			PUBLIC DISCLOSUR	E CO	PY	
	0	00	Return of Organization Exempt F	From li	ncome Tax	OMB No. 1545-0047
Forr	'nУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			2016
		of the Treasury	Do not enter social security numbers on this form a	-	-	Open to Public
-		enue Service	Information about Form 990 and its instructions is		s.gov/form990.	Inspection
AF	or th	e 2016 calend	ar year, or tax year beginning JUL 1,2016 and	ending J	<u>ÚN 30, 2017</u>	
В С ај	heck if pplicab	le: C Name of	forganization		D Employer identifica	tion number
	Addre		UNITIES IN SCHOOLS OF CHICAGO		_	
	Name] Chang Initial	ge Doing b	usiness as		36-35	91326
	_return	n Number		Room/suite	E Telephone number	00 0475
	returr termi	n		300		<u>29-2475</u> 2,924,512.
	ated Amer	nded OUTO	own, state or province, country, and ZIP or foreign postal code AGO, IL 60607		G Gross receipts \$	· · · · ·
	_returr Appli		nd address of principal officer: JANE MENTZINGER		H(a) Is this a group retu for subordinates?	
	_ tion pend		AS C ABOVE		H(b) Are all subordinates inclu	
I T	ax-ex	empt status:		or 527	1 . /	st. (see instructions)
			CISOFCHICAGO.ORG		H(c) Group exemption	
			X Corporation ☐ Trust ☐ Association ☐ Other ►	L Year	of formation: 1988 M	
	rt I	Summary		•	· · · ·	<u> </u>
	1	Briefly describ	e the organization's mission or most significant activities: ${f SEE}$.	SCHEDU	LE O	
JCe		-				
Governance	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net asset	S.
INC	3	Number of vot	ting members of the governing body (Part VI, line 1a)			23
	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)			23
s 8	5	Total number	of individuals employed in calendar year 2016 (Part V, line 2a)			31
vitie	6	Total number	of volunteers (estimate if necessary)			95
Activities &	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, line 34			0.
					Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)		2,086,147.	2,705,297.
ent	9	0	ce revenue (Part VIII, line 2g)		125,000.	153,349.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		-15,681.	0.
_			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,206. 2,193,260.	2,829,534.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,193,200.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	·····	0.	0.
	14		to or for members (Part IX, column (A), line 4) [,] compensation, employee benefits (Part IX, column (A), lines 5-10)		1,682,515.	2,162,712.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
en:			ing expenses (Part IX, column (D), line 25) S15,80	12.		
EXE			es (Part IX, column (A), lines 11a-11d, 11f-24e)		431,775.	490,528.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,114,290.	2,653,240.
	19		expenses. Subtract line 18 from line 12		78,970.	176,294.
or					ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		1,270,792.	1,483,510.
Ass 1 Ba	21		(Part X, line 26)		101,338.	137,762.
Euno	22	Net assets or	fund balances. Subtract line 21 from line 20		1,169,454.	1,345,748.
	rt II		e Block			
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my k	nowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	

Sign	Signature of officer		Date
Here		TIVE DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	JAMES G. QUAID	JAMES G. QUAID	02/06/18 self-employed P00641738
Preparer	Firm's name 🍺 OSTROW REISIN BE	RK & ABRAMS, LTD.	Firm's EIN ► 36-2938874
Use Only	Firm's address 🖕 455 N CITYFRONT	PLAZA DR, SUITE 1500	
	CHICAGO, IL 6061	1	Phone no. $312 - 670 - 7444$
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
-			000

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

	rt III Statement of Program Service Accomp Check if Schedule O contains a response or note to					X
1	Briefly describe the organization's mission: SEE SCHEDULE O					21
2	Did the organization undertake any significant program se					TT
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.					X No
3	Did the organization cease conducting, or make significar If "Yes," describe these changes on Schedule O.	nt changes in how it co	nducts, any program servic	es?	Yes	XNo
4	Describe the organization's program service accomplishin Section 501(c)(3) and 501(c)(4) organizations are required					d
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$	including grants of \$) (Revenue \$	153,	349.
	SEE SCHEDULE O					
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,160	5,535.			Form 9	90 (201
						··

Form	990	(2016)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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,			v
40	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		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	19		y
	complete Schedule (- Part III	1 14		· 4

Form 990 (2016)

632003 11-11-16

Form 990 (2	2016)	COMMUNITIES			OF	CHICAGO
Part IV	Checklist of R	equired Schedules	(con	tinued)		

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? 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	Х	
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			
	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		
	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			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	0.51		v
	Schedule L, Part I	25b		<u> </u>
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,"	06		x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		х
28	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	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016)

632004 11-11-16

Par	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15		165	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	-	gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)				
3a	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	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	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 A	Accounts (I	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 transa	action?		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	ne organiza	ation 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 contribut	-				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-		_		- v
	to file Form 8282?	1 1		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			7.		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		an roquirod?	7f 7a		
g h	If the organization received a contribution of qualified intellectual property, did the organization file F If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine		101111030-01	/11		
U	sponsoring organizations have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	o	1 1				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu	le O		14b	000	<u> </u>

COMMUNITIES IN SCHOOLS OF CHICAGO

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Form 990 (2016)

Form 990	(2016)
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COMMUNITIES IN SCHOOLS OF CHICAGO

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

Section A. Governing Body and Management

X

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.

