PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2018

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

Open to Public Inspection

2019 A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, Check if applicable C Name of organization D Employer identification number Address change COMMUNITIES IN SCHOOLS OF CHICAGO Name change 36-3591326 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 312-829-2475 815 W VAN BUREN STREET 300 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 10,811,724 Amended return CHICAGO, IL 60607 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JANE MENTZINGER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.CISOFCHICAGO.ORG **H(c)** Group exemption number ▶ **K** Form of organization; **X** Corporation Other > L Year of formation: 1988 M State of legal domicile: IL Trust Association Summary Part I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 7b 13,552. **Prior Year Current Year** 2,916,277.10,143,519. Contributions and grants (Part VIII, line 1h) 8 254,500. 554,620. Program service revenue (Part VIII, line 2g) 0. 17,692. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -13,064. -6,431. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,157,713. 709,400. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,550,546. 3,478,282. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 475,402. 623,883. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,025,948. 4,102,165. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 131,765. 6,607,235. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 29 1,636,375. 8,295,815. Total assets (Part X, line 16) 158,862. 211,067. 21 Total liabilities (Part X, line 26) 三年 477,513. 8,084,748 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JANE MENTZINGER, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/15/19 self-employed P00641738 JAMES G. QUAID JAMES G. QUAID Paid Firm's name STROW REISIN BERK & ABRAMS, Firm's EIN ▶ 36-2938874 Preparer Firm's address 455 N CITYFRONT PLAZA DR, SUITE 1500 Use Only Phone no. 312 - 670 - 7444CHICAGO, IL 60611 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	Statement of Program S	-				X
1	Check if Schedule O contains a Briefly describe the organization's mis SEE SCHEDULE O		any line in this Part III			<u>A</u>
	SEE SCHEDULE O					
2	Did the organization undertake any sig					
	prior Form 990 or 990-EZ?					Yes X No
3	If "Yes," describe these new services Did the organization cease conducting		nt changes in how it con	iducts, any program ser	vices?	Yes X No
	If "Yes," describe these changes on S		it on angeom now it con	addict, any program cor		
4	Describe the organization's program s					
	Section 501(c)(3) and 501(c)(4) organizerevenue, if any, for each program servenue.		to report the amount of	grants and allocations	to others, the to	tal expenses, and
4a	(Code:) (Expenses \$2	2,950,727.	including grants of \$		(Revenue \$	554,620.
	SEE SCHEDULE O					
	SEE SCHEDOLE O					
41-	/- \/-				\ \(\(\)	
4b	(Code:) (Expenses \$		including grants of \$		(Revenue \$	
4c	(Code:) (Expenses \$		including grants of \$,	Revenue \$	
	, (,					
4d	Other program services (Describe in S	Schedule O.)				
	(Expenses \$	including grants of \$	0 000) (Revenue \$)
4e	Total program service expenses	2,95	0,727.			

11251115 311101 89299.000

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	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?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	<u> </u>		
ızu		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		V X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	441		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	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		Х

Form 990 (2018) COMMUNITIES IN SCH
Part IV Checklist of Required Schedules (continued)

22 I X 23 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, Part I and III 2 24 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 8 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that vas issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25a 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27c Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24c 25a Section 501(k)(3), 501(k)(4), and 501(k)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualided person drive the year? 1" 42d 25a 25b 24c 25b
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 24 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. 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 25d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 25d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 25d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 25d Did be organization aware that it engaged in an excess benefit transaction with a disqualified person of 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 organizations prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25d 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, philps and contributor or employee thereof, a grant assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant assasction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): 27d A
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If IIVes II complete Calcadula D. Dout IV line 2
1 100, 0011p1010 001101011, 11110 1
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
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
Check if Schedule O contains a response or note to any line in this Part V
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
1aEnter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a19bEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming
(gambling) winnings to prize winners? 1c 832004 12-31-18 Form 990 (2018)

Form 990 (2018) COMMUNITIES IN SCHOOLS OF CHICAGO Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 59			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	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 Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	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 serv	ices provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	الما			
a	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		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1 Ia			
	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	<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the appropriation and the second of the fact that the second of the		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
			Eorm	990	(2018)

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.

