Public Disclosure Copy

Form 990

PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Form	<u>990</u>

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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.



AF	or the	and and a second a se	ending		
B c	heck if pplicabl	e: C Name of organization		D Employer identific	cation number
	Addre	e ILLINOIS NETWORK OF CHARTER SCHOOLS			
	Name Chang	e Doing business as		14-1	862409
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		430	(312)629-2063
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,020,945.
	Amen return			H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: ANDREW BROI		for subordinates	? Yes X No
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
11	ax-ex	empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1)$	or 527	1 • /	list. (see instructions)
		te: WWW.INCSCHOOLS.ORG		H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·
ΚF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2002	State of legal domicile: IL
	art I	Summary			5
	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O.	
ЭCe		, , , , , , , , , , , , , , , , , , , ,			
nar	2	Check this box if the organization discontinued its operations or disposed in the organization din the organization din the organization disposed in the organiz	sed of more	than 25% of its net ass	ets.
ver	1			3	14
ဗီ		Number of independent voting members of the governing body (Part VI, line 1b)			14
ళ		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			20
itie		Total number of volunteers (estimate if necessary)			8
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	10,826.
Ă		Net unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)		3,577,071.	2,740,350.
nu	9	Program service revenue (Part VIII, line 2g)		84,758.	247,885.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,756.	32,710.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-75,772.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,592,813.	3,020,945.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		51,914.	58,450.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ú	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,707,788.	1,611,051.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		25,500.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25) > 218,83	18.		
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,010,863.	836,042.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,796,065.	2,505,543.
		Revenue less expenses. Subtract line 18 from line 12		796,748.	515,402.
or		· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year
lanc	20	Total assets (Part X, line 16)		6,165,856.	6,565,508.
Assets d Balanc	21	Total liabilities (Part X, line 26)		332,766.	217,016.
Net	4	Net assets or fund balances. Subtract line 21 from line 20		5,833,090.	6,348,492.
Pa		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	Signature of officer		Date	
Here	ANDREW BROY, PRESIDENT			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	LU ANN TRAPP	LU ANN TRAPP	11/13/19 self-employed P	01506476
Preparer	Firm's name 🍺 PLANTE & MORAN, 🗆	PLLC	Firm's EIN 🕨 38	-1357951
Use Only	Firm's address 🕨 10 S. RIVERSIDE	PLAZA, 9TH FLOOR		
	CHICAGO, IL 6060	6	Phone no. (312)	207-1040
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes 🗌 No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2018) ILLINOIS NETWORK OF CHARTER SCHOOLS 14-1862409 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: <u>THE ILLINOIS NETWORK OF CHARTER SCHOOLS (INCS) ADVOCATES FOR THE</u>
	IMPROVEMENT OF PUBLIC EDUCATION BY LEVERAGING THE CHARTER SCHOOL MODEL
	AS A CATALYST TO TRANSFORM LIVES AND COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,922,781. including grants of \$ 58,450.) (Revenue \$ 247,885.)
Ĩ	THE ILLINOIS NETWORK OF CHARTER SCHOOLS (INCS) ADVOCATES FOR THE
	IMPROVEMENT OF PUBLIC EDUCATION BY LEVERAGING THE CHARTER SCHOOL MODEL
	AS A CATALYST TO TRANSFORM LIVES AND COMMUNITIES. INCS WORKS TO ENSURE
	THAT CHARTER PUBLIC SCHOOLS HAVE ADEQUATE AND EQUITABLE RESOURCES, THE AUTONOMY TO FIND INNOVATIVE APPROACHES TO MEET STUDENT NEEDS, AND A
	FAIR AND TRANSPARENT POLICY LANDSCAPE THAT ALLOWS HIGH-QUALITY OPTIONS
	TO THRIVE. AS THE VOICE OF THE ILLINOIS CHARTER SCHOOLS, INCS ENGAGES A
	DIVERSE COALITION OF POLICYMAKERS, SCHOOL LEADERS, PARENTS, AND
	COMMUNITY MEMBERS TO CREATE SYSTEMIC CHANGE AND SECURE HIGH-QUALITY
	SCHOOLS FOR UNDERSERVED COMMUNITIES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,922,781.
<u>4e</u>	Total program service expenses ► 1,922,781. Form 990 (2018)
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-01111	990	(2010)	

