EXTENDED TO MAY 15, 2020

990

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	e 2018 calendar year, or tax year beginning $JUL~1$, 2018 and ending	<u>JUN 30, 2019</u>						
В	Check if applicable T.T. T. T.Y.O.T.G. A.G.G.G.T.A.M.T.O.Y. O.D. G.O.Y.D.M. A.D.D.O.T.Y.M.D.D.								
,		ALLINOIS ASSOCIATION OF COURT APPOINTED							
X	Addres								
F	Name change		36-3906070						
F	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/si							
늗	return Final	, ,	312-277-495	. n					
_	—lreturn/ termin-								
_	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		<u> 181, 86, 86</u>					
느	lreturn	CHICAGO, IL 00000-3321	H(a) Is this a group return						
L	Application pending	F Name and address of principal officer CHR15 SETTI	for subordinates?	es X No					
	perion	SAME AS C ABOVE	H(b) Are all subordinates included? Y	es LNo					
1	Tax-exe	empt status X 501(c)(3) 501(c)()	527 If "No," attach a list (see inst	ructions)					
J	Websit	te: ► WWW.ILLNOISCASA.ORG \	H(c) Group exemption number ▶						
K	Form of	organization: X Corporation	ear of formation: 1993 M State of legal	domicile: IL					
	art I	Summary							
_	 _	Briefly describe the organization's mission or most significant activities SUPPORTS	AND PROMOTES COURT						
Governance		APPOINTED VOLUNTEER ADVOCACY FOR CHILDREN WH		BUSE					
ī	1 '			<u>IDOSE</u>					
ē		Check this box if the organization discontinued its operations or disposed of m		11					
ő		Number of voting members of the governing body (Part VI, line 1a)	3	11					
ಷ		Number of independent voting members of the governing body (Part VI, line 1b)	4	11					
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	6					
ξ	6	Total number of volunteers (estimate if necessary)	6	11					
Ş	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 race 11 4 - 5	7a	0.					
_	b	Net unrelated business taxable income from Form 990-T, line 38	. l 7b	0.					
		Contributions and grants (Part VIII line 1b) FEB 1 8 2020	Prior Year Currer	nt Year					
a)	8	Contributions and grants (Part VIII, line 1h)	(1 252,888. 2'	72,504.					
Ž		Program service revenue (Part VIII, line 2g)	16,525.	25,104.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16.	23.					
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ـــ 170.	550.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		98,181.					
_	 	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
	1		1/2-11-1	79,094.					
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.					
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.						
X	b	Total fundraising expenses (Part IX, column (D), line 25)	7.5 41.4	1 221					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>31,231.</u>					
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>50,325.</u>					
	19	Revenue less expenses Subtract line 18 from line 12	64,272.	<u>37,856.</u>					
Net Assets or Find Balances				f Year					
sets	20	Total assets (Part X, line 16)	192,139. 2	<u> 25,922.</u>					
AS	21	Total liabilities (Part X, line 26)	25,248.	21,175.					
캺	22	Net assets or fund balances Subtract line 21 from line 20		04,747.					
	art II	Signature Block							
Unc	ler pena	ilties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my knowledge a	nd belief, it is					
		ct, and complete. Degaration of pregarer (other than officer) is based on all information of which prep		,					
	,	V 1200							
Sıg		Signature of officer	2/3/20 Date						
		CHRIS SETTI, PRESIDENT							
He	re	Type or print name and title	.						
			Date Check PTIN	 (
		Print/Type preparer's name Preparer's signature		17070					
Pai		CHERYL K. ROHLFS, CPA							
	parer	Firm's name CHERYL ROHLFS & ASSOCIATES, 1TD.	Firm's EIN 36-39 !	7868/					
Use	Use Only Firm's address ► 401 HUEHL ROAD, SUITE 12								
		NORTHBROOK, IL 60062	Phone no 847 - 753 - 9	9200					
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)	Ye	s No					
8320	832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)								

832002 12-31-18

4e

Total program service expenses

ILLINOIS ASSOCIATION OF COURT APPOINTED Form 990 (2018) SPECIAL ADVOCATES, INC. Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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	-	<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	ĺ		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.,	
	Part VI	11a	Х	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446	1	Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			-
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17_		_^
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		 -
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
			000	