						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22	2]		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	-		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?		·	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
_	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			<u> </u>		
	(This Section B requests information about policies not required by the internal ne	venue	<u>Coue.</u> ,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
_			,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		g	1.0		
12a				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			1		
•	in Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		aoponaon			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			.0.5		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			700		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			1		
17	List the states with which a copy of this Form 990 is required to be filed ▶IL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			,,		
	X Own website Another's website X Upon request Other (explain	in Scl	nedule (1)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		,	d financ	ial	
	statements available to the public during the tax year.		pssy, and			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	JANE MENTZINGER - 312-829-2475					
	815 W VAN BUREN ST, SUITE 300, CHICAGO, IL 60607					

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	(do box	not c	Pos heck	ition		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer P		Highest compensated 5		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BARBARA FORD	2.00								•	
CHAIR	1 00	Х		Х				0.	0.	0.
(2) JIM WELCH	1.00	3,7		,,					0	0
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(3) SAMARA MEJIA HERNANDEZ SECRETARY	1.00	х		х				0.	0.	0.
(4) BRADLEY MEYERS	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) ELLEN CARNAHAN	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) JODI CARO	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ROBERT CONLON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) BRIAN GOOD	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JOHN GREENING	1.00									_
DIRECTOR	1 00	Х						0.	0.	0.
(12) JONATHAN GURYAN	1.00								•	•
DIRECTOR	1 00	Х				_		0.	0.	0.
(13) RYAN HARRIS	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(14) TORRENCE L. HINTON	1.00	.,							0	•
DIRECTOR	1 00	Х				_		0.	0.	0.
(15) ALAIN LECOQUE	1.00	Х						0.	0	0
OIRECTOR (16) BRIAN MONCRIEF	1 00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	^
(17) SCOTT G. PASQUINI	1.00	Λ		<u> </u>				"	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
DINECTOR	<u> </u>	Λ	L	l			l	<u> </u>	0.	Form 990 (2019)

832007 12-31-18

Form **990** (2018)

Form 990 (2018) COMMUNIT	ES IN S	CE	IOO	LS	0	F	CH	IICAGO	36-3591	L326	Pag	је 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hiç	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Es	timated	Í
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	an	nount of	i
	week	-	cer ar	nd a d	irecto	or/trus	tee)	from	from related		other	
	(list any	rector						the	organizations	1	pensation	on
	hours for related	or di	e e			ated		organization	(W-2/1099-MISC)	1	om the	
	organizations	ustee	trust		e e	Suedi		(W-2/1099-MISC)		1 ~	anizatio d related	
	below	ual tr	tional		ploye	t con	_			1	anizatior	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			loiga	ariizatioi	13
(18) VALLI PERERA	1.00	=	 -	0	~	Τ 60	<u> </u>					
DIRECTOR		Х						0.	0.			0.
(19) MATTHEW STEINMETZ	1.00											
DIRECTOR		Х						0.	0.			0.
(20) GREGORY STOKLOSA	1.00											
DIRECTOR		Х						0.	0.	,		0.
(21) KAREEM K.W.O.E. WELLS	1.00											
DIRECTOR		Х						0.	0.	,		0.
(22) ALICIA WEST	1.00											
DIRECTOR		Х						0.	0.			0.
(23) JANE MENTZINGER	40.00											
EXECUTIVE DIRECTOR				Х				177,063.	0.	. 2	1,52	4.
(24) JUDITH ALLEN	40.00	1										
CHIEF OPERATING OFFICER				Х		<u> </u>		0.	0.			0.
(25) MARIANNE WOODWARD	40.00]										
CHIEF RESOURCE OFFICER						X		165,563.	0.	1	<u>9,13</u>	8.
(26) BARTHOLOMEW ST. JOHN	40.00	1							_			
CHIEF INNOVATION & COMMUNICATION OFF						X		100,114.	0.		5,70	
1b Sub-total								442,740.	0.		6,36	
c Total from continuation sheets to Part VI								103,559.	0.		3,29	
d Total (add lines 1b and 1c)							<u> </u>	546,299.	0.	8	9,66	<u>4.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization											Vaa	4
											Yes	No
3 Did the organization list any former officer,				-	-				• •			v
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su											Х	
and related organizations greater than \$150			•							4	Λ	
5 Did any person listed on line 1a receive or a										5		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scrieduit	e J 1	or st	ICH I	bers	OH						
Complete this table for your five highest contains the second secon	mpensated inc	lene	nder	nt co	ontra	acto	rs th	nat received more than 9	S100 000 of compens	ation fro	nm	
the organization. Report compensation for	•	-							•	ation in	2111	
(A)	o carorraar y		,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	. <u>g</u>		<u> </u>		(B)		10		
Name and business	address	NO	INC	3				Description of s	ervices		nsation	
2 Total number of independent contractors (iii	ncludina but n	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than			