			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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		77	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 21
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
U	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	L.		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
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		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	1-+a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	<u> </u>		
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
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		X
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		X
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
	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	X	
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22 Did the organization export more than 55,000 of grants or other assistance to or for domestic individuals on Part X, control (A), line 21 // Yes, ' complete Schedule I, Part I and III (Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J, Part I and Yes ' to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J, Yes ' to Part V, Yes ' to				Yes	No
22 Did the organization asswer "Vet" to Far WI, Section A, line 3, 4, or 6 about compensation of the organization is current and former offers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24 Did the organization have a tax security of the start during the year, that was issued after December 31, 2002? If "Yes," answer line 324 bit brough 244 and complete Schedule X, if Yes," to proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24 Did the organization maintain an escore account other than a rutinding at any time during the year? 24d X 25 Section 50(4)(5), 50(1(4), 400(4), 50(1(24)) expansitations. Diff the organization are attribute in angoad in an access benefit transaction with a display tax definese period as propriated and the transaction has no been reported on any of the organization grant mark and bar of 50, 072 for receivables from or payables to any current or former office, director, trustee, key employees, or diaguified persons 1 an prior yar, and that the transaction has no been reported on any of the organization are grant at the payable schedule L, Part I 25b 27 Did the organization grant or other assistance to an addition officer, director, trustee, key employees, indigualified persons 1 an prior yar, and that the transaction have that a singlame of the organization are yardine to a solic orticle density of many member of any of these pensors? If "Yes," complete Schedule L, Part II 26b X 27 Did the organization approxip thereod, a grant or othera sasitance to an additin or direct, director, truste	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? # "Yes," complete 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the organization nave at any exempt bonds beyond a temporary period exception? 24a 24b Did the organization have a tax exempt bonds beyond a temporary period exception? 24a 24b Did the organization naved any proceeds of tax exempt bonds beyond a temporary period exception? 24a 25b Did the organization naved any an eacrow account of the than a returned escow at any time during the year? 24d 25b Schedule K, if 'No,' go to line 25a 24a 25b Schedule K, if 'No,' go to line 25a 24a 25b Schedule K, if 'No,' go to line 25a 24a 25b Schedule K, if 'No,' go to line 25a 24a 25b Schedule K, if 'No,' go to line 25a 24a 25b Schedule K, if 'No,' go to line 25a 25b 25b Schedule K, if 'No,' (Stoppet Schedule L, Part I) 25b 25b Did the organization report any amount on Part X, line 5, 0, 22 for receivables to any current or former of the comparisation provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or any othese perions? If 'Yes,' complete Schedule L, Part IV 25b Did the organization repords a grant or othera assistance to an outfaurt dis		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule J 23 X 4a Did the organization have a tax exempt bond issue with an odstanding principal amount of more than \$100,000 as of the Schedule K. If Yos," go to line 25a 24a 24b 24b X 24b 24b 24b 24b 25b 25b 25b 25b 15b the organization and and 50(12)(20 organizations both and organization and and the sequences benefit 25b 25b 15b 15b 15b 15b 15b 25b 15b 15b 15b 15b 15b 15b 25b 15b 15b 15b 15b 15b 15b 25b 15b 15b 15b 15b	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Det he organization have a tax-exempt bond issue with an outstanding principal emount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yea,' answer lines 24b through 24d and complete Schedule K, If 'No,' go to line 25a 24a X D Did the organization invest any proceeds of tax-exempt bond is beyond a temporary pariod exception? 24a X D Did the organization invest any proceeds of tax-exempt bonding secrow at any time during the year to defease any tax-exempt bonds? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization argage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction han on the energoted in an excess benefit transaction with a disqualified persons? If 'yea,' complete Schedule L, Part I 25a X 26 Did the organization reveals and on any of the organizations prior Forms 900 erg 90.E27 If 'yea,' complete Schedule L, Part II 25a X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee three's, a grant selection committee member, or to 35% controlled persons? If 'yea,' complete Schedule L, Part II 25a X 27 Was the organization provide a grant or other assistance to an officer, director, trustee, every employee, substantial contributor or employee three's, a grant selection committee member, or to 35% controlled entity or family interesting, complete Schedule L, Part IV 25a X 28 Was the organization neover or former,		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X Is both the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b Is both the organization maniful an encome account of ther than a refunding second any time during the year? 24d 24d Is both the organization charter to any an occur of ther than a refunding second any time during the year? 24d 24d Is both organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 24d 24d Is both organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 24d 25a Is both organization and a total regaged in an excess benefit transaction with a disqualified person during the year? 25a X Is both 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, substantial contributor or anglope there, garant selection committee member, or to a 35K controlled entity or family member of any of these person? If "Yes," complete Schedule L, Part IV 26a X If the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, floatector, trustee, we amployee, or disqualified persons? If "Yes," complete Schedule L, Part IV 26a X ID to the organization report any amount on Part X, line 5, 6, or 22 for receivables from the partice of the organization report ang			23	X	
Schedule K. If Yok, 'go to line 25a 24a X Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d d Did the organization meantain an escrow account other than a refunding escrow at any time during the year? 24d 22a Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 22a Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization are excess benefit transaction with a disqualified person in a prior year, and that the transaction and to be reported on any of the erganization spiror Forms 900 or 900 E27. If "Yes,' complete Schedule L. Part I 25a 23 Bold the organization exponses any of the erganization spiror Forms 900 or 900 E27. If "Yes,' complete Schedule L. Part I 25a 24 25a X 25 Did the organization reported any anount on PAT X. line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustese, key employees, substantial contributor or employees theread, a grant selection committee member, or to a 32% controllid antity or family member of a current former officer, director, trustese, texp employee? If "Yes,' complete Schedule L. Part I 26 X 27 X 28 X 29 A current of former officer, director, trustes, or key employee? If "Yes,' complete Schedule L, Part I 20 A current of former o	24a				
b Ded the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrew account other than a refunding secrew at any time during the year 0 defease any tax exempt bonds? 24c d Did the organization at as an 'on behaff of 'issue for bonds outstanding at any time during the year? 24d 25a Section 501(63), 501(64), 4016(62) organizations. Did the organization disqualified person in a prior year, and that the transaction with a disqualified person of a prior year, and that the transaction is not bean reported on any of the organization is prior Forms 880 or 990-E27 // */**, " complete Schedule L, Part 1 25a 25 Did the organization aver that the engage in an excess benefit transaction with a disqualified person." J */**, " complete Schedule L, Part 1 25a 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employse thered, a grant astechnic committee member, or to a 350 controlled entry or family member of a any of these persons? If ***e," complete Schedule L, Part IV 28a X 27 Did the organization appringer backs, conditions, and exceptions?. a Accurrent or former officer, director, trustee, or key employee? If **e," complete Schedule L, Part IV 28a X 28 D at the granization receive more than 325,000 in non-cash contributions of a notificer, director, trustee, or key employee? If **e," complete Schedule L, Part IV 28a <td></td> <td></td> <td></td> <td></td> <td></td>					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d 25a Section 501(c)(3), 601(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person on in a prory year, and that the magaced in an excess benefit transaction with a disqualified person on in a prory year, and that the transaction has not been reported on any of the organization's prior Forms 800 or 990-E27. If "Yes," complete Schedule L, Part I 25b X. 251 Did the organization creater any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or forms officers, fluctors, fluctors, trustees, key employees, highest compensated employees, substantial contributor or employes thereol, a grant estection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 22b X. 27 Not the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors for applicable filling thresholds, conditions, and exceptions? 27 X. 28 Mas the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X. 28 A anetty of which a current former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X. 29 Did the organization receive contributions of If "Yes," complete Schedule L, Part IV<					
any tax-exempt bonds? 24c 4 Did the organization act as an 'on behaf of 'issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a 25b Is the organization aware that engaged in an excess benefit disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990 E27. If 'Yes,' complete Schedule L, Part I 25a 25b 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, or disqualified persons 7. If 'Yes,'' complete Schedule L, Part II 26a 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereol, agrant salection committee emember, or to a 35% controlled netity or tankly member of a current or former officer, director, trustee, or key employees, schedule L, Part IV 28a X 28 Was the organization a party to a busines transaction with a deceptions; A annity member of a current or former officer, director, trustee, or key employees Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or qualified conservation contributions? Yes, 'complete Schedule L, Part IV 28a A unrent or former officer, director, trustee			24b		
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transaction with a disqualified person during the year? // *Yes,* complete Schedule L, Part I 25a X b is the organization a party reason in a pitor year, and that the transaction has not been reported on any of the organization's pitor Forms 900 or 900-E27 // *Yes,* complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // *Yes,* 25b X 27 Did the organization party the systematical employees, or disqualified persons? // *Yes,* 26b X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 27 X 28 Was the organization role of the role of inder director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more filter, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more filter, director, trustee, or key employee? If "Yes," complete Schedule M 30 X 29 Did the organization role of the following? If "Yes," complete Schedule M 30 X 20 Did the organization role of the role of the corthedirector, trustee, or direct or indirect o			24d		
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31 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 34 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b f "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization comduct 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,	30				
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization reduct to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b 35b 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 band 19? 36 X 39 Note. All Form 990 filers are required to complete Schedule O Or Part VI, lines 11 band 19? 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance <td>31</td> <td></td> <td></td> <td></td> <td></td>	31				
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
(gambling) winnings to prize winners?					
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<u>Form 990 (</u> 2018)		NETWORK				
Part V State	ments Regarding Othe	er IRS Filings	and	I Tax Compli	iance	(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 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
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	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		Х
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
Ŀ.	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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 Enter the amount of reserves on hand 13c			
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation in Schedule O</i>	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי		
.5	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.			