				_		Yes	No
1a E	Inter the number of voting members of the governing body at the end of the tax year	1a		23			
It	f there are material differences in voting rights among members of the governing body, or if the governing						
b	ody delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
bΕ	Inter the number of voting members included in line 1a, above, who are independent	1b		23			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	fficer, director, trustee, or key employee?			····· -	2		Х
	Did the organization delegate control over management duties customarily performed by or under the		•				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
	Did the organization make any significant changes to its governing documents since the prior Form 99			Г	4		X
	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		······ -	5		X
	Did the organization have members or stockholders?			·····	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap				_		v
	nore members of the governing body?			····· -	7a		Х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						77
	persons other than the governing body?			·····	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-			v	
	The governing body?				8a	X	77
	Each committee with authority to act on behalf of the governing body?			······ -	8b		Х
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac						77
C Soct	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		Х
bectl	on B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue (</u>	Code.)			v I	
40				Г	40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			······	10a		Λ
	f "Yes," did the organization have written policies and procedures governing the activities of such cha				401		
			filing the fe	·····	10b	x	
	las the organization provided a complete copy of this Form 990 to all members of its governing body	perore	ming the fo	1117	<u>11a</u>	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10-	x	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			····· F	12a 12b	A X	
	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			······	120	<u>^</u>	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	,			10-	x	
	n Schedule O how this was done			Г Г	12c	A X	
	Did the organization have a written whistleblower policy?			Г	<u>13</u> 14	A X	
	Did the organization have a written document retention and destruction policy?			·····	14	Λ	
	Did the process for determining compensation of the following persons include a review and approval	by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				150	x	
	The organization's CEO, Executive Director, or top management official			Г	15a 15b	X	
	, , , , , , , , , , , , , , , , , , , ,			····· -	15b	Δ	
	f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ont	ha				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem avable entity during the year?				16-		Х
	axable entity during the year? f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			·····	16a		
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		-				
					16b		
	exempt status with respect to such arrangements?				100		
	ist the states with which a copy of this Form 990 is required to be filed ▶IL						
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sectio	n 501(c)(3)e	only) ava	ailahla	<u> </u>	
	or public inspection. Indicate how you made these available. Check all that applicable, 990, and 990 r		1 00 1 (0)(0)5	Siny) ave		•	
	X Own website Another's website X Upon request Other (explain)	in Cab	adula ()				
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	y and fi	nanci	al	
	statements available to the public during the tax year.		norear polit	y, anu li	nano	ai	
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	recorde:	•			
	JANE MENTZINGER - 312-829-2475	no anu					
_	315 W VAN BUREN ST, SUITE 300, CHICAGO, IL 60607						
	11-11-16				Form	990	(201)
J2000	6				1 0111		1010
	n						

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC)	(00-2/1099-10130)	organization
	organizations	ruste	al trus		yee	mper				and related
	below	idual 1	Institutional trustee	ž	Key employee	est co oyee	er			organizations
	line)	Indiv	In stit	Officer	Key e	Highest compensated employee	Former			-
(1) GREGORY STOKLOSA	2.00									
BOARD CHAIR		х		х				0.	0.	0.
(2) KENT ZERANGUE	1.00									
VICE CHAIR		х		х				0.	0.	0.
(3) JODI CARO	1.00									
SECRETARY		х		х				0.	0.	0.
(4) DIANA FERGUSON	1.00									
TREASURER		х		х				0.	0.	0.
(5) CRAIG BONDY	1.00									
DIRECTOR		х						0.	0.	0.
(6) MARK BRADY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) SUZANNE BURNS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ELLEN CARNAHAN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ROBERT CONLON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) VINAY COUTO	1.00									
DIRECTOR		Х						0.	0.	0.
(11) KEVIN EVANICH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) BARBARA FORD	1.00									
DIRECTOR		Х						0.	0.	0.
(13) BRIAN GOOD	1.00									
DIRECTOR		Х						0.	0.	0.
(14) RICHARD GUNST	1.00									
DIRECTOR		Х						0.	0.	0.
(15) RYAN HARRIS	1.00									
DIRECTOR		Х						0.	0.	0.
(16) ALAIN LECOQUE	1.00									
DIRECTOR		Х						0.	0.	0.
(17) BRADLEY MEYERS	1.00									
DIRECTOR		Х						0.	0.	0.
632007 11-11-16					_					Form 990 (2016)