36-3906070 Form 990 (2018) SPECIAL ADVOCATES, INC. Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 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 Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes." complete Schedule L. Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c 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 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N. Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V. line 1 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 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 2 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2018)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
	•		Yes	No			
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	<u>6</u>					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b	X	L			
	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_		<u> </u>			
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 ▶			ĺ			
	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		<u>X</u>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	.5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ			
	were not tax deductible?	6b	_	<u> </u>			
	Organizations that may receive deductible contributions under section 170(c).			4,5			
	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			X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
_	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v			
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d 7	┨_		v			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X			
f							
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u> 7h		\vdash			
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	10		\vdash			
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
		\ <u> </u>		\vdash			
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		\vdash			
	Section 501(c)(7) organizations. Enter	55		\vdash			
	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1					
11	Section 501(c)(12) organizations. Enter	7					
	Gross income from members or shareholders	1					
	Gross income from other sources (Do not net amounts due or paid to other sources against	7					
	amounts due or received from them)						
12a	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						
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	4					
С	Enter the amount of reserves on hand	\perp	ļ	<u> </u>			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ļ	 			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		<u> </u>			
	If "Yes," see instructions and file Form 4720, Schedule N.			,			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O		. 000	(0048)			
		rorn	リンプリ	(2018)			

Form 990 (2018)

SPECIAL ADVOCATES, INC.

36-3906070

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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					<u>LX</u> J
<u>Sec</u>	tion A. Governing Body and Management					
		1	I		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a_	11			
	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	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			_2_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t 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		is filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		<u>X</u>
6	Did the organization have members or stockholders?			6_		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a_		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following			
	The governing body?			_8a_	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the			77
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenu	e Code)			
	O d the second of the second o			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	bootou	- offiliates	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization.	napter	s, annates,	10b		
and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form:						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	flicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120		
С	in Schedule O how this was done	, co, c	3001.00	12c	х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			1
	taxable entity during the year?			16a		X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its j	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►IL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	ınd 990	-T (Section 501(c)(3)	s only	avaıla	able
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	n ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, and	d finan	cıal	
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	nd records 🕨			
	MARI CHRISTOPHERSON - 312-277-4950					
	200 W. MADISON, SUITE 2100, CHICAGO, IL 60606-35	21				
832006	3 12-31-18			Form	ı 990	(2018)

SPECIAL ADVOCATES, INC

Form 990 (2018) Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Checki	f Schedule () contains a	response	or note t	to any line	in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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

(A)	(B) (C)							(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than -	one	Reportable	Reportable	Estimated	
	hours per					ıs bot	h an	compensation	compensation	amount of	
	week	\vdash					(60)	from	from related	other	
	(list any	recto						the	organizations	compensation from the	
	hours for related	5	<u>a</u>			Ste		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization	
	organizations	l se	trus		_ඩ	lagu Lagu		(44-271099-141130)		and related	
	below	Sual t	tona		e	ž ž	_			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3	
(1) CHRIS SETTI	2.00										
PRESIDENT		X		X				0.	0.	0	
(2) KATHERINE BUCHANAN	2.00								_		
VICE PRESIDENT		X		X		_		0.	0.	0	
(3) MISSY GREATHOUSE	2.00										
TREASURER		X	ļ	Х		ļ	ļ	0.	0.	0	
(4) LINDA ZEKAS	2.00	٠.,							_	_	
DIRECTOR	2.00	X				├	_	0.	0.	0	
(5) LYNN HARVEY	2.00	X						0.	0.	0	
DIRECTOR	2.00	^			-	-		0.		<u> </u>	
(6) JAMES MCINTYRE	2.00	X						0.	0.	0	
DIRECTOR	2.00	^			ļ.	+-		<u> </u>			
(7) ELLEN LUCKE DIRECTOR	2.00	x						0.	0.	0	
(8) MARIAH HAYES	2.00				m						
DIRECTOR		х					ŀ	0.	0.	0	
(9) TARYN MARKO	2.00										
DIRECTOR		X	<u> </u>				<u>L</u>	0.	0.	0	
(10) PAM PERRILLES	2.00							_			
DIRECTOR		X	<u> </u>	ļ	<u> </u>			0.	0.	0	
(11) GLORIA KELLEY	2.00										
DIRECTOR	-	X	┝		\vdash	-		0.	0.	0	
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Form 990 (2018)