Form **990** (2018)

832005 12-31-18

Form 990 ((2018)
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ILLINOIS NETWORK OF CHARTER SCHOOLS

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

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	ion 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		14	-		
	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		14	<u>.</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso				5		X
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	ockhol	ders, or				77
_	persons other than the governing body?				7b		X
B	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		-	v	
а	The governing body?				8a	X X	
b	Each committee with authority to act on behalf of the governing body?				8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac						v
0.01	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue (Code.)			Vee	N
n -					10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?				10a		~
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha				104		
			filinatha		10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	belore	e ming the		<u>11a</u>	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10-	х	
2a ⊾	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			100	x	
。	in Schedule O how this was done Did the organization have a written whistleblower policy?				12c 13	X	
3 1	Did the organization have a written whistleblower policy?				14	X	
4 5	Did the process for determining compensation of the following persons include a review and approval				14	- 23	
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by ind	ependen	L			
~					15a	х	
a h	The organization's CEO, Executive Director, or top management official				15a	X	
U	Other officers or key employees of the organization				150		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wit	ha				
ou	taxable entity during the year?				16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				Tou		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		-				
	exempt status with respect to such arrangements?				16b		
ec	ion C. Disclosure				1.0.0		
7	List the states with which a copy of this Form 990 is required to be filed $igstar{I}$						
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and	d 990-T	(Section	501(c)(3)	s only)	availab	le
	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 Sch	edule O)				
Э	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	olicy, and	l financ	ial	
	statements available to the public during the tax year.		•				
0	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records	▶			
	KATIE WISE - 312 629-2063						
	150 N. MICHIGAN AVE, SUITE 430, CHICAGO, IL 60601						
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	6						_
11	13 147228 103376 2018.05000 ILLINOIS	NET	WORK	OF C	HART	' 10	33

Part VII	Compensation of Offi	cers, Directo	rs, Trustees, Ke	y Employees, Highest Co	mpensated
	Employees and Inder	andent Cont	tractors		

ees, and independent Contractors

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

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

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

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

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

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

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

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

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

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

(A)	(B)	l	<u>mza</u>	(C		ipen	Jaic	(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition	than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both r/trust	an	compensation	compensation	amount of
	week					1/1/1/1/1		from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1033-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	In stitutional trustee	er.	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) DAVID WEINBERG	2.00									
CHAIRMAN	2.00	X		Х				0.	0.	0.
(2) BART KOCHA	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(3) DAVID CHIZEWER	1.00									
DIRECTOR	0.00	Х						0.	Ο.	0.
(4) DARRYL COBB	1.00									
DIRECTOR	0.00	x						0.	Ο.	0.
(5) BLONDEAN DAVIS	1.00									
DIRECTOR	0.00	x						0.	Ο.	0.
(6) MARTHA DUSTIN BOUDOS	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(7) JIM FRANK	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(8) STEVE HAJDUKOVIC	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(9) CHARLES NEWMAN	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(10) SHAYNE EVANS	1.00									
DIRECTOR	0.00	x						0.	Ο.	0.
(11) RHONDA HOPPS	1.00									
DIRECTOR	0.00	x						0.	Ο.	0.
(12) GEOFF DEIGAN	1.00									
DIRECTOR	0.00	Х						0.	Ο.	0.
(13) JOHN ROWE	1.00									
DIRECTOR	0.00	x						0.	Ο.	0.
(14) WILL BURNS	1.00									
DIRECTOR	0.00	x						0.	Ο.	0.
(15) ANDREW BROY	27.90									
PRESIDENT	12.10	1		х				264,829.	Ο.	41,873.
(16) RICHARD HAGLUND	40.00									
SECRETARY	0.00	1		х				141,098.	0.	37,222.
(17) CAROL JACK	40.00									
DIRECTOR CHARTER GROWTH AND SUPPORT	0.00	1				x		127,877.	0.	<u>21,</u> 331.
832007 12-31-18										21,331. Form 990 (2018)

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	1990 (2018) ILLINOIS	NETWORK	0	F	СН	AR	RTE	R	SCHOOLS	14-18	624	109	Page 8
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box offic	not cl , unles	ss per	itior more rson i	than of is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatior from related	1	Estin amou	F) nated unt of her
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fron organ and r	nsation n the ization elated zations
	ARIEL JOHNSON	14.48							105 045			10	0.2.1
	CTOR OF GOVERNMENT AFFAIRS	34.94 30.45					X		105,847.		0.	12,	,931 .
	CTOR OF DEVELOPMENT	9.55					x		106,790.		0.	16,	,798.
			-										
			-										
			•										
1b	Sub-total								746,441.		0.	130	,155.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 746,441.		0. 0.	130,	0. ,155.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			5
												Y	es No
3	Did the organization list any former officer,					•			.				x
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su								er compensation from t			3	
•	and related organizations greater than \$150										[4 Z	x
5	Did any person listed on line 1a receive or a	ccrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	dual for services			
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or su	ich <u>r</u>	bers	on .					5	X
1	Complete this table for your five highest cor	•								, ,	ensat	ion from	
	the organization. Report compensation for t (A)	he calendar ye	ear e	endin	ig w	ith c	or wi	thin I	the organization's tax y (B)	ear.		(C)	
	Name and business	address	NC	ONE	2			_	Description of s	ervices	C	ompensa	ation
								_					
								_					
2	Total number of independent contractors (ir	•	ot lin	nitec	d to t			ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	zation 🕨				(5					Form 99	0 (2018)

832008 12-31-18

Pa	rt VI			ar nata ta any lin	a in this Dart VIII			
		Check if Schedule O conta	ains a response	or note to any lin	A Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	325,895.				
Am C	с	Fundraising events	1c					
ar J	d	B Related organizations	1d					
is, (е	e Government grants (contributi	ons) 1e	318,248.				
r S	f	All other contributions, gifts, grant						
the		similar amounts not included abov	/e 1f 2 ,	096,207.				
dri	g	Noncash contributions included in lines 1	1a-1f: \$					
<u>а С</u>	h	Total. Add lines 1a-1f		►	2,740,350.			
				Business Code				
e	2 a	ANNUAL CONFEREN		900099	166,543.	166,543.		
e vi	b		CONSUL	900099	26,755.	26,755.		
Senu	С			900099	20,500.	20,500.		
ran ev	d			900099	20,368.	20,368.		
Program Service Revenue	е	VENDOR PROGRAM		900099	13,719.	2,893.	10,826.	
ā		All other program service rever						
	g	Total. Add lines 2a-2f			247,885.			
	3	Investment income (including			20 110			20 110
		other similar amounts)			32,710.			32,710.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b							
	С			L				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	d	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		L				
		Net gain or (loss)		►				
Other Revenue	8 a	Gross income from fundraising including \$	of					
ev Se		contributions reported on line	-					
er	-	Part IV, line 18						
ŧ		Less: direct expenses						
		Net income or (loss) from fund	•	····· ►				
	9 а	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	0	▶				
	iu a	a Gross sales of inventory, less i						
	h	and allowances						
ŀ	с	Net income or (loss) from sales Miscellaneous Revenue		Business Code				
ŀ	11 a							
	n a b							
	c							
	d							
		• Total. Add lines 11a-11d						
	12	Total revenue. See instructions			3,020,945.	237,059.	10,826.	32,710.
83200	9 12-31			····· F		,		Form 990 (2018)

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ILLINOIS NETWORK OF CHARTER SCHOOLS 14-1862409 Page 9

Form 990 (2018)