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2018)

\$100,000 of compensation from the organization

Form 990 Part VII Section	COMMUNIT	IES IN S	CH	[00	LS	0	F	CH	ICAGO	36-359	1326	
Part VII Section	A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)		
<u> </u>	(A)	(B)				C)			(D)	(E)	(F)	
Na	ame and title	Average				ition			Reportable	Reportable Estima		
		hours	(cl				арр	ly)	compensation	compensation	amount of	
		per							from	from related	other	
		week					yee		the	organizations	compensation	
		(list any	ector						organization	(W-2/1099-MISC)	from the	
		hours for	ordir	au			ted e		(W-2/1099-MISC)		organization	
		related	stee (ruste			su ac				and related	
		organizations	al tru	onal t		oloye	moo				organizations	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
		line)	Jul	SE .	#0	a.	ΞΪ	Fo				
(27) CELIA LOZA		40.00										
CHIEF PROGRAM O	FFICER						Х		103,559.	0.	23,299	
				\vdash		_						
		1										
									103,559.		23,299	

Ш	Statement	of Revenue

		Check if Schedule O conta	ains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ω ω	1 2	Federated campaigns	1a					312 - 314
anta								
جَ وَ		Membership dues Fundraising events		294,760.				
ifts, r A		Related organizations						
nia G		Government grants (contribution		59,224.				
Sir		All other contributions, gifts, grant		,				
her	•	similar amounts not included abov		9,789,535.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1		70,914.				
ang	_	Total. Add lines 1a-1f		>	10,143,519.			
				Business Code				
ø	2 a	CONTRACT REVENUE		624110	554,620.	554,620.		
Σ	b							
Se	С							
eve eve	d							
Program Service Revenue	е							
ď		All other program service rever						
	g	Total. Add lines 2a-2f			554,620.			
	3	Investment income (including	•	· .				
		other similar amounts)		I	17,692.			17,692.
	4	Income from investment of tax		'				
	5	Royalties						
	•	0	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
	, u	assets other than inventory	70,914					
	b	Less: cost or other basis	, , , , , , , , , , , , , , , , , , ,					
	_	and sales expenses	70,914	.				
	С	Gain or (loss)	0					
		Net gain or (loss)						
0	8 a	Gross income from fundraising	g events (not					
une		including \$ 294,	760. of					
eve		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	;	22,600.				
Ĕ		Less: direct expenses		31,410.				
		Net income or (loss) from fund		·····	-8,810.			-8,810.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		b				
		Net income or (loss) from gam		P				
	10 a	Gross sales of inventory, less i		_				
	h	and allowances						
		Less: cost of goods sold Net income or (loss) from sales						
-		Miscellaneous Revenue		Business Code				
-	11 2	MISCELLANEOUS INCOME		611110	2,379.			2,379.
	b				= , = . 3 •			
	c							
		All other revenue						
		Total. Add lines 11a-11d			2,379.			
	12	Total revenue. See instructions		I	10,709,400.	554,620.	0.	11,261.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
--

