy	y Centers of	Illinois	36-4254553	Page		
Part VII	Compensation of Officers, Directors, Trust	ees, Key Employe	es, Highest Com	pensated			
Employees, and Independent Contractors							
	Check if Schedule O contains a response or note to any l	ine 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

Check 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 week	box	not c , unle	Posi heck i ss per id a di	tion more son	than is bot	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) Mark Parr	1.00	x						0.	0.	0.
Director (2) Jim Wiegand	1.00	^				\vdash				- 0.
Director		X	ļ					0.	0.	_ 0.
(3) Carrie Cohan	1.00									
Director		X				<u>L</u> .		0.	0.	0.
(4) Erin Merryn	1.00									_
Director	1 00	X				-	-	0.	0.	0.
(5) Jo Poshard	1.00	x						0.	0.	^
Director (6) Marla Reynolds	1.00	^	<u> </u>			╁╌		<u></u>	0.	0.
Director	1.00	x						0.	0.	0.
(7) Cheryl Peterson	1.00						-			`
Director		X						0.	0.	0.
(8) Michelle Mussman	1.00									
Director		X	<u> </u>	<u> </u>			<u> </u>	0.	0.	0.
(9) Justin Fitzsimmons	1.00									_
Director	1 00	X				_		0.	0.	0.
(10) Judy Brucker	1.00	X						0.	0.	_
Director (11) Steve Lobb	1.00	^	-			┼	┢	ļ		0.
Director	1.00	X		-				0.	0.	0.
(12) Mike Williams	1.00	-								<u>~</u>
Secretary		1		X				0.	0.	0.
(13) Rosemarie King-Grindy	1.00									
President		<u> </u>		X		<u> </u>	L_	0.	0.	0.
(14) Billie Larkin	40.00									
Executive Director		<u>├</u>	-	X		1	 	85,516.	0.	1,518.
		{								
		\vdash	\vdash	 		\vdash	╁			
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		L								
										000

432008 11-07-14 Children's Advocacy Centers of Illinois

36-4254553

Page 8

695,407.

65,138

11 a b

> d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions.

1,034

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations 324,000 324,000 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 21,379. 85,516. 64,137. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 122,839. 85,371. 37,468. Other salaries and wages 7 Pension plan accruals and contributions (include 3,953. 3,312. 641 section 401(k) and 403(b) employer contributions) 22,976 19,529 3,447 9 Other employee benefits 14,217. 17,628. 3,411, Payroll taxes 10 Fees for services (non-employees) 11 Management 7,500 7,500 Legal b Accounting Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 9,077. 9,077. 13 Office expenses Information technology 14 Royalties 15 21,814. 21,814 16 Occupancy 6,517. 6,517. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 103,468 103,468. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 4,212 2,892. 1,320 22 Depreciation, depletion, and amortization Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Hospitality 6,328 6,328. 4,991. 4,991. ь Miscellaneous 3,195. 3,195. c Car expense 3,165. 3,165. d Lease equipment 9,383. 5,132 4,251 All other expenses 756,562. 631,770. 124,792. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ıf following SOP 98-2 (ASC 958-720)

rai	τ X	Check if Schedule O contains a response or not	e to any line in this Part X			
		•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		124,956.	1	56,244.
	2	Savings and temporary cash investments	ſ		2	
	3	Pledges and grants receivable, net	_		3	
	4	Accounts receivable, net		1,037.	4	2,654.
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensations				
	ļ	Part II of Schedule L		5		
	6	Loans and other receivables from other disquali	fied persons (as defined under			
	i	section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec				
ts	Ì	employees' beneficiary organizations (see instr)		6		
Assets	7	Notes and loans receivable, net		7		
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 40,991.			
	b	Less accumulated depreciation	10b 34,238.	10,230.	10c	6,753.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line		12		
	13	Investments - program-related See Part IV, line	11 [13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	136,223.	16	<u>65,651.</u>
	17	Accounts payable and accrued expenses		<u> 29,903.</u>	17	30,867.
	18	Grants payable		18		
	19	Deferred revenue	23,698.	19	20,244.	
	20	Tax-exempt bond liabilities	ļ		20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to current and forme	r officers, directors, trustees,			
Liabilities		key employees, highest compensated employe	es, and disqualified persons			
iab		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrel		6,927.	23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	ayables to related third		1	
		parties, and other liabilities not included on line	s 17-24) Complete Part X of			
	1	Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		60,528.	26	51,111.
		Organizations that follow SFAS 117 (ASC 95)				
Ses	1	complete lines 27 through 29, and lines 33 a	nd 34.	55 605	1 1	44 540
auc	27	Unrestricted net assets		75,695.	$\overline{}$	14,540.
Bal	28	Temporarily restricted net assets			28	
p	29	Permanently restricted net assets			29	
Ţ		Organizations that do not follow SFAS 117 (A	ASC 958), check here ▶ ☐			
õ		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
AS	31	Paid in or capital surplus, or land, building, or e			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, or other funds		32	44 540
_	33	Total net assets or fund balances		75,695.		14,540.
	34_	Total liabilities and net assets/fund balances		136,223.	34	<u>65,651.</u>