ILLINOIS NETWORK OF CHARTER SCHOOLS Part IX Statement of Functional Expenses

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			nplete column (A).	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		1		•
	and domestic governments. See Part IV, line 21	37,950.	37,950.		
2	Grants and other assistance to domestic	·			
	individuals. See Part IV, line 22	20,500.	20,500.		
3	Grants and other assistance to foreign	-			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	423,103.	315,324.	64,756.	43,023.
6	Compensation not included above, to disqualified	-			-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,009,703.	769,106.	126,441.	114,156.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	42,848.	32,673.	5,310.	4,865.
9	Other employee benefits	43,923.	33,449.	4,901.	<u>4,865</u> 5,573.
10	Payroll taxes	91,474.	69,260.	12,124.	10,090.
11	Fees for services (non-employees):				
	Management				
b	Legal				
с	Accounting	68,353.		68,353.	
d		15,614.	15,614.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ű	column (A) amount, list line 11g expenses on Sch O.)	183,456.	168,828.	5,784.	8,844.
12	Advertising and promotion	11,395.	11,395.		•
13	Office expenses	68,504.	43,201.	19,425.	5,878.
14	Information technology	17,971.	13,191.	2,859.	1,921.
15	Royalties	-			-
16	Occupancy	141,247.	91,840.	36,034.	13,373.
17	Travel	68,100.	60,829.	4,016.	3,255.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	216,020.	207,373.	5,478.	3,169.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,960.	21,991.	4,767.	3,202.
23	Insurance	13,741.	10,086.	2,186.	1,469.
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	OTHER EXPENSES	1,681.	171.	1,510.	
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,505,543.	1,922,781.	363,944.	218,818.
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 Figure if following SOP 98-2 (ASC 958-720)				
	0 12-31-18				Form 990 (2018

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ILLINOIS NETWORK OF CHARTER SCHOOLS

14-1862409 Page 11

		Check if Schedule O contains a response or note	to any line	in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,955,380.	1	690,626.
	2	Savings and temporary cash investments			3,578,241.	2	5,288,415.
	3	Pledges and grants receivable, net			392,500.	3	36,842.
	4	Accounts receivable, net			114,926.	4	413,810.
	5	Loans and other receivables from current and forr		· · ·			
		trustees, key employees, and highest compensate					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifie					
		section 4958(f)(1)), persons described in section 4					
		employers and sponsoring organizations of sectio	on 501(c)(9) voluntary			
Ś		employees' beneficiary organizations (see instr). C				6	
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use				8	
	9				64,077.	9	35,703.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	276,791. 216,679.			
	b	Less: accumulated depreciation	10b	216,679.	60,732.	10c	60,112.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		0.	15	40,000.	
	16	Total assets. Add lines 1 through 15 (must equal	l line 34)		6,165,856.	16	6,565,508.
	17	Accounts payable and accrued expenses		155,630.	17	100,914.	
	18	Grants payable		18			
	19	Deferred revenue			177,136.	19	116,102.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	art IV of So	hedule D		21	
es	22	Loans and other payables to current and former o					
Ě		key employees, highest compensated employees,	, and disqu	ualified persons.			
Liabilities		Complete Part II of Schedule L		·····		22	
-	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated t	-	F		24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	-				
		Schedule D			222 766	25	
	26	Total liabilities. Add lines 17 through 25			332,766.	26	217,016.
		Organizations that follow SFAS 117 (ASC 958),		re 🕨 🛕 and			
ŝ	07	complete lines 27 through 29, and lines 33 and			5,764,348.	07	6 310 641
Net Assets or Fund Balances	27	Unrestricted net assets			68,742.	27	6,310,641. 37,851.
Bal	28	Temporarily restricted net assets			00,742.	28	57,051.
pd	29					29	
Ë,		Organizations that do not follow SFAS 117 (AS	C 958), cn				
sot	20	and complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or equ				31 32	
Net	32	Retained earnings, endowment, accumulated inco			5,833,090.	32	6,348,492.
-	33	Total net assets or fund balances			6,165,856.	33 34	6,565,508.
	34	Total liabilities and net assets/fund balances			0,103,030.	J4	

Form 990 (2018)

Form 990 (2018)
Part X Balance Sheet

Form	1990 (2018) ILLINOIS NETWORK OF CHARTER SCHOOLS	14 - 18	62409	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,02					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,50					
3	Revenue less expenses. Subtract line 2 from line 1	51! 5,83		02.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
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	6,34	3,49	92.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle 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 requi	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
				aan /	/ · - ·			

Form **990** (2018)

SCH	EDU	LE A
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Department of the Treasury

(Form 990 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.

OMB No. 1545-0047
2018
Open to Public

Internal new		Go to www.irs.gov	v/Form990 for instruction	ons and th	ie latest ir	formation.		Inspection
Name of	the organization							identification numbe
Dort			RK OF CHARTE				1	4-1862409
Part I	Reason for Public					e instruction:	5.	
	nization is not a private found					· · · · · · · · · · · · · · · · · · ·		
	A church, convention of ch)(A)(I).		
2	A school described in sect					•		
3	A hospital or a cooperative					•	\/) Eater	
4 📖	A medical research organiz	zation operated in col	njunction with a nospital	described	in sectio	n 170(d)(1)(A)(III). Enter	the hospital's name,
- C	city, and state:	ar the herefit of a cal				voremontal	nit dooorib.	
5 📖	An organization operated for		nege of university owned	i or operat	eu by a go	vernmentalu	nit describe	
c 🗔	section 170(b)(1)(A)(iv).					(.).		
6 🗔 7 🗌	A federal, state, or local go	-						aublic deceribed in
1	An organization that norma	•	mai part of its support in	om a gove	ernmentar		le general	Sublic described in
8	section 170(b)(1)(A)(vi). (C A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \				
9	An agricultural research or			-	nd in coniu	unction with a	land grant	collogo
J	or university or a non-land-	-			-		-	-
	university:	grant conege of agric			lame, city	, and state of	the college	
10 X		ally receives: (1) more	than 33 1/3% of its sun	nort from (ontributio	ns members	hin fees ar	d aross receipts from
	activities related to its exer	• • • •					-	
	income and unrelated busi							
	See section 509(a)(2). (Co		(,	,,
11	An organization organized	•	ively to test for public sa	fety. See	section 50)9(a)(4).		
12	An organization organized	-	•	•			rry out the	purposes of one or
	more publicly supported or	rganizations describe	ed in section 509(a)(1) of	r section	509(a)(2).	See section	509(a)(3).	Check the box in
	lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	l 12g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), t	ypically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
	organization. You must	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	ganization supervised	l or controlled in connec	tion with it	s supporte	d organizatio	n(s), by hav	ving
	control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
_	organization(s). You mus	st complete Part IV,	Sections A and C.					
c	Type III functionally interest of the second sec						lly integrate	ed with,
	its supported organizatio							
d	Type III non-functionally						-	
	that is not functionally in		• •	•		-	an attentiv	/eness
_	requirement (see instruct		-					
e	_ Check this box if the org					Туре I, Туре	II, Type III	
	functionally integrated, o		, , , , , , , , , , , , , , , , , , , ,	0 0				[
	er the number of supported of	•						
<u>g</u> Pro	vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	inization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization		(described on lines 1-10	in your governi Yes	No	support (see i	-	support (see instructions
			above (see instructions))					
Total								
Total			_					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990 EZ) 2018 ILLINOIS NETWORK OF CHARTER SCHOOLS Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and

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.)

<u> 26</u>	ction A. Public Support						
Cale	ndar 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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				-		
4	Total. Add lines 1 through 3						
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,						
	a a lumana (f)						
6							
	Public support. Subtract line 5 from line 4. ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4		((0) 2010	(4) 2011		(i) fotal
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	,	,			12	
13	First five years. If the Form 990 is for	•					. —
Sa	organization, check this box and stor ction C. Computation of Publi	o here	contago				
	•		•	(f)			
	Public support percentage for 2018 (I		•			14	<u>%</u>
15	Public support percentage from 2017 33 1/3% support test - 2018. If the					· · · · ·	
106	stop here. The organization qualifies						
ł	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				•	•	
Ł	10% -facts-and-circumstances test						
	more, and if the organization meets th	-	-				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				s >
						edule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2018 ILLINOIS NETWORK OF CHARTER SCHOOLS

(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.)