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	ITIES IN S								36-359	132	26 F	o _{age} 8
Part VII Section A. Officers, Directors, 1		ploye	ees,			ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)	_		(D)	(E)		(F)	
Name and title	Average		not ch	heck		than o		Reportable	Reportable		Estimat	
	hours per week					is both pr/trus		compensation	compensation		amount	
	(list any						,	from the	from related organizations		othe compens	
	hours for	Individual trustee or director				_		organization	(W-2/1099-MISC)		from t	
	related	e or c	stee			nsated		(W-2/1099-MISC)			organiza	
	organizations	truste	al tru:		yee	mper					and rela	
	below	idual	Institutional trustee	5	ƙey employee	Highest compensated employee	er				organizat	ions
	line)	Indiv	In stit	Officer	Key e	Highe	Former				-	
(18) DANIEL O'SHAUGHNESSY	1.00											
DIRECTOR		Х						0.	0	•		0.
(19) SCOTT G. PASQUINI	1.00											
DIRECTOR		Х						0.	0	·—		0.
(20) VALLI PERERA	1.00											•
DIRECTOR	1 00	Х						0.	0	•		0.
(21) MATTHEW STEINMETZ	1.00											^
DIRECTOR	1 0 0	Х				-		0.	0	•–		0.
(22) JIM WELCH	1.00	37										^
	1 00	Х				-		0.	0	•		0.
(23) AVA YOUNGBLOOD DIRECTOR	1.00	х						0.	0			0.
(24) JANE MENTZINGER	40.00	~						0.	0	'		0.
EXECUTIVE DIRECTOR				х				152,480.	0		18,1	18.
(25) MARIANNE WOODWARD	40.00									-	/ _	
CHIEF RESOURCE OFFICER						x		145,218.	0		12,7	95.
								,		\top		
1b Sub-total								297,698.	0	•	30,9	13.
c Total from continuation sheets to Pa								0.	0			0.
d Total (add lines 1b and 1c)								297,698.	0	•	30,9	13.
2 Total number of individuals (including b	out not limited to the	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												2
											Yes	No
3 Did the organization list any former off					•	•		•			-	37
line 1a? If "Yes," complete Schedule J										F	3	X
4 For any individual listed on line 1a, is th	-							-	-		4 X	
and related organizations greater than S										<u> </u>	4 X	
5 Did any person listed on line 1a receive rendered to the organization? If "Yes."											5	x
Section B. Independent Contractors	complete Schedule	<u>; J /(</u>	or su		oers	011 .					5	1 11
1 Complete this table for your five highes	t compensated ind	epe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of compens	atior	n from	
the organization. Report compensation	•	•										
(A)				0				(B)			(C)	
Name and busin		NC	ONE	2				Description of s	ervices	Corr	npensatio	on
							_					
							_					
							+					
				1.1 1	4le -							
 Total number of independent contractor \$100,000 of compensation from the org 		ot IIN	niteo	1 (0)	thos (ted	above) who received me	ore than			
	gainzail011 🚩					-						

Form 990 (2016)

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	n 990 (2			N SCHOOL	S OF CHICAG	30	36-3591326 Page 9			
Ра	rt VIII									
		Check if Schedule O cont	ains a response	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-11	1b 1c 1d ions) 1e ts, and 1f 2, ia-1f: \$	<u>30,866</u> .						
Program Service Revenue	2a b c	CONTRACT REVENU	E	Business Code 624110	153,349.	153,349.				
Progran Rev	d e f g	All other program service reve Total. Add lines 2a-2f	nue	>	153,349.					
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	k-exempt bond p	roceeds						
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)								
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 30,866. 30,866.	(ii) Other	-					
		Gain or (loss)								
Other Revenue		Net gain or (loss) Gross income from fundraising including \$281,9 contributions reported on line Part IV, line 18	g events (not 24. of 1c). See	35,000.	0.					
Othe		Less: direct expenses		64,112.						
0	9 a	Net income or (loss) from func Gross income from gaming ac Part IV, line 19	tivities. See a		-29,112.			-29,112.		
		Less: direct expenses								
	10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a		-					
	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code						
	11 a b c d	All other revenue								
	е	Total. Add lines 11a-11d		►				00.111		
63200	12 9 11-11-	Total revenue. See instructions.		►	2,829,534.	153,349.	0.	<u>-29,112.</u> Form 990 (2016)		

COMMUNITIES IN SCHOOLS OF CHICAGO 36-3591326 Page 10 Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
10, 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	175,663.	150,347.	6,717.	18,599
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,623,792.	1,389,775.	62,086.	171,931
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	22,731. 208,722.	19,455.	869.	2,407
9	Other employee benefits		178,641.	7,981.	2,407 22,100 13,956
0	Payroll taxes	131,804.	112,808.	5,040.	13,956
1	Fees for services (non-employees):				
а	Management				
b	Legal	9,399.		9,399.	
С	Accounting	29,990.		29,990.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	60.010	10 001		40.001
	column (A) amount, list line 11g expenses on Sch 0.)	69,210.	19,391.	898.	48,921
2	Advertising and promotion	05 000	01 (20	0.00	0 (77
3	Office expenses	25,282.	21,639.	966.	2,677
4	Information technology				
5	Royalties	02 000	71 720	2 204	0 074
6		83,808. 19,335.	71,730. 16,549.	3,204.	<u> </u>
7	Travel	19,333.	10,549.	/39.	2,04/
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	30,680.	23,233.	280.	7,167
9	Conferences, conventions, and meetings	30,000.	43,433.	200.	/,10/
0					
1	Payments to affiliates	10 809	9,251.	414.	1 1 1 1
2	Depreciation, depletion, and amortization	10,809. 19,361.	16,571.	740.	<u> </u>
3	Insurance	19,301.	10,571.	740.	2,050
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
2	PROGRAM EXPENSES	95,005.	94,505.		500
h	BAD DEBT EXPENSE	40,000.		40,000.	
с С	REPAIRS AND MAINTENANCE	39,491.	34,846.	1,232.	3,413
d	STAFF DEVELOPMENT	9,106.	7,794.	348.	964
	All other expenses	9,052.	.,		9,052
5	Total functional expenses. Add lines 1 through 24e	2,653,240.	2,166,535.	170,903.	315,802
6	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)				

10

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Form **990** (2016)

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Form 990 (2016)

