

Return of Organization Exempt From Income Tax

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **JULY 01**, 2013, and ending **JUNE 30**, 2014

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **DISTINCTIVE SCHOOLS**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
910 W. VAN BUREN 315
 City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60607

D Employer identification number
27-4967763

E Telephone number
312.332.4998

F Name and address of principal officer: **DAVID SUNDSTROM**
910 W. VAN BUREN SUITE 315 CHICAGO, IL 60607

G Gross receipts \$

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.DISTINCTIVESCHOOLS.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2011** **M** State of legal domicile: **IL**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Distinctive Schools is a non-profit organization dedicated to supporting and accelerating the work of charter schools serving kids from traditionally under-served backgrounds.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	466
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	19,752,850	24,971,023
	9 Program service revenue (Part VIII, line 2g)	1,128,390	1,432,792
	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 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,881,240	26,403,815
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)	13,581,116	16,240,356
	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)	6,503,524	9,435,822
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	20,084,640	25,676,178	
19 Revenue less expenses. Subtract line 18 from line 12	796,600	727,637	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,905,843	4,363,116
	21 Total liabilities (Part X, line 26)	1,329,720	1,809,645
	22 Net assets or fund balances. Subtract line 21 from line 20	1,576,123	2,553,471

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.

Sign Here

Signature of officer: *[Handwritten Signature]* Date: **FEB 11/13**

Type or print name and title: **DAVID M. SUNDSTROM, COMPLIANCE OFFICER**

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name ▶: _____ Firm's EIN ▶: _____

Firm's address ▶: _____ Phone no.: _____