Part \	/II Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	ane	d Hi	ghe	st C	ompensated Employe	es (continued)				
	· (A)	(B)	1		(0	(C)			(D)	(E)			(F)	
	Name and title	Average	(dn		Pos		<mark>)</mark> than⊸	one	Reportable	Reportable			timate	_
	•	hours per	ьох	, unle	ss pe	rson	is bot	h an	compensation	compensatio			ount	of
		week (list any	-	Cor an			17.003	,	from the	from related organizations			other oensa	tion
		hours for	Individual trustee or director						organization	(W-2/1099-MIS			om th	
		related	50 aa	trustee			nsate		(W-2/1099-MISC)	(11 = 11000 11110	,		anızat	
		organizations	trust	nal tru		oyee	Highest compensated employee		`			and	l relat	ed
		below	Mgna	Institutional t	Officer	e dig	hesto	Former				orga	nızatı	ons
		line)	E	SE .	8	<u>\$</u>	물통	횬		···				
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			1											
					Г									
				L										
1b S	ub-total								0.		0.			0.
c To	otal from continuation sheets to Part V	II, Section A							0.		0.			0.
	otal (add lines 1b and 1c)							<u> </u>	0.		0.			0.
	otal number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	o r	eceived more than \$100	,000 of reportabl	е			۸
cc	ompensation from the organization												Yes	0 No
0 0	ed the componentian hat any form officer	d		ماده				۰.	highest compensated o	molovoo on	ſ			-110
	id the organization list any former officer, ne 1a? If "Yes," complete Schedule J for s		JSLE	e, Ke	y ei	пріс	уее	Or	nighest compensated e	inployee on		3		Х
	or any individual listed on line 1a, is the su		le co	ഷവ	ensa	ation	n and	t ot	her compensation from	the organization	Ì	<u> </u>		
	nd related organizations greater than \$15	•							· · · · · · · · · · · · · · · · · · ·	ino organization	ŀ	4		х
	id any person listed on line 1a receive or									dual for services	Ì			
	indered to the organization? If "Yes," com											5		х
	n B. Independent Contractors													
1 C	omplete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
th	e organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthıı	n the organization's tax	year				
	(A)								(B)		_	(C		
	Name and business	address	N	INC	€				Description of s	services		ompei	nsatio	in
	_	 	_					_		-				
-	 							-						-
		<u>. </u>												
-								\dashv						
2 To	otal number of independent contractors (including but r	ot l	mite	d to	tho	se li	ster	d above) who received m	nore than				
	100,000 of compensation from the organi	=	"				0			,				
<u> </u>						-				'		Form	990 (2018)

SPECIAL ADVOCATES, INC.

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				TALL ADVOC	WIED' TIM	<u> </u>		<u> </u>	JOTO rage D
Pa	ττ ۷	III							Γ
		•	Check if Schedule O cont	ains <u>a</u> response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	its, and	10,600. 200,421. 61,483.				
dat		g	Noncash contributions included in lines	3 1a-1f \$					
<u> </u>		h	Total. Add lines 1a-1f		>	272,504.			
Program Service Revenue		a b c	CONFERENCE REGI		Business Code 624100	25,104.	25,104.		
Re		u a							
Pro		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		•	25,104.			
	3		Investment income (including other similar amounts) Income from investment of ta		▶	23.	23.		
İ	5		Royalties		▶				
		b c d	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal			_	
		b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(ii) Other				
Other Revenue			Gross income from fundraising including \$	of					
٥			Net income or (loss) from fund	-	•				
		b	Gross income from gaming at Part IV, line 19 Less direct expenses Net income or (loss) from gan	a b					
	10	a b	Gross sales of inventory, less and allowances Less cost of goods sold	returns a b					
		С	Net income or (loss) from sale		<u> </u>				
			Miscellaneous Revenu	ie	Business Code				
			MISCELLANEOUS		624100	550.	550.		
		b				· · · · · · · · · · · · · · · · · · ·	-		-
		C	All other revenue				 		
			Total. Add lines 11a-11d			550.	 		
		e	TOTAL AUGUMES TEATED		-	550.	1		1