Part X Balance Sheet

Form 990 (2016)

COMMUNITIES IN SCHOOLS OF CHICAGO

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

(A) Beginning of year (B) End of year 715,763. 821,692. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 487,968. 568,487. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified 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 Assets 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 40,082. 15,330. 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 99,302. basis. Complete Part VI of Schedule D _____ 10a 21,301. b Less: accumulated depreciation _____ 10b 26,979. 78,001. 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,270,792. 1,483,510. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 101,338. 117,305. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 0. 20,457. 25 Schedule D 137,762. 101,338. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 789,454. 850,415. 27 27 Unrestricted net assets 380,000. 495,333. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,169,454. 1,345,748. Total net assets or fund balances 33 33 1,483,510. 1,270,792. 34 34 Total liabilities and net assets/fund balances

36-3591326 Page **11**

Form	990 (2016) COMMUNITIES IN SCHOOLS OF CHICAGO	36-3	3591326	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,829		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,65		
3	Revenue less expenses. Subtract line 2 from line 1	3			94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,169	9,4	54.
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	1,34	5,7	<u>48.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	T		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		000	Ĺ
					/ · - ·

Form **990** (2016)

SCHEDULE A

Department of the Treasury

(Form	990	or	990-	EZ
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Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public

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.

Interna	al Rever	nue Service	Information	on about Schedule A	(Form 990 or 990-EZ) and i	ts instruction	ons is at w	ww.irs.gov/fo	orm990.		Inspection		
Nam	e of t	the organizati	on						Employer	' ide	entification number		
			COMM	UNITIES IN	SCHOOLS OF (CHICAC	30			6-	3591326		
Pa	rt I	Reason	for Public C	Charity Status (All organizations must co	omplete th	is part.) Se	e instruction	S.				
The	organ	ization is not a	private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)						
1		A church, cor	nvention of chu	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)											
3					anization described in se			i).					
4		•	•		njunction with a hospital			•)(iii). Enter	the	hospital's name,		
		city, and state	-	·									
5		-	-	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed ir	ו		
				Complete Part II.)	0 ,	·	, 0						
6					nental unit described in	section 17	70(b)(1)(A)	(v).					
	X		· ·	-	ntial part of its support fr				he general r	oubl	lic described in		
•		•		omplete Part II.)		onn a gove			ne general p	Jubi			
8		-			(1)(A)(vi). (Complete Par	E III)							
9	H	-			in section 170(b)(1)(A)(ad in coniu	inction with a	land-grant	coll	000		
5		-	•		ulture (see instructions).		-		-		ege		
			or a non-land-g	grant college of agric			name, city	, and state of	the college	; 01			
10		university:	on that normal	lly roccives: (1) more	than 33 1/3% of its sup	ort from a	ontributio	ne mombore	hin foos an	d a	rocc rocoints from		
10													
		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.)											
								O(-)(A)					
11		0	•	•	ively to test for public sa								
12		•	-	-	ively for the benefit of, to	-			•				
				-	d in section 509(a)(1) o					Jheo	ck the box in		
	_	-	-	• •	f supporting organizatior				-				
а					upervised, or controlled	• • • •	-		•••••	-	-		
			•		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ippo	orting		
		¬ ~		complete Part IV, Se									
b		Type II. A s	supporting orga	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	on(s), by hav	ving			
		control or n	nanagement of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorte	ed		
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III fur	nctionally integ	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed w	rith,		
		_ its supporte	ed organizatior	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppo/	rted organiz	zatic	on(s)		
			-	• •	zation generally must sat			•	d an attentiv	/ene	ess		
		requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .					
е			•		written determination fro			Туре I, Туре	II, Type III				
		functionally	integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			_			
f	Ente	er the number (of supported o	organizations						L			
g				about the supporte									
	((i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o		1	(vi) Amount of other		
		organization	1		above (see instructions))	Yes	No	support (see i	nstructions)	sup	oport (see instructions)		
Tota	1												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 COMMUNITIES IN SCHOOLS OF CHICAGO Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2159413.	1621442.	2447947.	2086147.	2705297.	11020246.
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	2159413.	1621442.	2447947.	2086147.	2705297.	11020246.
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)						1764804.
	Public support. Subtract line 5 from line 4.						9255442.
Sec	ction B. Total Support			I	1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	2159413.	1621442.	2447947.	2086147.	2705297.	11020246.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	770.	480.	88.			1,338.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			596.			596.
11	Total support. Add lines 7 through 10						11022180.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	278,349.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publi	o here c Support Per	centage			<u></u>	
	Public support percentage for 2016 (I			olumn (f))		14	83.97 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	81.68 %
	33 1/3% support test - 2016. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on l				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2016. If the org	anization did not o				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization	-	
b	10% -facts-and-circumstances test	•	• •	,	•		
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization			-			s
) or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 COMMUNITIES IN SCHOOLS OF CHICAGO Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				-		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			-	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	•					
<u> </u>	check this box and stop here						
	ction C. Computation of Public						
	Public support percentage for 2016 (15	%
	Public support percentage from 2015 ction D. Computation of Invest					16	%
	•						
	Investment income percentage for 20		'			17	%
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2016. If the						
L	more than 33 1/3%, check this box a	-			•••		P
D	33 1/3% support tests - 2015. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
	23 09-21-16	A GIG HOL CHECK A					
00202			15	5	301		5 51 550-L2j 2010