_	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	216,454.	162,669.	28,311.	25 474
_	trustees, and key employees	210,434.	102,009.	20,311.	25,474
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 640 647	1 004 400	245 202	210 767
7	Other salaries and wages	2,640,647.	1,984,498.	345,382.	310,767
8	Pension plan accruals and contributions (include	36 600	27 572	4 700	1 210
_	section 401(k) and 403(b) employer contributions)	36,689. 351,589.	27,572. 270,291.	4,799.	4,318 32,982
9	Other employee benefits	331,389.		31,218.	27,562
10	Payroll taxes	232,903.	174,123.	31,218.	21,562
11	Fees for services (non-employees):				
а		0 201		0 201	
b	<u> </u>	9,321.		9,321.	
С	Accounting	47,250.		47,250.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	, _F				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	44			
	column (A) amount, list line 11g expenses on Sch 0.)	64,758.	5,277.	39,065.	20,416
12	Advertising and promotion	40.500	45.560	04 05	
13	Office expenses	40,680.	15,560.	21,967.	3,153 4,349
14	Information technology	42,073.	19,719.	18,005.	4,349
15	Royalties	455 500	24 24 2	44.605	10015
16	Occupancy	157,530.	94,819.	44,695.	18,016
17	Travel	29,963.	23,556.	5,195.	1,212
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,787.	16,471.	5,738.	3,578
23	Insurance	38,578.	26,654.	8,673.	3,251
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DDOGDAM EXPENSES	118,134.	111,605.	2,134.	4,395
b	STAFF DEVELOPMENT	34,266.	17,913.	13,091.	3,262
С	DONOR DEVELOPMENT	15,543.			15,543
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,102,165.	2,950,727.	673,160.	478,278
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

Form 990 (2018)
Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,245,257.	1	7,574,237
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			278,966.	3	559,976
	4	Accounts receivable, net			,	4	,
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa		, , , , , , , , , , , , , , , , , , , ,			
		Part II of Schedule L	-			5	
	6	Loans and other receivables from other disquali					
	Ü	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of section					
				·		6	
Assets	_	employees' beneficiary organizations (see instr).					
188	7	Notes and loans receivable, net				7	
`	8	Inventories for sale or use			49,319.	8	49,205
	9		 I I		49,319.	9	49,203
	10a	Land, buildings, and equipment: cost or other	1	174 652			
		basis. Complete Part VI of Schedule D		174,653.	(0.022		110 205
		Less: accumulated depreciation			62,833.	10c	112,397
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		1		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		1,636,375.	16	8,295,815
	17	Accounts payable and accrued expenses			131,703.	17	181,639
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
,	22	Loans and other payables to current and former	officers,	directors, trustees,			
		key employees, highest compensated employee	s, and dis	squalified persons.			
LIADIIILES		Complete Part II of Schedule L				22	
ָּן נֿ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third par			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			27,159.	25	29,428
	26	Total liabilities. Add lines 17 through 25			158,862.	26	211,067
		Organizations that follow SFAS 117 (ASC 958			•		
,,		complete lines 27 through 29, and lines 33 an		, — I			
	27	Unrestricted net assets			934,137.	27	1,192,721
<u> </u>	28	Temporarily restricted net assets			543,376.	28	6,892,027
<u> </u>	29				•	29	
=		Organizations that do not follow SFAS 117 (A					
		and complete lines 30 through 34.					
o 1	20	Capital stock or trust principal, or current funds				30	
ا ر		- Sapital Stock of trust billibida. Of bull bill fullus		······			
2122	30 31			fund		24	
Assets	31	Paid-in or capital surplus, or land, building, or ed	quipment			31	
let Asse	31 32		quipment come, or	other funds	1,477,513.	31 32 33	8,084,748