orm	990 (2014) Children's Advocacy Centers of Illinois	36-425	<u>4553</u>	Pag	e 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	695		
2	Total expenses (must equal Part IX, column (A), line 25)	2	756		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>55.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75	6,69	<u>95.</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	14	1,54	<u>40.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Ì	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		}	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:		- {	Į	1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	ı
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				i
	X Separate basis Consolidated basis Both consolidated and separate basis		1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		ĺ
			Form	990 ((2014)

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.

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

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

Children's Advocacy Centers of Illinois 36-4254553 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I 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) 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R 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). 11 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 J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (u) EIN (III) Type of organization (iv) Is the 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 or IRC section Instructions) Instructions) No (see instructions))

Schedule A (Form 990 or 990-EZ) 2014 Children's Advocacy Centers of Illinois 36-4254553 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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	715,363.	692,879.	674,544.	685,431.	629,235.	3,397,452.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		ì				
	or expended on its behalf		i				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	715,363.	692,879.	674,544.	685,431.	629,235.	3,397,452.
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)		ı				
6	Public support. Subtract line 5 from line 4						2 207 452
	etion B. Total Support				<u> </u>		3,397,452.
	ndar year (or fiscal year beginning in)	(a) 2010	_ (b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	715,363.	692,879.	674,544.	685,431.	629,235.	3,397,452.
8	Gross income from interest,	72373031	032,0736	0/1/5140	003/1310	025,255.	3,331,432.
J	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	229.	15.		14.	5.	263.
۵	Net income from unrelated business					<u></u>	203.
9	activities, whether or not the						
	business is regularly carried on						
40	Other income. Do not include gain						
10	•						
	or loss from the sale of capital	62,507.	58,249.	69 024	701.	4 653	104 124
	assets (Explain in Part VI)	02,507.	56,249.	68,024.	701.	4,033.	194,134.
	Total support. Add lines 7 through 10			L		L	3,591,849.
	Gross receipts from related activities,	•				12	125,830.
13	First five years. If the Form 990 is for	= -	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and storection C. Computation of Publ	ic Support Pa	rcentage				
						T	04 50 %
	Public support percentage for 2014 (•	column (t))		14	94.59 %
	Public support percentage from 2013		·			15	91.01 %
168	33 1/3% support test - 2014. If the	_			14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies		_				▶ X
C	33 1/3% support test - 2013. If the	_			line 15 is 33 1/3%	or more, check to	nis box
	and stop here. The organization qual		, ,				▶
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac					rt VI how the orga	nization
	meets the "facts-and-circumstances"	-	•		•		▶∟
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						e
	organization meets the "facts-and-circ		-	•			▶∟
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a	and see instruction	ns 🕨 🔛

Schedule A (Form 990 or 990-EZ) 2014 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not		<u>'</u>				
	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					1	
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	· · · · · · · · · · · · · · · · · · ·			-		
J	furnished by a governmental unit to		1				
	the organization without charge						
	Total, Add lines 1 through 5	·			 	 -	
_	•		 		 	 	
18	Amounts included on lines 1, 2, and]				
L	3 received from disqualified persons 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)			<u> </u>	<u> </u>		
	ction B. Total Support		T	T	T		<u></u>
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
_	Amounts from line 6				-	 	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses			ļ			
	acquired after June 30, 1975	<u> </u>		ļ. <u>. —</u>	<u> </u>		
(Add lines 10a and 10b						
11	Net income from unrelated business				1		
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)				1	.]	
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here			-			
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2014 (column (f))		15	%
	Public support percentage from 2013		• •	`,,		16	_ %
	ction D. Computation of Inve				·		
	Investment income percentage for 20					17	%
	Investment income percentage from:	•	.,	,		18	
	a 33 1/3% support tests - 2014. If the			on line 14, and lin	ne 15 is more than		
	more than 33 1/3%, check this box a	-					
	33 1/3% support tests - 2013. If the						and
•	line 18 is not more than 33 1/3%, che	-					_
20	Private foundation. If the organization					_	
20	Fitvate foundation, it tile organization	n did not check a	1 DOX OIT III IE 14, 15	a, or 190, check	u iio DOX ariu See Ir	istructions	