Schedule A (Form 990 or 990-EZ) 2016 COMMUNITIES IN SCHOOLS OF CHICAGO

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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 Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 COMMUNITIES IN SCHOOLS OF CHICAGO 36-3591326 Page 5 Part 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		
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	-		
6 00	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. An Type in Supporting Organizations		Vee	Na
4	Did the executation provide to each of its supported executations, but the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	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			
	supported organizations played in this regard.	3		
Sec	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 year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).		
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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2016

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	t V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
_				/

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

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990 EZ) 2016 COMMUNITIES IN SCHOOLS OF CHICAGO

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		· · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
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	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
.		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
с	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A Part VI	Part IV, Section A, lines 1	mation. Provide the exp , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a	lanations required b a, 9b, 9c, 11a, 11b, ;	y Part II, line 10; Part II, lir and 11c; Part IV, Section	36-3591326 Page 8 ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section E, li	nes 2, 5, and 6. Also	complete this part for an	y additional information.
632028 09-21-1	6		20		Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE D)
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(Form §	990)
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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.



	ment of the Treasury I Revenue Service		Attach to Form 990. m 990) and its instructions is at WWW.ii	rs aov/form9	Inspection
	e of the organizati			-	ployer identification number
		COMMUNITIES IN SCH	OOLS OF CHICAGO		36-3591326
Pa	rt I Organiza	ations Maintaining Donor Advise		or Accou	
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.		·
		· · · · ·	(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		t end of year			
5		on inform all donors and donor advisors in		ed funds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6		on inform all grantees, donors, and donor a			
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring	
	impermissible priv	ate benefit?			Yes No
Pa	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7	7.
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (e.g., recreation or e	education) Preservation of a hist	orically impo	ortant land area
	Protection of	of natural habitat	Preservation of a cer	tified historic	structure
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax yea	r.			Held at the End of the Tax Year
а	Total number of c	onservation easements		<u>2a</u>	
b	•	-			
С	Number of conser	vation easements on a certified historic stru	ucture included in (a)	<u>2c</u>	
d		vation easements included in (c) acquired a			
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organizatior	n during the tax
	year 🕨				
4		where property subject to conservation eas			
5	0	tion have a written policy regarding the per			
-		forcement of the conservation easements it			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation eas	ements during the year
_		<u> </u>			
7		ses incurred in monitoring, inspecting, hanc	aling of violations, and enforcing conserva	tion easemei	nts during the year
~	►\$			L)(4)(D)(;)	
8	and section 170(h	vation easement reported on line 2(d) abov			Yes No
9		be how the organization reports conservation	on accoments in its revenue and expanse		
3	-	ble, the text of the footnote to the organization	•		
	conservation ease		lion s inducial statements that describes	ine organiza	tion's accounting for
Pa		ations Maintaining Collections of	Art. Historical Treasures, or Ot	her Simila	ar Assets.
		f the organization answered "Yes" on Form			
1a		elected, as permitted under SFAS 116 (AS		nent and bala	ance sheet works of art.
		s, or other similar assets held for public ext			
		tnote to its financial statements that descri			, ,
b		elected, as permitted under SFAS 116 (AS		and balance	e sheet works of art, historical
	-	r similar assets held for public exhibition, eq			
	relating to these it	• • •		,	5
	-	ided on Form 990, Part VIII, line 1			\$
				•	\$
2	.,	received or held works of art, historical tre			le
		unts required to be reported under SFAS 1		-	

 b
 Assets included in Form 990, Part X

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 Schedule D (Form 990) 2016

 632051
 08-29-16
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a Revenue included on Form 990, Part VIII, line 1

2016.05050 COMMUNITIES IN SCHOOLS OF 89299.01

▶ \$

Sche		TIES IN SCI					36-35			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	I Treasure	es, or Othe	er Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any c	f the followin	g that are a s	ignificant ι	use of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	d	l 🗌 Loan	or exchange p	orograms					
b	Scholarly research	e	• 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they fur	ther the orgar	nization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historica	ll treasures, o	r other simila	r assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orgar	nization answ	ered "Yes" or	n Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							٦		٦
	on Form 990, Part X?						∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amount		
с	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
T Oo	Ending balance							Yes		No
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • •				טאו [ר
Par								<u></u>		<u></u>
		(a) Current year	(b) Prior ye		vo years back	(d) Three	vears hack	(e) Four	vears	hack
1a	Beginning of year balance	(a) Guirent year			vo yours buck		yours buok		yours	buok
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, colu	mn (a)) held a	IS:					
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%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are h	eld and admi	nistered for t	he organiza	ation	-		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			le R?				3b		
	Describe in Part XIII the intended uses of the		wment funds.							
Fai	t VI Land, Buildings, and Equipm					1 1 0				
	Complete if the organization answere							() D		
	Description of property	(a) Cost or o basis (investr	•) Cost or othe basis (other)		Accumulate epreciation		(d) Book	value	Э
4 -	Land	``				preciation				
-	Land									
b	Buildings			7,79	0	1,2	79	6	5 51	11.
	Leasehold improvements			91,51		20,0	22.		, 49	
	Equipment				• • •	20,0			-,=.	
	Other		V colume (D)	line 10-				79	3,00	01.
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Schedule D (Form 990) 2016

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				ial statements that reports the

COMMUNITIES IN SCHOOLS OF CHICAGO Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 000 Part X col (B) line 12)		