Form **990** (2018)

Form **990** (2018)

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	10,70		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,10	2,1	65.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,60	7,2	35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,47	7,5	13.
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	8,08	4,7	48.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	 Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	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	ed audit			
	ar guidite, cynlain why in Cabadula O and dagariba any atana takan ta undagan ayab guidite		O.L.		1

832012 12-31-18

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Name of the organization

COMMUNITIES IN SCHOOLS OF CHICAGO 36-3591326 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	• •	• •				
	membership fees received. (Do not						
	include any "unusual grants.")	2447947.	2086147.	2705297.	2916277.	10143519.	20299187.
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	0445045	0006145	0000000	0016000	10142510	00000100
	Total. Add lines 1 through 3	2447947.	2086147.	2705297.	2916277.	10143519.	20299187.
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)						100 110
•	· ······						19800739.
	Public support. Subtract line 5 from line 4.						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	2447947.	2086147.	2705297.	2916277	10143519.	20299187.
	Gross income from interest,		20002170	2,0023,0			
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	88.				17,692.	17,780.
9	Net income from unrelated business					,	,
	activities, whether or not the						
	business is regularly carried on					3,590.	3,590.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	596.				2,379.	
11	Total support. Add lines 7 through 10						20323532.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 1	<u>,087,469.</u>
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
_	organization, check this box and stor						>
	ction C. Computation of Publi		<u>-</u>			т т	
	Public support percentage for 2018 (li					14	97.43 %
	Public support percentage from 2017					15	86.46 %
16a	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
r	33 1/3% support test - 2017. If the c	-					
47-	and stop here. The organization quali						
1/8	10% -facts-and-circumstances test	ū					·
	and if the organization meets the "fact		•	•		•	
Į.	meets the "facts-and-circumstances" 10% -facts-and-circumstances test						
i.	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization			·			
-10	ato roundationi ii tile organizatio	ala not oncor a i	30A 011 III 10 10, 10	., 100, 17a, 01 17b	, or look trilo box a	a ooo ii isti uotioi i	········ 🚩 🔲

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
<u>Se</u>	ction B. Total Support		,	T	_		
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·		*	•	. , . , .	
<u></u>	check this box and stop here						.
	ction C. Computation of Publi		<u>_</u>	. (5)		T .= I	
	Public support percentage for 2018 (I					15	<u>%</u>
<u>16</u> Se	Public support percentage from 2017 ction D. Computation of Inves					16	%
				no 10 notimen (6)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from :					18	7 is not
198	a 33 1/3% support tests - 2018. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	▶∐
20	Drivate foundation If the organization	n did not chock a	box on line 14, 10	or 10h chock th	nic hay and sac inc	structions	▶

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
0.0		
3с		
- 55		
4a		
Tu		
4b		
40		
40		
4c		
Fa		
5a		
- Eh		
5b		
5c		
6		
-		
7		
8		
9a		
0.		
9b		
9c		
40-		
10a		
401		
10b		Щ

Par	TIV 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		
С	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		
Sect	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		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	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	3).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)		
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on l	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of			
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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	I v Type III Non-Functionally integrated 509(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
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	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		ı	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u> i </u>	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COMMUNITIES IN SCHOOLS OF CHICAGO

Employer identification number 36-3591326

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	· — —
Day			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		1 1
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation eas	ament is leasted	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ū	b	mandaning of violations, and officioning cont	servation deserments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
-	▶ \$	g or moranorio, and ornoronig concerna	men casemente aanng me year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		3
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