Schedule A (Form 990 or 990-EZ) 2014 Children's Advocacy Centers of Illinois 36-4254553 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of 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	Section	A. All	Supporting	Organiza	itions
---	---------	--------	------------	----------	--------

- 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 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).
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
Ī	·•		
	2		
-	3a		
ł	3b		
	3c		
	4a		
	- 14		
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	9a_	-	-
	9b		
	9c		†
	45		
	10 <u>a</u>	+	+-
	10b		<u> </u>

		<u> </u>	J F	iye 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ĺ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	144		
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b	\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. tion B. Type I Supporting Organizations	11c	<u>. </u>	
<u> </u>	tion of type touppointing organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	
•	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			l
	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			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		1
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	į		
	or management of the supporting organization was vested in the same persons that controlled or managed]	
	the supported organization(s)	1_1_	<u> </u>	L
Sec	tion D. 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		1	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			ļ
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		1	1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	 	<u> </u>
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			Ì
Sac	supported organizations played in this regard tion E. Type III Functionally-Integrated Supporting Organizations	3	Л	L
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction	-1-		
1 a	The organization satisfied the Activities Test Complete line 2 below	s):		
b	The organization satisfied the Activities rest complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	netruction	e)	
2	Activities Test Answer (a) and (b) below.	istruction.	Yes	No
a			162	110
ū	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		 	
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b		}
3	Parent of Supported Organizations Answer (a) and (b) below.		\top	†
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		-	1
	trustees of each of the supported organizations? Provide details in Part VI.	За	1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		\top	
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990 EZ) 2014 Children's Advocacy Cen			6-4254553 Page 6
Pai	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		ictions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Secti	on A - Adjusted Net Income		(A) Pnor 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 _	<u> </u>	
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		
<u>b</u>	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
_ е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4_	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting ord	anization (see
•	instructions)	,	76	

Schedule A (Form 990 or 990-EZ) 2014 Children's Advocacy Centers of Illinois 36-4254553 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) (i) (ii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014 b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D, a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3) and 4c Breakdown of line 7 b

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013e Excess from 2014

Part VI	Supplemental Inf Also complete this par	formation. Provide the for any additional info), Part II, line 17a or	17b; and Part III, lin	ie 12
	•		()				
		·					
							
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						· · · · · · · · · · · · · · · · · · ·	
							
				·			
							
						 	
							

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to 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

Name of the organization

Inspection Employer identification number

36-4254553

	Children's Advocacy Centers of Illinois	36-4254553
Par	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	<u> </u>
	(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 advised	funds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose coi	•
	impermissible private benefit?	Yes No
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
-	Preservation of land for public use (e.g., recreation or education) Preservation of a historic	cally important land area
	Protection of natural habitat	•
	Preservation of open space	2
2	Complete lines 2a through 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 conservation describent on the last
	au you.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
•	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	
•	year	ganization during the tax
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, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)	
0	and section 170(h)(4)(B)(ii)?	Yes No
9		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense st	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements	organization's accounting for
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	ci diiilidi Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statemen	et and halance cheet works of ort
ıa	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
		e of public service, provide, in Part XIII,
L	the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and transplant or other similar assets held for public orbibition, education, or recovering for the space of public	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service, provide the following amounts
	relating to these items (i) Powerus included in Form 900 Part VIII line 1	• •
	(i) Revenue 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 g	ain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	. .
a	Revenue included in Form 990, Part VIII, line 1	► \$ ► \$
b	Assets included in Form 990, Part X	▶ \$

		1'S Advoca							54553	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	are a s	ignificant i	use of its o	collection	tems
	(check all that apply)		<u> </u>							
а	Public exhibition	d			hange progra	ms				
b	Scholarly research	е		Other						
С	Preservation for future generations				_					
4	Provide a description of the organization's co	·		•	-			se in Parl	XIII	
5	During the year, did the organization solicit or					er sımılaı	rassets	_	٦.,	<u>г</u>
Dar	to be sold to raise funds rather than to be ma								Yes	<u> </u>
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered	Yes" to	Form 990	, Paπ IV, I	ine 9, or 	
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for o	contribution	ns or other as	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	∟_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						<u>1f</u>			
	Did the organization include an amount on Fo						lity?	L	Yes	L No
	If "Yes," explain the arrangement in Part XIII								<u>.</u>	
Par	t V Endowment Funds. Complete if		swered	"Yes" to Fo						
	-	(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three	ears back	(e) Four y	ears back_
1a	Beginning of year balance				<u> </u>					
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	·								
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held a	and administe	red for t	the organi	zation	_	
	by									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	·							_3b	
4	Describe in Part XIII the intended uses of the		owment f	unds				_		
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered				<u> </u>					
	Description of property	(a) Cost or o	1		t or other		ccumulat		(d) Book	value
		basis (investi	ment)	basis	(other)	de	preciation	1		
1a	Land							_		
b	Buildings	-								
C	Leasehold improvements				20.000			0.7	<u>_</u>	1.60
d	Equipment				28,069.		22,9			,162.
	Other (October 61)				<u>12,922.</u>		11,3	31.		,591.
Tota	. Add lines 1a through 1e (Column (d) must e	<u>qual Form 990, Part</u>	t X, colun	nn (B), line	10c.)				6	<u>,753.</u>