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0.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign			}	
	organizations, foreign governments, and foreign			1	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		444 004	00.000	
7	Other salaries and wages	165,364.	141,384.	23,980.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	42 520	11 010	1 010	
10	Payroll taxes	13,730.	11,812.	1,918.	
11	Fees for services (non-employees)				
а	Management		-		
þ	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				<u> </u>
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	.= .			
14	Information technology				
15	Royalties	13,000.	11,180.	1,820.	
16	Occupancy	10,990.	9,451.	1,539.	- -
17	Travel Payments of travel or entertainment expenses	10,330.	7,431.	1,337.	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,071.	17,071.		
20	Interest	1,,0,1.	1,70,1,0		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,998.	3,998.		
23	Insurance	2,521.	1,487.	1,034.	
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	STATEWIDE ADVOCACY SERV	13,251.	13,251.		
b	PROFESSIONAL AND CONTRA	6,258.	1,250.	5,008.	
С	TELECOMMUNICATION	4,095.	4,095.		
d	TRAINING AND TRAINING S	3,560.	3,560.		
е	All other expenses	6,487.	4,607.	1,880.	
25	Total functional expenses Add lines 1 through 24e	260,325.	223,146.	37,179.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	,			
	educational campaign and fundraising solicitation.	;			
	Check here if following SOP 98-2 (ASC 958-720)]		

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Form 990 (2018)
Part X Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	127,066.	1	182,829
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	46,790.	3	31,281
	4	Accounts receivable, net	···	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			-
	·	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	-,	Notes and loans receivable, net		7	
23255	7	Inventories for sale or use		8	
	8		4,228.	9	1,478
	9	Prepaid expenses and deferred charges	4,220.	9	1,470
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D Less accumulated depreciation 10a 15,920. 5,586.	14 055	4.5	10 224
		•	14,055.	10c	10,334
	11	Investments - publicly traded securities		11	
	12	Investments other securities See Part IV, line 11		12	-
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
ı	15	Other assets See Part IV, line 11	400 400	15	005 000
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	192,139.	16	225,922
	17	Accounts payable and accrued expenses	25,248.	17	21,175
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ļ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
3	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	<u> </u>
	26	Total liabilities. Add lines 17 through 25	<u> 25,248.</u>	26	21,175
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	<u>166,891.</u>	27	<u>204,747</u>
5	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Net Assets of 1 and Dalances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □			
5		and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
Ś	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	166,891.	33	204,747
	34	Total liabilities and net assets/fund balances	192,139.	34	225,922

Form 990 (2018)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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3b

Form 990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Name of the organization ILLINOIS ASSOCIATION OF COURT APPOINTED Employer identification number 36-3906070 SPECIAL ADVOCATES, INC. Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university 10 L 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 SPECIAL ADVOCATES, INC. 36-3906070 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	225,347.	217,860.	128,600.	252,880.	272,504.	1097191.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	225,347.	217,860.	128,600.	252,880.	272,504.	1097191.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				:		
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						····
6	Public support. Subtract line 5 from line 4						1097191.
Sec	ction B. Total Support				,		
Cale	ndar year (or fiscal year beginning ın) 📂	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	225,347.	217,860.	128,600.	252,880.	272,504.	1097191.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		2.	6.	16.	23.	<u> </u>
9	Net income from unrelated business						
	activities, whether or not the					İ	
	business is regularly carried on						
10	Other income Do not include gain			II.			
	or loss from the sale of capital						
	assets (Explain in Part VI)				170.	550.	720.
11	Total support. Add lines 7 through 10						1097958.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	41,629.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (ine 6, column (f) d	ivided by line 11, o	column (f))		14	99.93 %
	Public support percentage from 2017					15	99.98 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		_				\triangleright [X]
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	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 organ	nization
	meets the "facts-and-circumstances"	•	,		_		
b	10% -facts-and-circumstances tes	•					
	more, and if the organization meets the						, ,—
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17l</u>	b, check this box a	ind see instruction	s <u> </u>