832051 10-29-18

Schedule D (Form 990) 2018

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

Pai	t III Organizations Maintaining C	ollections of Art	t, Histori	cal Tre	easures, or	Othe	r Simila	ar Assets	(continu	ued)	igo —
3	Using the organization's acquisition, accessi								,		
	(check all that apply):	•	,	,	Ü						
а	Public exhibition	d	l Lo	an or exc	hange progra	ms					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organizatio	n's exer	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa							,	, ,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iarv for con	tribution	s or other asse	ets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										,
~	ii roo, oxpiaii ale arrangement iir arrxiii	and complete the for	iowing tabl	.					Amount		
С	Beginning balance						1c		7 (11100111)		
4											
u	Additions during the year Distributions during the year										
f											
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.								_] NO]
	t V Endowment Funds. Complete										
	Zirao mierri ariaor compiete	(a) Current year	(b) Prio		(c) Two years			years back	(a) Four	voore l	hack
10	Beginning of year balance	(a) Current year	(D) FIIO	i yeai	(C) Two years	5 Dack	(u) IIII G	years back	(e) i oui	y cais i	Dack
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
Ť	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curr			olumn (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ition that ar	e held ar	nd administere	ed for th	ne organi:	zation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)	_	
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fund	ds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, lir	ne 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o			t or other		ccumula		(d) Book	value	•
		basis (investn	nent)	basis	(other)	de	preciatio	n			
1a	Land										
b	Buildings										
С	Leasehold improvements				3,549.		12,8		20	, 65	<u>3.</u>
d	Equipment			14	1,104.		49,3	860.	91	.,74	<u>14.</u>
е	Other										
	Add lines 1a through 1e (Column (d) must a		V aglume:	(D) line 1	(00.)				112	. 39	97.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 COMMUNITIES	IN SCHOOLS	OF CHICAGO	36-3591326 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	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 v	aluation: 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 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. I	line 11c. See Form 990.	Part X. line 13.
(a) Description of investment	(b) Book value		raluation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV I	line 11d See Form 990	Part X line 15
	Description	illie 11d. dee 1 dilli 990,	(b) Book value
· · · · · · · · · · · · · · · · · · ·	Boomption		(a) Been value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		>
Complete if the organization answered "Yes"	on Form 990, Part IV, I		1 990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED RENT		29 428.	

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	29,428.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	29,428.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1				1	10,729,743.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				-			
а	Net unrealized gains (losses) on investments	2a						
b		2b						
С		2c						
		2d						
	Add lines 2a through 2d			2e	0.			
3	Subtract line 2e from line 1			3	10,729,743.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
		la						
		lb	-20,343.					
	Add lines 4a and 4b			4c	-20,343.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		F	5	10,709,400.			
	rt XII Reconciliation of Expenses per Audited Financial Statements							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements			1	4,122,508.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, , , , , , , , , , , , , , , , , , , ,			
– a		2a						
b		2b						
		2c						
		2d	20,343.					
	Add lines 2a through 2d			2e	20,343.			
3	Subtract line 2e from line 1			3	4,102,165.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			Ŭ				
		la						
		lb						
	Add lines 4a and 4b			4c	0.			
5				5	4,102,165.			
	rt XIII Supplemental Information.							
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin	es 1h an	d 2h: Part V line 4:	Part :	X line 2: Part XI			
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional				τ, πιο Σ, τ αιτ τι,			
111100	24 and 45, and 1 are Mi, into 24 and 45. Also complete this part to provide any additional	i ii ii oi ii ia						
PAI	RT X, LINE 2:							
	·							
THI	ORGANIZATION IS GENERALLY EXEMPT FROM FEDERA	AL IN	ICOME TAX	PUR	SUANT TO			
SE	CTION 501(C)(3) OF THE INTERNAL REVENUE CODE	(THE	CODE) AND	AP:	PLICABLE			
STATE LAW, EXCEPT FOR TAXES PERTAINING TO UNRELATED BUSINESS INCOME, IF								
·								
AN:	<i>[</i> •							
יייים	ODCINITATION IIIC ADODUST UITE DECITORISTUS SI	מר מר	ACCITATE TATE	ם יי	IINGDDDATN			
TH	${ t E}$ ORGANIZATION HAS ADOPTED THE REQUIREMENTS FO	JK AC	COOMITING 1	CK	ONCEKTAIN			

