Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service

Open to Public benefit trust or private foundation) Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the	2012 cale	ndar year, or tax year beginnin	g JULY 01	, 2012, a	nd ending	JUN	IE 30	, 20 13	
В	Check if	applicable:	C Name of organization DISTINCTI	VE SCHOOLS				D Employer	identification number	
	Address	change	ange Doing Business As					27-4967763 E Telephone number		
П	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite							
$\bar{\sqcap}$	Initial ret		17 N. STATE ST 1890					312.332.4998		
$\overline{\Box}$		Ferminated City, town or post office, state, and ZIP code								
								G Gross rec	eipts \$ 20,881,240	
V		Application pending F Name and address of principal officer: DAVID SUNDSTROM H(a) is this a						aroup return fo	r affiliates? Yes Vo	
۳	Applicat							H(b) Are all affiliates included? Yes No		
_	T		✓ 501(c)(3)		1	527			ist. (see instructions)	
<u> </u>		mpt status:		· · _ · _ · _ · _ · _ · _ · _ · · _ ·	1 +3+1 (a)(1) 01		H(c) Groun	exemption r	number ►	
<u>J</u>	Website		W.DISTINCTIVESCHOOLS.ORC		I Vos	r of formation			f legal domicile:	
_				ation Other P	Lies	ii Oriomiation	•	otato o		
Part Summary										
	1	Briefly describe the organization's mission or most significant activities:							r schools sarving kids	
9		Distinctive Schools is a non-profit organization dedicated to supporting and accelerating the work of charter schools ser from traditionally under-served backgrounds.								
ā										
eru	_	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.								
õ	2								_	
Activities & Governance		 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 							3	
	4									
	5		nber of individuals employed						366	
	6							6	0	
	7a		related business revenue from Part VIII, column (C), line 12				7a	0		
	b	Net unrel	ated business taxable income	e from Form 990-1, lii	ne 34	· · · ·	Prior Ye	7b	0 Current Year	
						-				
<u>o</u>	8		Contributions and grants (Part VIII, line 1h)					3,458,660	19,752,850	
Revenue	9		Program service revenue (Part VIII, line 2g)					835,128	1,128,390	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	12		otal revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)				14,293,788		20,881,240	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)								
	14	Benefits paid to or for members (Part IX, column (A), line 4)								
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				5–10)	10	0,396,392	13,581,116	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)								
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶								
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				;	3,450,930	6,503,524		
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .				13,847,322		20,084,640		
	19	Revenue	evenue less expenses. Subtract line 18 from line 12					446,466	796,600	
Net Assets or Fund Balances			Ве				ginning of Cu	ırrent Year	End of Year	
	20	Total ass	otal assets (Part X, line 16)					1,598,399	2,905,843	
	21	Total liab	otal liabilities (Part X, line 26)					1,151,934	1,329,720	
훒	22	Net assets or fund balances. Subtract line 21 from line 20						446,465	1,576,123	
	art II	Signature Block								
Under penalties of perjury, I declare that I have examined this eturn, including accompanying schedules and statements, and to the best of my knowledge and										
true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge.										
		1 son the						117-21	0746	
Sig	gn							ate	₹	
Here DAVIDSVNOSAZOM CITEF COMPLANIE OFFICES										
		Type or print name and title								
Doid		Print/Ty	pe preparer's name	Preparer's signature		Date		Check	if PTIN	
Paid								self-empl	– I	
Preparer			name >	-1			Firr	m's EIN ▶		
Use Only		· y ———	Time mane					one no.		
May the IRS discuss this return with the preparer shown above? (see instructions)									Yes No	
way the into discuss this feturn with the property shown above. (see metasticing)									Form 990 (2012)	