Section A. Public Support (c) 2016 (d) 2017 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2740350.14308621. 2856912 2921632. 2212656. 3577071. 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 313,020. 294,274. 84,758. 247,885. 1144806. 204,869. 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 organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 3661829. 3061781 3234652. 2506930. 2988235.15453427. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 1984750. 1805837. 928,416. 1218900. 1463000. 7400903. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 1984750. c Add lines 7a and 7b 1805837. 928,416. 1218900. 1463000. 7400903 8052524 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 3234652. 2988235.15453427. 3061781 2506930. 3661829 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 6,381. 6,320. 8,256. 32,710. 8,147. 61,814. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 8,147. 6,381 6,320. 8,256. 32,710. 61,814. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 6,172. 6,172. assets (Explain in Part VI.) 3069928. 3247205. 2513250. 3670085. 3020945.15521413. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 51.88 % Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 15 55.24 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .40 17 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) % .25 18 18 Investment income percentage from 2017 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018 832023 10-11-18 15

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Schedule A (Form 990 or 990-EZ) 2018 ILLINOIS NETWORK OF CHARTER SCHOOLS Part IV Supporting Organizations

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1

2

Yes No

(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.)

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2018

10b

Schedule A (Form 990 or 990 EZ) 2018 ILLINOIS NETWORK OF CHARTER SCHOOLS 14-1862409 Page 5 Part IV Supporting Organizations (continued) 14-1862409 Page 5

			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		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	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	•		
Sec	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization satisfied the Activities rest. Complete line 2 below.			
c	The organization is upported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctional		
2	Activities Test. Answer (a) and (b) below.	uctions)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	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		

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Schedule A (Form 990 or 990-EZ) 2018

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	dule A (Form 990 or 990-EZ) 2018 ILLINOIS NETWORK OF CHA			14-1862409 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	•	· · · ·	in Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting c	organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 ILLINOIS NETWORK OF CHARTER SCHOOLS 14-1862409 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 41	· · · · · · · · · · · · · · · · · · ·	allol Supporting Orga	(continued)	
Secti	on D - Distributions		х <i>У</i>	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne 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			
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			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u> i</u>	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	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.			
8	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

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Part VI	(Form 990 or 990-EZ Supplemental	Inform	ation.	Provide	the explanation	ons real	ired by Part II	line 10 [.] Part II line	14-1862409 17a or 17b; Part III, line 12;	, age e
	Part IV, Section A, I	ines 1, 2	, 3b, 3c,	4b, 4c,	5a, 6, 9a, 9b,	9c, 11a	, 11b, and 11c;	Part IV, Section B,	lines 1 and 2; Part IV, Section	C,
	line 1; Part IV, Secti	ion D, lin	es 2 and	3; Part	IV, Section E,	lines 10	, 2a, 2b, 3a, an	d 3b; Part V, line 1;	; Part V, Section B, line 1e; Pa	rt V,
	Section D, lines 5, 6	6, and 8;	and Par	t V, Sect	tion E, lines 2,	5, and	 Also complet 	e this part for any a	additional information.	
	(See instructions.)									
832028 10-11-1	8							<u>S</u>	chedule A (Form 990 or 990-	EZ) 2018
332020 10-11-1	-					20		0		, _0.0

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

C C		
	ILLINOIS NETWORK OF CHARTER SCHOOLS	14-1862409
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

501(c)(3) exempt private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Form 990-PF

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively religious, charitable, etc., exclusively religious, exclusively religious,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

(d)

(d)

(d)

X

X

X

14-1862409

Name of organization ILLINOIS NETWORK OF CHARTER SCHOOLS Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 318,248. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 2 Person Payroll 1,250,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person Payroll 175,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$50,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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ILLINOIS NETWORK OF CHARTER SCHOOLS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>35,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$26,642.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No	(b)	(c) Total contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$150,500.	Type of contribution Person X Payroll

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

X

X

14-1862409

Person Payroll

Noncash

Person Payroll

Noncash

ILLINOIS NETWORK OF CHARTER SCHOOLS Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 13 35,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. 14 26,797. \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions**

		\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 16</u>		\$ <u> 16,200.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17_		\$8,981.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18_		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	3-18	Schedule B (Form	990. 990-EZ. or 990-PF) (2018)

14-1862409

ILLINOIS NETWORK OF CHARTER SCHOOLS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 20 X Person Payroll 105,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person Payroll 17,143. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 22 X Person Payroll Noncash 7,500. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 X Person Payroll 5,075. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 24 X Person Payroll 5,250. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

2018.05000 ILLINOIS NETWORK OF CHART 103376_1

25

14-1862409

ILLINOIS NETWORK OF CHARTER SCHOOLS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 26 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 28 X Person Payroll Noncash 5,537. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 17,234. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 X Person Payroll 5,698. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

X

X

X

X

X

Employer identification number

Name of organization ILLINOIS NETWORK OF CHARTER SCHOOLS 14-1862409 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 31 Person Payroll 7,370. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 32 Person Payroll 9,236. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 Person Payroll 6,820. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 34 Person Payroll 6,217. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 Person Payroll 7,588. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 36 Person

X Payroll 7,371. Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

2018.05000 ILLINOIS NETWORK OF CHART 103376_1

\$

14-1862409

ILLINOIS NETWORK OF CHARTER SCHOOLS

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	Noncash Froperty (see instructions). Use duplicate copies of Par		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

28

20061113 147228 103376

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 4				
Name of o	organization		Employer identification number				
ILLIN	OIS NETWORK OF CHARTER :	SCHOOLS	14-1862409				
Part III		ions to organizations described in sec	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			[
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	,,,,,,						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(*) *	(0) 000 01 3.11	(<i>a</i>) <i>b</i> contraction <i>gc</i> contraction				
		e) Transfer of gift					
		(e) transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		[
823454 11-08	8-18		Schedule B (Form 990, 990-EZ, or 990-PF) (2018)				

20061113 147228 103376

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization

Nar	ne of organization	Employ	er identificat	ion number		
	ILLINOIS NETWORK OF CHARTER SCHOOLS		14-1862	2409		
Pa	art I-A Complete if the organization is exempt under section 501(c) or is a section 5	27 orga	anization.			
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.					
2	Political campaign activity expenditures	▶\$				
3						
		_				
Pa	art I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955	► \$ _				
2	Enter the amount of any excise tax incurred by organization managers under section 4955	► \$ _				
3				No No		
4a	a Was a correction made?		Yes	No No		
	o If "Yes," describe in Part IV.					
Pa	art I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3).			
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	► \$ _				
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527					
	exempt function activities	▶\$_				
3						
	line 17b	▶\$_				
4			Yes	No No		
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to	which t	he filing organ	ization		
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also e	nter the a	amount of poli	tical		

contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 Part II-A Complete if the orga			CHARTER SCHOOL Content Solution Solu		1862409 Page 2
section 501(h)).	mzation	is exempt under se		a Forni 5700 (er	
	on belongs	to an affiliated group (an	d list in Part IV each affiliated	group member's nam	ne, address, EIN,
	· ·	bbying expenditures).		5	, , , , ,
		box A and "limited conti	rol" provisions apply.		
Limits	s on Lobbyii	ng Expenditures ns amounts paid or inc		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public o	opinion (grass roots lobb	ying)		
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add line					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f_Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or	(b) is:	The lobbying nontaxal	ble amount is:		
Not over \$500,000		20% of the amount on I	ine 1e.		
Over \$500,000 but not over \$1,000,	000	\$100,000 plus 15% of t	he excess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000	\$175,000 plus 10% of t	he excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	00,000	\$225,000 plus 5% of th	e excess over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
 h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this yero (Some organizations that is a section of the sec	or less, ente o on either lir ear? 4-` at made a s	r -0- ne 1h or line 1i, did the o Year Averaging Period ection 501(h) election d	rganization file Form 4720 Under Section 501(h) Io not have to complete all c		Yes No
		•	s for lines 2a through 2f.)		
	Loppyii	ng Expenditures During	4-Year Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 201	15 (b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 ILLINOIS NETWORK OF CHARTER SCHOOLS 14-1862409 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