THE ORGANIZATION HAS ADOPTED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN

TAX POSITIONS AND MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION WAS NOT

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

JUNE 30, 2019 AND 2018.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

COMMUNITIES IN SCHOOLS OF CHICAGO

Employer identification number

	TIES IN SCHOOLS OF	Сп.	LCAC	3 U	30-3391	340			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i)									
		Yes	No						
⁻ otal			•						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration			

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

Schedule G (Form 990 or 990-EZ) 2018

Revenue		of fundraising event contributions and gr		,		
			(a) Event #1 COCKTAILS AND CONVERSA (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
				(event type)	(total number)	
	1	Gross receipts	317,360.			317,360.
- 1	2	Less: Contributions	294,760.			294,760.
\perp	3	Gross income (line 1 minus line 2)	22,600.			22,600.
	4	Cash prizes				
	5	Noncash prizes				
sesus	6	Rent/facility costs	11,067.			11,067.
Exp						
Direc	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				20,343.
- 1	10	Direct expense summary. Add lines 4 throug	. ,		>	31,410.
	11	Net income summary. Subtract line 10 from				-8,810.
Par	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
e e						
ď	1	Gross revenue				
	2					
ses	_	Cash prizes				
xpenses	3	Noncash prizes				
Direct Expenses						
Direct Expenses	3	Noncash prizes Rent/facility costs				
Direct Expenses	3	Noncash prizes		Vac 96	Vas %	
Direct Expenses	3	Noncash prizes Rent/facility costs	☐ Yes % ☐ No	Yes%		
Direct Expenses	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	Yes % No	$\overline{}$	No No	
Direct Expenses	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No h 5 in column (d)	No No	□ No ►	
Direct Expenses	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No h 5 in column (d)	No No	□ No ►	
Direct Expenses	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	Yes % No h 5 in column (d) 7 from line 1, column (d)	No No	□ No ►	
o Direct Expenses	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conditions.	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No No	No ▶	Yes No.
a Direct Expenses	3 4 5 6 7 8 Entities to	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	Yes% No th 5 in column (d)	No states?	No ▶	Yes No
a Direct Expenses	3 4 5 6 7 8 Entities to	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conditions.	Yes% No th 5 in column (d)	No states?	No ▶	Yes No
9 a b Direct Expenses	3 4 5 6 7 8 Entitle If "I	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses respectively.	Yes	states?	No	
9 a b Direct Expenses	3 4 5 6 7 8 Entitle If "I	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	Yes	states?	No	

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Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 COMMUNITIES IN SCHOOLS OF CHICAGO	36-3591326 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
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
THE LINE THE HAITE AND ADDIESS OF THE PERSON WHO PREPARES THE ORGANIZATION'S GAITHING/SPECIAL EVENTS DOORS AND TECC	ius.
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the ar	nount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation \$	
Description of control was taked N	
Description of services provided	_
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and Part III. lines 9, 9b, 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,,,,,
100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.	

Schedule G	G (Form 990 or 990-EZ)	COMMUNITIES	IN	SCHOOLS	OF	CHICAGO	36-3591326	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)						
		(continued)						
-								
-								
-								
-								
						· ·		
-								
					_			
						·		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

COMMUNITIES IN SCHOOLS OF CHICAGO

 $Employer\ identification\ number \\ 36-3591326$

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		_X_
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	a		

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

Schedule J (Form 990) 2018

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.