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 SPECIAL ADVOCATES, 36-3906070 Page 3 INC Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails x qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (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 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 through 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 \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 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 VI) 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 Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % % Public support percentage from 2017 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage % Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 % 18 19a 33 1/3% support tests - 2018. 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 b/33 1/3% support tests - 2017. 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 \cancel{P} rivate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	. All Sup	porting O	rganizations
-----------	-----------	-----------	--------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	. 1		
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)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
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	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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		1	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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	4c		
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)	5a		
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?	5b	-	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	7		
0	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
02	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ja	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.	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	<u> </u>		
Ü	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			-
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
102	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
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)	10b		

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a_		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	[
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		,,,,,	
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations	·		
	tion b. All Type III dupporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	•		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			İ
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		\vdash
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			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		ł	1
	supported organizations played in this regard	3_		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see inst	ructions).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	/ (see instructions		Γ
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ĺ	
	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		1	ĺ
	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			1
	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		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а	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.	3 <u>a</u>		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3 <u>b</u>		

Sche	dule A (Form 990 or 990-EZ) 2018 SPECIAL ADVOCATES, INC.			36-3906070 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970 (explain i	n Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	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		
ь	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	1		
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		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	lly integrat	ed Type III supporting o	rganization (see
	instructions)	-		

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990 EZ) 2018 SPECIAL ADVOC			36-3906070 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI) See instructions	-		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		·	
	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(II) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
Ŭ	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
•	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3			
•	and 4c			
8	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018	-	-	

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990 EZ) 2018 SPECIAL ADVOCATES,	INC.	36-3906070 Page
Part VI	Supplemental Information. Provide the explanations requested Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 (See instructions)	11b, and 11c, Part IV, Section B, I 2a, 2b, 3a, and 3b; Part V, line 1,	lines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
	(See instructions)		
		-	
		.	
		· · · · · ·	
		<u></u>	
			
		M 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	

	•		<u></u>
	<u> </u>		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ILLINOIS ASSOCIATION OF COURT APPOINTED SPECIAL ADVOCATES, INC.

Employer identification number 36-3906070

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed 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 a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		prically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С.	Number of conservation easements on a certified historic sti	* *	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struction	
_	listed in the National Register Number of conservation easements modified, transferred, re	described automorphism or terminated by the	2d
3	_	neased, extinguished, or terminated by the	organization during the tax
	year ▶ Number of states where property subject to conservation ea	reament is located	
4 5	Does the organization have a written policy regarding the pe		
5	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	, mandaning of thomasions, and officering cons	, , , , , , , , , , , , , , , , , , , ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
•	▶ \$,
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		·
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	. .
	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X	- 4 F 000	\$ Sebestide D /Ferry 2003 2019
LHA	For Paperwork Reduction Act Notice, see the Instruction	IS TOT FORM 99U.	Schedule D (Form 990) 2018

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

Sche	dule D (Form 990) 2018 SPECIAL	ADVOCATES	, IN	C.		011111		36-39	06070	Page 2
Par		collections of A	rt, Hist	torical Tr	easures, c	or Othe				
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a si	gnificant	use of its	collection it	ems
	(check all that apply)									
а	Public exhibition	d	ı 🖳 ı	Loan or exc	hange progra	ams				
b	Scholarly research	е	. 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizatio	on's exer	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's co	ollection?				Yes [No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered "	'Yes" on	Form 990	0, Part IV,	line 9, or	
	Is the organization an agent, trustee, custod	-	diary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?		,						Yes [□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina t	able						
	, ,								Amount	
С	Beginning balance						1c			
	Additions during the year						1d	•		
	Distributions during the year						1e		-	
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabili	ty?] Yes [No
	If "Yes," explain the arrangement in Part XIII						•		[
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.			
		(a) Current year	·	rior year	(c) Two year			ears back	(e) Four year	ars back
1a	Beginning of year balance			•						
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	rent year end baland	e (line 1	g, column (a	a)) held as	·				
а	Board designated or quasi endowment	•	%		"					
b	Permanent endowment	%								
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse		ation tha	at are held a	ind administe	red for th	ne organi	zation		
	by	•					_		Υe	s No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ıi)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	/, line 11a S	See Form 990	, Part X,	line 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ad	cumulate	ed	(d) Book v	alue
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
þ	Buildings									0.
С	Leasehold improvements									0.
d	Equipment				8,020.		2,2			<u>776.</u>
	Other				7,900.		3,3	42.		558.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c)				10,	334.