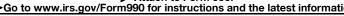
of the lobbying activity. Yes No Amount 1 During the year, did the filing organization attempt to influence public opinion on a legislative matter or referendum, through the use of: X X a Volunteers? X X X d Malings to members, legislators, or the public? X X X d Malings to members, legislators, or the public? X X X f Grants to other organizations for lobbying purposes? X 40, 425. X 39, 463. 1 Other activities? X 11, 722.4. 1, 722.4. 1, 722.4. 1 Total. Add lines 1 chrough 11 81, 632. 81, 632. 1, 722.4. 2 Total. Add lines 1 chrough 11 81, 632. 1, 722.4. 1, 722.4. 1, 722.4. 2 Total. Add lines 1 chrough 11 82.6. 81, 632. 2 10 11 72.5. 2 Total. Add lines 1 chrough 11 81.6. 81, 632. 1 1 1 1.5. 2 Total. Add lines 1 chrough 11 1.1. 81.6. 81, 632. 1 1 1	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X local adjusted for management (include compensation in expenses reported on lines 1 o through 11)7 X d Malings to members, legislators, or the public? X e Publications, or published or broadcast statements? X f Grants to dehr organization for lobying purposes? X g Direct contact with legislators, their staffs, government officials, or a legislative body? X 40, 4255. j Total. Add lines 1 othrough 11 811, 632. X 1, 724. j Total. Add lines 1 othrough 11 811, 632. X 1, 724. j Total. Add lines 1 othrough 11 811, 632. X 1, 724. j Total. Add lines 1 othrough 11 811, 632. X 1, 724. part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), and if either (a) BOTH Part III-A, line	of the lobbying activity.	Yes	No	Amo	ount	
or referendum, through the use of: a b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? X X a <td></td> <td></td> <td></td> <td></td> <td></td>						
a Volunteers? X b Paid staff or management (include compensation in expenses reported on lines 1c through 11)? X c Media advertisements? X d Mailings to members, legislators, or the public? X d Mailings to members, legislators, or the public? X g Direct contact with legislators, there staffs, government officials, or a legislative body? X 40, 425. g Direct contact with legislators, there staffs, government officials, or a legislative body? X 40, 425. g Direct contact with legislators, there staffs, government officials, or any similar means? X 39, 483. i Other activities in line 1 cause the organization to be not described in section 501(c)(9)? X 1, 724. a Did the activities in line 1 cause the organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). X 1, 724. a If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year? 1 1 Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Were substantially all						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X c Media advertisements? X d Mailings to members, legislators, or the public? X e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? X g Direct contact with legislators, their staffs, government officials, or a legislative body? X 40,425. h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X 1,724. z Total. Add lines 1c through 1i 81,632. X 1,724. 2a Did the advitties in line 1 cause the organization to be not described in section 501(c)(3)? X 1 1,632. 2a Did the advitties in line 1 cause the organization managers under section 4912 Image: the substantial of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Section 501(c)(6). Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), or sect						
c Media advertisements? X d Mailings to members, legislators, or the public? X e Publications, or published to broadcast statements? X f Grants to other organizations for lobbying purposes? X 40, 425. g Direct contact with legislators, their staffs, government officials, or a legislative body? X 40, 425. h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X 10, 724. i Total. Add lines to through 11 811, 632. X 1, 724. 2 Dot the activities in line 1 cause the organization to be not described in section 501(c)(3) X 1, 724. 2 Did the activities in line 1 cause the organization managers under section 4912 811, 632. 2 4 If the filing organization make only in house lobbying expenditures or 501(c)(4), section 501(c)(5), or section 501(c)(5), or section 501(c)(6). 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 3 1 3 Did the organization agree to carry over lobbying and political campaign activivi speenditures from the pr	a Volunteers?		X			
d Mailings to members, legislators, or the public? X e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? X g Direct contact with legislators, their staffs, government officials, or a legislative body? X 40, 425. h Ballies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X 1, 724. j Total. Add lines 1c through 1i 81, 632. X 1, 724. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 1, 724. d If the filing organization incurred a section 4912 X 1, 724. et If Yes, "enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). X Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 9 Did the organization agree to carry over lobbying expenditures of \$2.000 or less? 2 3 Did the organization agree to carry over lobbying expenditures of \$2.000 or less? 3 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior yea? 3 1 Dues, assessments and similar amounts from members 1 2 2 Section 152(e) nonded						
e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? X g Direct contact with legislations, their staffs, goverment officials, or a legislative body? X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X j Total. Add lines 1c through 11 81,632. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X j If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 1 d If the tinig organization incurred a section 4912 tax, did if tile form 4720 for this year? 1 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (00% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No.," OR (b) Part III-A, line 3, is answered "Yes." 1 Lower, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expense for which the section 503(e)(1/A), notices of nondeductible lobbying and poli	c Media advertisements?					
f Grants to other organizations for lobbying purposes? X 40,425. g Direct contact with legislators, their staffs, government officials, or a legislative body? X 40,425. h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X 39,483. i Other activities in lin - cause the organization to be not described in section 501(c)(3)? X 1,724. 2 Did the activities in lin - cause the organization or yorganization managers under section 4912 4 81,632. 2 Did the activities in lin - cause the organization is exempt under section 501(c)(3)? X 1 Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 1 Were substantially all (90% or more) dues received nondeductible by members? 1 2 2 Did the organization argue to carry over foolying and political campaign activity expenditures from the prior year? 3 1 2 Did the organization argue to carry over foolying and political expenses for which the section 527(f) (24), section 501(c)(6), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2	d Mailings to members, legislators, or the public?					
g Direct contact with legislators, their staffs, government officials, or a legislative body? X 40,425. h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X 19,40,425. i Other activities? X 11,724. j Total. Add lines 1c through 11 81,632. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 11,724. b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 Image: Complete If the organization incurred a section 4912 tax, did it file Form 4720 for this year? X Image: Complete If the organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-B Complete If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (00% or more) dues received nondeductible by members? 1 1 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 1 3 Did the action 162(e) (a) of tither (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 2a 2 Dues, assessments and similar amounts from members 1 2a 2a 2a 2a 2a 2a 2a 2a 2a						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X 39,483. i Other activities? 1,7244. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 1,724. 2b If Yes, 'enter the amount of any tax incurred under section 4912 X 1 c If Yes, 'enter the amount of any tax incurred under section 4912 X 1 c If Yes, 'enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). X 1 PartIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), section 501(c)(6), section 501(c)(6), or section 501(c)(6), or section 501(c)(6), or section 501(c)(6), or section 501(c)(6), section 501(c)(6), section 501(c)(6), section 501(c)(6), section 501(c)(6), or			X		405	
i Other activities? X 1,724. j Total. Add lines 1c through 1i X 1,724. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 81,632. 2a Did the activities in line 1 cause the organization managers under section 4912 X 81,632. 2 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? X 1 aff the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Yes No 1 If vies, "enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6), or section 52(c)(6), or section 52(c)(6), or section 52(c)(6), or section 162(e) (0 and till and						
j Total. Add lines 1c through 1i 81,632. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X b If "Yes," enter the amount of any tax incurred under section 4912 X c If Yes," enter the amount of any tax incurred by organization managers under section 4912 X d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? X Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Vere substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only inhouse lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political carmaging activity expenditures from the prior year? 3 9 Did the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 1 2 Des, assessments and similar amounts from members 1 2 C Total 2 3 C urrent year 2a 4 I notices were sent and the amount of 033(e)(1)(A) notices of nondeductible section 162(e) dues 3 3 Aggregate amount reported in sect						
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ADVOCACY FOR CHARTER SCHOOLS THROUGHOUT ILLINOIS INCLUDING PUBLIC						
POLICY TO HELP CHARTER SCHOOLS GROW AND FLOURISH.	ADVOCACY FOR CHARTER SCHOOLS THROUGHOUT ILLINOIS INC	LUDING P	UBLIC			
	POLICY TO HELP CHARTER SCHOOLS GROW AND FLOURISH.					