	(Form 990) 2014		Advocacy Cen	ters of Il	<u>linois</u>	36-4254553 Page 3
Part VII	Investments -	Other Securities.				
		anization answered "Yes"				
(a) Descrip	tion of security or categ	OFY (including name of security)	(b) Book value	(c) Method of	valuation. Cost of	r end-of-year market value
(1) Financia	al derivatives					
(2) Closely-	held equity interests					
(3) Other		· ·				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)		-1				
		, Part X, col. (B) line 12.)				
Part VIII	-	Program Related.				
		anization answered "Yes"		e 11c See Form 990	, Part X, line 13	
	(a) Description of	investment	(b) Book value	(c) Method of	valuation Cost o	r end-of-year market value
(1)						
(2)						
(3)						
(4)			 			
(5)						
(6)						<u> </u>
(7)						
(8)		·	ļ. —			
(9)						
Total. (Col. (b) must equal Form 990), Part X, col. (B) line 13.)				
Part IX						
	Complete if the org	anization answered "Yes"		ne 11d See Form 990	, Part X, line 15	# 1 C - 1 - 1
	·	(a)	Description			(b) Book value
(1)	·-· · · · · · · · · · · · · · · · · · ·					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)		· · · · · · · · · · · · · · · · · · ·		···	· - · · ·	
		orm 990, Part X, col (B) lir	ne 15)			<u> </u>
Part X	Other Liabilitie					
		anization answered "Yes"	to Form 990, Part IV, Iir		rm 990, Part X, lin	ne 25
1.		escription of liability		(b) Book value	_	
	leral income taxes			•	_	
(2)						
(3)				, . <u></u>		
(4)	-				_	
(5)					_	
(6)				- ,	_	
(7)					_	
(8)				_	_	
(9)				 ·	_	
		orm 990, Part X, col (B) lır				
Liability	for uncertain tax pos	sitions In Part XIII, provid	e the text of the footnot	e to the organization's	s financial statem	ents that reports the
organiz	ation's liability for und	certain tax positions unde	er FIN 48 (ASC 740) Che	ck here if the text of	the footnote has	been provided in Part XIII

Schedule D (Form 990) 2014

	rt XI Reconciliation of Revenue per Audited Financial S			34333 Page 4
rai			per neturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV	ine iza		695,407.
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12		- 1 -	033,407.
2		2a		
a b		2b		
c		2c		
d		2d		
e			2e	0.
3	Subtract line 2e from line 1		3	695,407.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а		4a		
b		4b		
С	Add lines 4a and 4b		4c	0.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	695,407.
Pa	art XII Reconciliation of Expenses per Audited Financial	Statements With Expens	es per Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.	 	-
1	Total expenses and losses per audited financial statements		1	<u>756,562.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С		2c		
d	,	_2d		
е			2e	0.
3	Subtract line 2e from line 1		3	756,562.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 - 1		
a	•	4a		
b	,	_4b		0
c		10)	4c 5	756,5 <u>6</u> 2.
D _a	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.	le 18.)		130,304.
lines	s 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provid	le any additional information		

Schedule D (Form 990) 2014

432054 10-01-14

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

Parti

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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

	. 990.
	Attach to Form 990,
	■ Atta
,	

Open to Public OMB No 1545-0047 Inspection

å **Employer identification number** 36-4254553 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Children's Advocacy Centers of Illinois General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

To assist with program assist with program Po assist with program Po assist with program to assist with program To assist with progam (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any goals, roals, goals. yoals goals roals ဥ (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 000 500 9,000,6 000 000 6 000 6 (e) Amount of assistance non-cash recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 0 ō o ાં ં Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable (b) EIN 1 (a) Name and address of organization Advocacy Network- Pittsfield Advocacy Network - Rushville Advocacy Network- Quincy or government All our children's CAC Amy Schulz CAC Braveheart CAC Part