Schedule D (Form 990) 2018

ILLINOIS ASSOCIATION OF COURT APPOINTED SPECIAL ADVOCATES, INC.

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(a) Descript		on Form 990, Part IV, lin			
	tion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end	l-of-year market value
Financia	al derivatives				
Closely-I	held equity interests				
Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	o) must equal Form 990, Part X, col (B) line 12)				
	Investments - Program Related.				· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" of	on Form 990 Part IV lin	e 11c. See Form 990	Part X line 13	
	(a) Description of investment	(b) Book value			l-of year market value
(1)		1-, :	(=)		,
(2)					
(3)					
(4)					
(5)					· · · · · · · · · · · · · · · · · · ·
<u>(6)</u>					
(7)					
(8)				<u> </u>	
<u>(9)</u>	o) must equal Form 990, Part X, col. (B) line 13.)		-		
art IX	Other Assets.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, lin Description	e 11d See Form 990,	Part X, line 15	(b) Book value
(1)	Complete if the organization answered "Yes" of		e 11d See Form 990,	Part X, line 15	(b) Book value
	Complete if the organization answered "Yes" of		e 11d See Form 990,	Part X, line 15	(b) Book value
(1)	Complete if the organization answered "Yes" of		e 11d See Form 990,	Part X, line 15	(b) Book value
(1)	Complete if the organization answered "Yes" of		e 11d See Form 990,	Part X, line 15	(b) Book value
(1) (2) (3) (4)	Complete if the organization answered "Yes" of		e 11d See Form 990,	Part X, line 15	(b) Book value
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" of		e 11d See Form 990,	Part X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" of		e 11d See Form 990,	Part X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" of		e 11d See Form 990,	Part X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" of		e 11d See Form 990,	Part X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" of	Description	e 11d See Form 990,	Part X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (complete if the organization answered "Yes	Description	e 11e or 11f See Form	•	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (c) [Complete if the organization answered	Description		•	
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Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

ILLINOIS ASSOCIATION OF COURT APPOINTED SPECIAL ADVOCATES, INC. 36-3906070 Page 4 Schedule D (Form 990) 2018 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 298,181. 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b h Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e 298,181. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) Add lines 4a and 4b 4c 298 181. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 260,325. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities 2a 2b b Prior year adjustments c Other losses 2c d Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e е 260,325 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 260 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2018

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2018
Open to Public

OMB No 1545-0047

Open to Public Inspection

Name of the organization

ILLINOIS ASSOCIATION OF COURT APPOINTED SPECIAL ADVOCATES, INC.

Employer identification number 36-3906070

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OR NEGLECT.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEW THE FORM 990 AND DISCUSS IT WITH AUDITOR
PRIOR TO APPROVAL. ONCE THE DISCUSSION HAS TAKEN PLACE, THE FORM 990 IS
APPROVED. THE DISCUSSION AND APPROVAL ARE RECORDED IN THE BOARD OF
DIRECTORS' MINUTES.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF
INTEREST POLICY BY REQUIRING EACH BOARD MEMBER TO FILE AN ANNUAL FORM
DECLARING ANY POTENTIAL CONFLICTS THEY MIGHT HAVE WITH THE ORGANIZATION.
,
FORM 990, PART VI, SECTION B, LINE 15:
A COMPLETE REVIEW WAS DONE OF SIMILAR ORGANIZATIONS IN THE STATE, THE BOARD
OF DIRECTORS REVIEWED THE INFORMATION OBTAINED, AND THEN UTILIZING THE
BUDGET, DETERMINED AN ADEQUATE COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2018)