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE [)
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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.





Name of the organization

ILLINOIS NETWORK OF CHARTER SCHOOLS

Employer identification number 14-1862409

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	-	(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 w	-	
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose con	Iferring
Dee	impermissible private benefit?		
Par			t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ec		• •
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic struct		2c
d	Number of conservation easements included in (c) acquired af		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	ganization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
•	violations, and enforcement of the conservation easements it l		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and enforcing conserv	ation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation	easements during the year
•		esticf, the very increase of eastice 170/b)//	
8	Does each conservation easement reported on line 2(d) above		
•	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 organization	on s intancial statements that describes the	organization's accounting for
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures. or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
- 1a	If the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		d balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:	,	
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
			N N
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		► \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018
	10-29-18		. ,

Partiall Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued). 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (continued). a Proble exhibition d Loan or exchange programs b Scholarly research e Other c Provide acception of thure generations d Loan or exchange programs b Diring the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 Diring the year, did the organization's collection? Yes No Partial construction's collection and explain how they further the organization's collection? Yes No Partial construction's collection and explain how they further the organization answered 'Yes' on Form 990, Part XI. Yes No b How organization an agent, trustee, custodian or other intermediany to contributions or other assets not included on Form 900, Part XI. Yes No c Beginning balance d dd dd dd d Additions during the year the organization include an anount on Form 990, Part X, line 21, lor escrow or custodial account lability? Yes No <			S NETWORK							862409		age 2
cleack at that apply: d Loan or exchange programs a Debic exhibition d Loan or exchange programs b Scholarly research e Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Othe	r Sim	ilar Asset	s _{(contir}	ued)	
a Public exhibition d l Can or exchange programs b Scholarly research e location of the organization's collection's collection's collection of atter description of the organization scholar the explain how they further the organization's exempt purpose in Part XII. During the year, did the organization scholar or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yee No Part IV Secow and CutoScholal Arrangements. Complete the organization answered 'Yee' on Form 990, Part X, line 8, or reported an amount on Form 990, Part X, line 21. Ta Is the organization analysis of the intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ta Is the organization analysis of the organization answered 'Yee' on Form 990, Part X, line 21. Ta Is the organization include an amount on Form 990, Part X, line 21, for assrow or custofial account liability? Yes No b If 'Yes,' explain the arrangement in Part XII and complete the following table: C Beginning balance C Beginning balance C Beginning balance C Beginning of year balance C	3	Using the organization's acquisition, accessi	on, and other record	ls, check a	any of the	following that	t are a si	ignifica	nt use of its	collection	items	i
b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts tota in such astrate than to be maintained as part of the organization collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is is the organization include an amount on Form 990, Part X, line 21. In dianometry Yes No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part W Part W Part W In dianometry Wes No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part W Part W Part W Part W In dianometry Wes No Dianometry No Dianometry No Dianometry No Dianometry No Diano		(check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they tinther the organization's exempt purpose in Part XIII. 5 During the year, did the organization solic for receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 16 Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the arrangement in Part XIII and complete the following table: C Beginning balance	а	Public exhibition	c	1 🗌 L	oan or exc	hange progra	ams					
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b If "Yes," explain the arrangement in Part XIII and complete the following table:		on Form 990, Part X?								Yes		No
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b Contributions			(a) Current year	(b) Pr	ior year	(c) Two yea	rs back	(d) Th	ree years back	(e) Four	years	back
c Net investment earnings, gains, and losses	1a	Beginning of year balance										
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs	С	Net investment earnings, gains, and losses										
and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations isted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value basis (investment) b Buildings	f	Administrative expenses										
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b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land										3a(ii)		
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4			wment fu	nds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par	t VI _ Land, Buildings, and Equipm	nent.									
Image: basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990	, Part X,	, line 10).			
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b Buildings 41,625. 25,767. 15,858. c Leasehold improvements 205,826. 190,912. 14,914. e Other 29,340. 29,340. 29,110.	1a	Land										
c Leasehold improvements 41,625. 25,767. 15,858. d Equipment 205,826. 190,912. 14,914. e Other 29,340. 29,340. 29,340.												
d Equipment 205,826. 190,912. 14,914. e Other 29,340. 29,340. 29,340.								25,	,767.			
e Other								190	,912.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					2	9,340.						
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, columr</u>	<u>n (B). line 1</u>	0c.)	<u></u>	<u></u>	🕨	6),1	12.

Schedule D (Form 990) 2018

	D (Form 990) 2018	ILLINOIS NE	TWORK OF CH	ARTER SCHOO	LS	14-1862409	Page 3
Part VI	I Investments - C						
(-) Deeer		anization answered "Yes"					-1
		OTY (including name of security)	(b) Book value	(C) Method	of valuation: Cos	t or end-of-year market v	alue
.,							
(3) Other							
(A)							
<u>(B)</u>							
(C)							
(D)							
(E)							
(F)							
<u>(G)</u> (H)							
	(b) must squal Form 000	, Part X, col. (B) line 12.) 🕨					
Part VI	II Investments - F	Program Belated					
i art vi		-	on Form 000 Port IV	line 11e See Form Of	0 Dart V line 19	5	
	(a) Description of i	anization answered "Yes"	(b) Book value			t or end-of-year market v	alue
(1)	(u) becomption on						
<u>(1)</u> (2)							
(3)							
<u>(4)</u>							
<u>(5)</u> (6)							
(7)							
(8)							
(9)							
	(b) must equal Form 000	Part X, col. (B) line 13.) ►					
Part IX	Other Assets.						
	_	anization answered "Yes"	on Form 990 Part IV	line 11d See Form 9	90 Part X line 15	5	
			Description			(b) Book va	lue
(1)			•				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	lumn (b) must equal For	rm 990, Part X, col. (B) line	e 15)			►	
Part X	Other Liabilities	S.	. 10.,				
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See F	orm 990, Part X,	line 25.	
1.		scription of liability		(b) Book value			
	ederal income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	lumn (b) must equal Fo	rm 990, Part X, col. (B) line	≥ 25.) ►				
		itions. In Part XIII, provide		te to the organization	's financial stater	nents that reports the	
		ertain tax positions under					