(A) Name and Title (B) Base compensation co	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
EXECUTIVE DIRECTOR (D) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. (2) MARIANNE WOODMARD (D) 140,563, 25,000. 0. 5,100. 14,038. 184,701. 0. (110,000) (110,00			(i) Base compensation	incentive	reportable		perients	(B)(i)-(D)	reported as deferred	
EXECUTIVE DIRECTOR (I) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. (2) MARIANNE WOODMARD (I) 140,563. 25,000. 0. 5,100. 14,038. 184,701. 0. (1) 0. (1) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(1) JANE MENTZINGER	(i)	147,063.	30,000.	0.	5,445.	16,079.	198,587.	0.	
CHIEF RESOURCE OFFICER (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	EXECUTIVE DIRECTOR				0.				0.	
CRIEF RESOURCE OFFICER (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(2) MARIANNE WOODWARD	(i)	140,563.	25,000.	0.	5,100.	14,038.	184,701.		
	CHIEF RESOURCE OFFICER			0.	0.		0.		0.	
		(i)								
		(i)								
		(ii)								
		(i)								
(i) (ii) (ii) (iii) (iii										
(i) (ii) (iii) (ii										
(i) (i) (ii) (ii) (ii) (iii) (
(ii) (iii) (
(ii) (ii) (iii)										
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii	_									
(i) (ii) (ii) (iii) (iii										
(ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii										
(i) (ii) (iii) (ii										
(ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii										
(i) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiiiii										
(i) (ii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii										
(i) (ii) (ii) (iii) (iii) (iiii) (iiiiiiii										
(i) (i) (i)										
(i)										
	-									
		(ii)								

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Inspection Employer identification number

	COMMUNITIES IN SCHOOLS OF CHICAGO						36-3591326			
Par	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	g n	(c Method of c oncash contrib	determin	-	s	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	8	70,914	. STO	CK QUOT	E			
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other									
26	Other									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions						
	for which the organization completed Form 828	83, Part IV, [Donee Acknowledg	jement 29						
								Yes	No	
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 thro	ugh 28, t	that it				
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be	used for					
	exempt purposes for the entire holding period?						30a		X	
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contrib	outions?		31	Х		
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncas	h					
	contributions?						32a		Х	
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is ch	ecked,					
	describe in Part II.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

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 AND ENRICHMENT PROGRAMS AND SERVICES TO CHICAGO PUBLIC SCHOOL CIS OF CHICAGO HELPS SCHOOLS ADDRESS STUDENTS' MOST PRESSING NEEDS BY TRAINING THEM TO IDENTIFY PRIORITIES, FIND OUTSIDE PARTNERS, SCHEDULE PROGRAMS, AND EVALULATE, IMPACT, AND MAINTAIN PARTNERSHIPS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITIES IN SCHOOLS OF CHICAGO (CIS OF CHICAGO) CONNECTS INTEGRATED SERVICES THAT ADDRESS IDENTIFIED PRIORITIES TO STUDENTS IN 147 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 500 STUDENTS IN JEOPARDY OF DROPPING OUT.

TYPICALLY, MORE THAN 95 PERCENT OF STUDENTS IN GRADES K THROUGH 11 DIRECTLY SUPPORTED BY CIS OF CHICAGO ARE PROMOTED AND 97 PERCENT OF THE SENIORS CIS OF CHICAGO SUPPORTS GRADUATE

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.

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

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

Name of the organization COMMUNITIES IN SCHOOLS OF CHICAGO Emplo

Employer identification number 36-3591326

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:

REVIEW OF THE ORGANIZATION OVERALL.

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

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

Name of the organization COMMUNITIES IN SCHOOLS OF CHICAGO	Employer identification number 36-3591326						
	•						
FORM 990, PART VI, SECTION C, LINE 19:							
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLIC	TO OF INTEREST						
	POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE						
AVAILABLE TO THE PUBLIC UPON REQUEST AND ALSO ON THE ORGAN	NIZATION'S						
WEBSITE.							