(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
art IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990 Part X col. (B) line	15)	•	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

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632053 08-29-16

	Schedule D (Form 990) 2016 COMMUNITIES IN SCHOOLS OF CHICAGO 36-3591326 Page 4						
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						
1	Total revenue, gains, and other support per audited financial statements		1	2,900,645.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments						
b	Donated services and use of facilities	. 2b	50,000.				
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e	50,000.		
3	Subtract line 2e from line 1			3	2,850,645.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a					
b	Other (Describe in Part XIII.)	4b	-21,111.				
с	Add lines 4a and 4b	4c	-21,111.				
		5	2,829,534.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			•			
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With		eturi			
		ents With		eturi	n.		
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	eturi			
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R		n.		
Pa 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per R		n.		
Pa 1 2	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per R		n.		
Pa 1 2 a	Image: Second liable of the organization of the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With	Expenses per R		n.		
Pa 1 2 a	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With	Expenses per R		n.		
Pa 1 2 a b c d	Image: Network State Image: Network State Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With	Expenses per R 50,000. 21,111.		n. <u>2,724,351.</u> 71,111.		
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With	Expenses per R 50,000. 21,111.	1	n. 2,724,351.		
Pa 1 2 a b c d e	Image: Network State Image: Network State Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With	Expenses per R 50,000. 21,111.	1 2e	n. <u>2,724,351.</u> 71,111.		
Pa 1 2 b c d e 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Subtract line 2e from line 1	ents With	Expenses per R 50,000. 21,111.	1 2e	n. <u>2,724,351.</u> 71,111.		
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a2b2c2d2d4a	Expenses per R 50,000. 21,111.	1 2e	n. <u>2,724,351.</u> 71,111.		
Pa 1 2 a b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per R 50,000. 21,111.	1 2e	n. 2,724,351. 71,111. 2,653,240. 0.		
Pa 1 2 a b c d a b c d a b c 3 4 b c 5	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With	Expenses per R 50,000. 21,111.	1 2e 3	n. 2,724,351. 71,111. 2,653,240.		

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

PART X, LINE 2:

THE ORGANIZATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX PURSUANT TO

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND APPLICABLE

STATE LAW, EXCEPT FOR TAXES PERTAINING TO UNRELATED BUSINESS INCOME, IF

ANY.

THE ORGANIZATION HAS ADOPTED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN

TAX POSITIONS AND MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION WAS NOT

30

REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF

JUNE 30, 2017 AND 2016.

PART	XI,	LINE	4B	-	OTHER	ADJUSTMENTS:

632054 08-29-16

Schedule D (Form 990) 2016

Chedule D (Form 990) 2016 COMMUNITIES IN SCHOOLS OF CHICAGO Part XIII Supplemental Information (continued)	36-3591326 _{Page}
SPECIAL EVENT EXPENSES NETTED AGAINST REVENUE	-21,111.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES NETTED AGAINST REVENUE	21,111.

31

required to c	Complete if the or or of the of	e organization organization er bout Schedule (TIES IN Complete if th	answered "Yes" on tered more than \$1 Attach to Form 990 G (Form 990 or 990-EZ) SCHOOLS OF the organization answe	Form 5,000 (c) or Fo and its CH ered "Y	990, F on For rm 99 instru ICA('es" or	0-EZ. ctions is at <u>www.irs.g</u> GO n Form 990, Part IV, li	r 19, ::ov/fc	or if the 000000000000000000000000000000000000	
c Phone solicita d In-person solicita 2 a Did the organization	email solicitations ations citations have a written o d in Form 990, Pa nighest paid indiv	r oral agreeme art VII) or entity riduals or entiti	e Solicita f Solicita g Special nt with any individual in connection with p	tion of tion of fundra (incluc rofessi ant to	non-g gover aising of onal fu agree	overnment grants nment grants events ficers, directors, trust undraising services?	ie fur	Y€	
(i) Name and address or entity (fundr		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No	_			
Total									
3 List all states in whic or licensing.	h the organizatio	n is registered	or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from r	egistration
LHA For Paperwork Red	duction Act Noti	ce, see the Ins	structions for Form	990 or	990-E	z. s	sche	dule G (Form	990 or 990-EZ) 2016

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016						36-3591326 Page	
Part II Fundraising Events	Complete if the organiz	zation	answered "Yes'	on Fo	orm 990, Part IV, lin	e 18, or reported more than \$15,000	

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
			(a) Event #1 COCKTAILS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			AND CONVERSA (event type)	(event type)	(total number)	col. (c))
anue						
Revenue	1	Gross receipts	316,924.			316,924.
	2	Less: Contributions	281,924.			281,924.
	3	Gross income (line 1 minus line 2)	35,000.			35,000.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	21,810.			21,810.
Direct Expenses	7	Food and beverages	20,991.			20,991.
ā	8	Entertainment				
	9	Other direct expenses				21,311.
	10	Direct expense summary. Add lines 4 through		· · · · · · · · · · · · · · · · · · ·	•	64,112.
		Net income summary. Subtract line 10 from li				-29,112.
Revenue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			<u> </u>	
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac No," explain:				fes No
0a	We	re any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
b	lf "`	Yes," explain:				
208	2 09	-12-16			Schedule G (Fo	orm 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 COMMUNITIES IN SCHOOLS OF CHICAGO 36-3	3591326	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16			
10	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	nes 9, 9b, 1()b, 15b,
6320	33 09-12-16 Schedule G (Forr 34	n 990 or 990	ט-ב∠) 2016

	i (Form 990 or 990-EZ)		IN	SCHOOLS	OF	CHICAGO
Part IV	Supplemental Ir	formation (continued)				