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

Schedule (Form 990) Children's	s Advocac	Advocacy Centers o	of Illinois	ω.			36-4254553 Page 1
(a) Name and address of cycernment (b) EIN (c) IRC section or government (b) EIN (c) IRC section or government (c) IRC section or government (d) Amount of (e) Amount of (f) Method of (Assistance to Go	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			c	000			To assist with program
Champaign County			. 0	6,000			To assist with program goals,
Chicago CAC			ó	9 000			To assist with program goals,
Children Network			o	6000			To assist with program goals,
Family Cervice Adency			ó	000 6			To assist with program goals,
Dubare County CAC			0	9 000.			To assist with program goals,
East Central CAC			0	9,000.			To assist with program goals,
			• 0	000 6			To assist with program goals,
Knox County CAC			0	6,000,6			To assist with program goals, Schedule (Form 990)
							מבובפתות היי הייי

36-4254553 Page 1	Form 990), Part II)
s Advocacy Centers of Illinois	sistance to Governments and Organizations in the United States (Schedule I (For
chedule ((Form 990) Children's	art II Continuation of Grants and Other As

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book. FMV.	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
			•				To assist with program
LaRabida CAC			0	0000,6			goals.
advocacy Natuork - Carthana			c	6			To assist with program
							To assist with program
Macon County CAC							goals. To assist with program
Madison County CAC			0.	9,000.		S	goals,
McHenry County CAC			0	000 6			To assist with program goals,
MoToss Country Cho			c	ő			To assist with program
Mercer County CAC			c	ОС С			To assist with program
N&NW Cook County			0	000 6			To assist with program goals,
							To assist with program
Perry Jackson CAC			0	9,000,			goals. Schedule I (Form 990)

36-4254553 Page 1	
Jel (Form 990) Children's Advocacy Centers of Illinois	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

Schedule I (Form 990) Children's Advocacy Centers of Illinois Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	s Advocacy Assistance to Gover	V Centers o	of Illinois	S nited States (Sche	dule I (Form 990), Pa		36-4254553 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Proviso			O	6			To assist with program
Rock Island County CAC			Ó	000 6			To assist with program doals.
Sangamon County			0	000 6			To assist with program goals.
Shining Star			0	000 6			To assist with program goals.
St. Clair Co. CAC			o	000 6			To assist with program goals,
ewell Count			o	000			To assist with program goals,
The Guardian Center			0	000 6			To assist with program goals,
Two Rivers CAC			0	000 6			To assist with program goals,
, o o o o o o o o o o o o o o o o o o o			c	6			To assist with program
Iller a guarice center							Schedule I (Form 990)

nedule I (Form 990)	Children's	Advocacy	/ Centers o	of Illinois	Ø		36-4254553	Page 1
Continuation of	Grants and Other As	sistance to Gover	nments and Organiz	zations in the	United States (Schedule I	I (Form 990), Part II)		

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Will County CAC			0	9,000,			To assist with program goals.
Williamson County CAC			0	9,000			To assist with program goals,
Peoria County			0	000 6			To assist with program goals
Advocacy for Children Tri-County			0	4,500,			To assist with program goals
							Schedule I (Form 990)

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Name of the organization

Children's Advocacy Centers of Illinois

Employer identification number 36-4254553

Form 990, Part I, Line 1, Description of Organization Mission:
This organization promotes the children's Advocacy Center approach to
prevention, intervention and treatment of child abuse. The Chapter
provides technical assistance to help communities define multi
disciplinary teams and advisory boards, write protocol, open Centers
and successfully implement their goals. The Chapter works to promote
community awareness regarding the issue of child abuse. The Chapter
also provides training for Center staff and multi disciplinary team
members.
Form 990, Part III, Line 1, Description of Organization Mission:
to help communities define multi disciplinary teams and advisory
boards, write protocol, open Centers and successfully implement their
goals. The Chapter works to promote community awareness regarding the
issue of child abuse. The Chapter also provides training for Center
staff and multi disciplinary team members.
Form 990, Part VI, Section A, line 8b:
Board members make up committees. Board members only document board
meetings.
Form 990, Part VI, Section B, line 11:
One of the Board Officers and Executive Director will reveiw the 990 before
it is sent. The other Board members have a copy available to review during
the next Board meeting.

Name of the organization		lvocacy Centers	of Illinois	Employer identification number 36-4254553
Form 990, Part	VI, Section	C, Line 19:		
Financial state	ements are av	vailable to the	public upon re	equest.
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