I alt IV	(continued)		
632084 04-01-16		Schedu	ıle G (Form 990 or 990-EZ)

SCH	EDULE J	I	OMB No. 1	545-004	47	
(Forr	m 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	16	
		Compensated Employees		20	10	
Departm	nent of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/formation	rm990.	Inspe	ction	
Name	of the organization			identificatio		mber
		COMMUNITIES IN SCHOOLS OF CHICAGO	36-3	359132	5	
Part	t I Question	s Regarding Compensation				
					Yes	No
		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
F		line 1a. Complete Part III to provide any relevant information regarding these items.				
L	First-class or c					
L	Travel for com					
L		ation and gross-up payments Health or social club dues or initiation fee				
L	Discretionary	spending account Personal services (such as, maid, chauffe	ur, chef)			
	6					
	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41.		
				1b		
	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
u	rustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?				
3 Ir	ndicate which if a	ny, of the following the filing organization used to establish the compensation of the organiza	tion's			
		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
Γ		ompensation consultant				
Ē	X Form 990 of o		ommittee			
4 C	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
с	organization or a re	lated organization:				
a F	Receive a severanc	e payment or change-of-control payment?		4a		X
b F	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
c F	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
lf	f "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					x
		ation?				X
		ation?		5b		
		rr 5b, describe in Part III. In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r					
	-			6a		x
		ation?				X
		r 6b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		les 5 and 6? If "Yes," describe in Part III		7		X
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		X
		d the organization also follow the rebuttable presumption procedure described in				
	Regulations section		<u></u>	9		
		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	- 000	2016

632111 09-09-16

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JANE MENTZINGER	(i)	137,480.	15,000.	0.	4,680.	13,438.	170,598.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARIANNE WOODWARD	(i)	130,218.	15,000.	0.	2,138.	10,657.	158,013.	0.
CHIEF RESOURCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2016

632113 09-09-16

Schedule J (Form 990) 2016

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SC	SCHEDULE M		Nonc	ash Contri	ibutions		OMB No. 1	545-004	17
(Fo	orm 990)						20	16	
		Complete if the org	ganizations a	answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.	20	IU	,
	ment of the Treasury	Attach to Form 990).				Open To		ic
	I Revenue Service		Schedule M	(Form 990) and its	s instructions is at www.irs		Inspe		
Nam	e of the organizatior						identificatio		nber
Da		COMMUNITIES	IN SCH	OOLS OF CH	HICAGO	3	6-3591	326	
Pa	TTI Types of	Property		4.5	()	1	(1)		
			(a) Check if applicable		(c) Noncash contribution amounts reported on	noncash co	(d) of determin ntribution ar	•	s
4	Art Marka of art			litems contributed	Form 990, Part VIII, line 1g				
1 2		Isures							
2		erests							
4		itions							
5		ehold goods							
6		nicles							
7									
8		ty							
9		y traded	X	6	30,866.	STOCK QUO	OTE		
10		y held stock				20000			
11	Securities - Partne								
••									
12		laneous							
13	Qualified conserva								
	Historic structures								
14	Qualified conserva	tion contribution - Other							
15		lential							
16		mercial							
17		·							
18									
19									
20		l supplies							
21									
22									
23		ns							
24		acts							
25	Other 🕨 ()							
26	Other 🕨 ()							
27	Other 🕨 ()							
28	Other 🕨 ()							
29	Number of Forms	8283 received by the organ	ization during	g the tax year for co	ontributions				
	for which the orga	nization completed Form 82	283, Part IV, I	Donee Acknowledg	jement 29				
								Yes	No
30a	During the year, di	d the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at le	ast three years from the dat	e of the initia	l contribution, and	which isn't required to be u	sed for			
	exempt purposes	for the entire holding period	?				30a		X
b	If "Yes," describe t	the arrangement in Part II.							
31	Does the organization	tion have a gift acceptance	policy that re	equires the review o	of any nonstandard contribu	tions?	31	Х	
32a	Does the organization	tion hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?						32a		X
b	If "Yes," describe i	n Part II.							
33	If the organization	didn't report an amount in o	column (c) fo	r a type of property	r for which column (a) is che	cked,			
	describe in Part II.								

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

Schedule M (Form 990) (2016)

632141 08-23-16

11380206 311101 89299.000

Schedule M Part II	(Form 990) (2016) Supplemental	COMMUNIT:	IES IN Provide the	SCHOOLS	OF CI	HICAGO Part I, lines 30b,	32b, and 33, a	36-3591326 and whether the organiza nation of both. Also com	Page 2 ation
	this part for any ac	ditional informatio	on.	contributions, the	e number	of items receive	ed, or a combir	nation of both. Also com	plete
632142 08-23-1	16							Schedule M (Form	990) (2016)
				4	0				

11380206 311101 89299.000

SCHEDULE O (Form 990 or 990-EZ)

epartment of the Treasury

Name of the organization

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 <u>www.jrs.gov/form990</u>



COMMUNITIES IN SCHOOLS OF CHICAGO

Employer identification number 36 - 3591326

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO SURROUND STUDENTS WITH A COMMUNITY OF SUPPORT, EMPOWERING THEM TO

STAY IN SCHOOL AND ACHIEVE IN LIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES IN SCHOOLS OF CHICAGO (CIS OF CHICAGO) CONNECTS SOCIAL,

HEALTH, AND ENRICHMENT PROGRAMS AND SERVICES TO CHICAGO PUBLIC SCHOOL

STUDENTS. CIS OF CHICAGO HELPS SCHOOLS ADDRESS STUDENTS' MOST PRESSING

NEEDS BY TRAINING THEM TO IDENTIFY PRIORITIES, FIND OUTSIDE PARTNERS,

SCHEDULE PROGRAMS, AND EVALUATE, IMPACT, AND MAINTAIN PARTNERSHIPS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CIS OF CHICAGO CONNECTS INTEGRATED SERVICES THAT ADDRESS IDENTIFIED

PRIORITIES TO STUDENTS IN 135 CHICAGO PUBLIC SCHOOLS; ASSISTS

APPROXIMATELY 200 COMMUNITY ORGANIZATIONS IN ACCESSING CHICAGO PUBLIC

SCHOOLS AND IMPROVING THE IMPACT OF CONNECTED SERVICES; AND WORKS

DIRECTLY WITH MORE THAN 300 STUDENTS IN JEOPARDY OF DROPPING OUT.

DURING THE 2016-2017 SCHOOL YEAR, 85 PERCENT OF SURVEYED PRINCIPALS REPORTED THAT SINCE PARTNERING WITH CIS OF CHICAGO, THEIR SCHOOLS ACCESS MORE SERVICES, INCLUDING PROGRAMS THAT THEIR SCHOOLS WOULD NOT HAVE THE OPPORTUNIY TO RECEIVE; 99 PERCENT OF STUDENTS WE DIRECTLY SUPPORTED WERE PROMOTED TO THE NEXT GRADE; AND 100 PERCENT OF SENIORS WE DIRECTLY SUPPORTED GRADUATED FROM HIGH SCHOOL. NATIONAL STUDIES SHOW THAT INTEGRATED STUDENT SUPPORTS DIRECTLY CONTRIBUTE TO INCREASED ACADEMIC SUCCESS, BETTER ATTENDANCE, AND HIGHER GRADUATION RATES.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

 632211
 08-25-16

11380206 311101 89299.000

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COMMUNITIES IN SCHOOLS OF CHICAGO

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

CIS OF CHICAGO PROVIDES THE FULL BOARD WITH A DRAFT COPY OF THE COMPLETED 990 PRIOR TO FILING WITH THE IRS. BOARD MEMBERS ARE INSTRUCTED TO REVIEW THE 990 AND DIRECT QUESTIONS AND/OR COMMENTS TO THE TREASURER. THE TREASURER IS RESPONSIBLE FOR FINAL REVIEW AND APPROVAL AS WELL AS FOLLOW-UP REPORTING TO THE FULL BOARD. ALL BOARD MEMBERS ARE PROVIDED WITH A FINAL COPY OF THE RETURN PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CIS OF CHICAGO BY-LAWS INCORPORATE A FORMAL CONFLICT OF INTEREST POLICY THAT PROHIBITS PERSONAL PROFIT OR GAIN BY REASON OF BOARD MEMBERSHIP AND SETS FORTH A PROCESS FOR REPORTING AND EVALUATING POTENTIAL CONFLICTS. (SINCE CIS OF CHICAGO BOARD DIRECTORS ARE FULLY INDEPENDENT, THE POTENTIAL FOR CONFLICT IS NEGLIGIBLE). ALL DIRECTORS HAVE BEEN APPRISED OF AND RECEIVED WRITTEN NOTICE OF SAID POLICY. NEW DIRECTORS PARTICIPATE IN A COMPREHENSIVE ORIENTATION THAT INCLUDES THE CONFLICT OF INTEREST POLICY. DISCUSSION OF THE POLICY IS RECURRENT AND ONGOING.

 FORM 990, PART VI, SECTION B, LINE 15:

 SELECT DIRECTORS, INCLUDING THE BOARD CHAIRMAN, CURRENTLY COMPRISE THE

 PERSONNEL AND COMPENSATION COMMITTEE, WHICH IS AN AD-HOC COMMITTEE OF THE

 BOARD. THIS GROUP MEETS ANNUALLY TO REVIEW AND ASSESS THE PERFORMANCE OF

 THE EXECUTIVE DIRECTOR. THE EVALUATION PROCESS INCLUDES A REVIEW OF

 Schedule O (Form 990 or 990-EZ) (2016)

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11380206 311101 89299.000

Schedule O (Form 990 or 990-EZ) (2016) Page 2
Name of the organization Employer identification number COMMUNITIES IN SCHOOLS OF CHICAGO 36-3591326
SALARIES FOR SIMILAR TITLES AT COMPETITIVE ORGANIZATIONS AS WELL AS A POLL
OF THE FULL BOARD RELATIVE TO THE EXECUTIVE DIRECTOR'S PERFORMANCE. IN
ADDITION, THE EXECUTIVE DIRECTOR SUBMITS A WRITTEN SELF-EVALUATION AND
REVIEW OF THE ORGANIZATION OVERALL.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST AND ALSO ON THE ORGANIZATION'S
WEBSITE.

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