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	edule D (Form 990) 2018 ILLINOIS NETWORK OF CHAR			L862409 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State		ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements \dots		1	3,020,945.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	J			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,020,945.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а				
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		3,020,945.	
	Total love had a line of and to mis must equal rom 350. Farth line 12.			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expen	ses per Return	l.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With Expen	ses per Return	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expen	ses per Return	2,505,543.
	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With Expen	ses per Return	
1	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With Expen	ses per Return	
1	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ements With Expen 12a 2a	ses per Return	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ements With Expen 12a. 2a	ses per Return	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ements With Expen 12a.	ses per Return	2,505,543.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return	2,505,543.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return	2,505,543.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ses per Return	2,505,543.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ses per Return	2,505,543.
1 2 6 6 6 8 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	ses per Return	2,505,543.
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	2e 3	2,505,543. 0. 2,505,543. 0.
1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2b 2c 2d	ses per Return 1 2e 3 4c	2,505,543. 0. 2,505,543.

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

832054 10-29-18

SCHEDULE I	G	ants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an	d Individual	s in the Ŭni	ted States		2018
Department of the Treasury	Comple	ete if the organization	Attach to For		T IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization	INOIS NETWORK O	F CHARTER S	CHOOLS				Employer identification number $14 - 1862409$
	on Grants and Assistance						14 1002409
•	ain records to substantiate the	•			•		
	ants or assistance?						
		<u> </u>			anization answered "\	/es" on Form 990. Par	t IV. line 21. for any
	-					,,	· · · , ···· · _ · , · · · · · · · · · ·
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.							(h) Purpose of grant or assistance
LEARN CHARTER SCHOOL NETWO	DRK						
3021 W. CAROLL AVE							CHARTER PRINCIPAL OF THE
CHICAGO, IL 60612	36-4439074	501C3	5,000.	0.			YEAR EXCELLENCE AWARD
LEGAL PREP CHARTER ACADEMI 4319 W. WASHINGTON BLVD CHICAGO, IL 60624	ES 27-1071296	501C3	5,000.	0.			CHARTER HIGH SCHOOL TEACHER OF THE YEAR EXCELLENCE AWARD
ACADEMY FOR GLOBAL CITIZEN 4647 W. 47TH ST. CHICAGO, IL 60632	ISHIP 11-3748466	501C3	5,000.	0.			CHARTER ELEMANTARY SCHOOL TEACHER OF THE YEAR EXCELLENCE AWARD
NATIONAL ALLIANCE FOR PUBL CHARTER SCHOOLS - 1425 K S STE 900 - WASHINGTON, DC 2	T. NW	501C3	5,000.	0.			2018 GENERAL CONTRIBUTION
ILLINOIS LEGISLATIVE BLACK FOUNDATION - P.O. BOX 1024 SPRINGFIELD, IL 62791		501C3	5,000.	0.			SILVER SPONSORSHIP FOR 2018 IL LEGISLATIVE BLACK CAUCUS FOUNDATION GOLF OUTING
CHICAGO LATINO CAUCUS FOUN 121 N. LASALLE DR. CHICAGO, IL 60602	80-0856462		5,000.	0.			PLATA SPONSORSHIP-4TH ANNUAL GALA 2018
	n 501(c)(3) and government org		e line 1 table				····· <u>7.</u>
	organizations listed in the line 1						0.
LHA For Paperwork Reduction	ACT NOTICE, SEE the Instruction	ons for Form 990.					Schedule I (Form 990) (2018)

ILLINOIS NETWORK OF CHARTER SCHOOLS 14-1862409 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) NATIONAL ALLIANCE FOR PUBLIC CHARTER SCHOOLS - 1101 FIFTEENTH STREET, NW SUITE - WASHINGTON, DC 60601 30-0274709 501C3 5,000. 0. 2018 GENERAL CONTRIBUTION

Schedule I (Form 990)

Schedule I (Form 990) (2018) ILLINOIS NETWORK OF CHARTER SCHOOLS

14-1862409

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AWARDS FOR EXCELLENCE IN EDUCATION	10	20,500.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	lditional information.	
PART I, LINE 2:					

INCS PROVIDES SOME SPONSORSHIPS AND CONTRIBUTIONS TO OTHER ORGANIZATIONS

WITH SIMILAR MISSIONS. THESE FUNDS ARE FOR THE GENERAL SUPPORT OF THEIR

MISSIONS AND THE ORGANIZATIONS ARE THEREFORE NOT REQUIRED TO SUBSTANTIATE

THEIR EXPENDITURES. INCS ALSO PROVIDES SOME AWARDS ANNUALLY TO A GROUP OF

OUTSTANDING ORGANIZATIONS AND INDIVIDUALS IN EDUCATION. ALL AWARD

RECIPIENTS ARE NOMINATED BY THEIR PEERS AND SELECTED BY A COMMITTEE AT

INCS. THE AWARDS ARE IN RECOGNITION OF DEMONSTRATED EXCELLENCE IN THE FIELD

OF EDUCATION AND FOR GENERAL SUPPORT OF THE ORGANIZATIONS, AND ARE ALSO

Schedule I (Form 990)) ILL emental Informati	INOIS NETWORK OF	CHARTER SCHOOLS	14-1862409 Page 2
			MUETD EXDENDIMIDEC	
THEREFORE N	NOT REQUIRED	TO SUBSTANTIATE	THEIR EXPENDITURES.	
332291 04-01-18				Schedule I (Form 990)

40

SCHEDULE J	Compensation Information	I	OMB No. 1	545-004	47	
(Form 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10)	
	Compensated Employees		20	10)	
Department of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic	
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Name of the organizatio			identificatio		nber	
	ILLINOIS NETWORK OF CHARTER SCHOOLS	14-1	L86240	9		
Part I Question	s Regarding Compensation					
				Yes	No	
1a Check the appropr	ate 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 o		nal use				
Travel for com						
	Tax indemnification and gross-up payments					
Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)				
•	on line 1a are checked, did the organization follow a written policy regarding payment or					
			1b	X		
-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	<u> </u>	
.						
	ny, of the following the filing organization used to establish the compensation of the organization					
	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	ation of the CEO/Executive Director, but explain in Part III.					
Compensation						
	compensation consultant					
Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee				
	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
organization or a re	-		4-		x	
	e payment or change-of-control payment?				X	
	ceive payment from, a supplemental nonqualified retirement plan?				X	
	ceive payment from, an equity-based compensation arrangement?		4c			
I TES LO ANY OF III	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
Only section 501/	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
contingent on the r		11				
-			5a		x	
	ation?				X	
	or 5b, describe in Part III.					
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
contingent on the r						
-			6a		x	
	ation?				X	
	or 6b, describe in Part III.					
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	nes 5 and 6? If "Yes," describe in Part III		7	х		
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
			8		x	
	id the organization also follow the rebuttable presumption procedure described in		····· •		_	
Regulations section			9			
	eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2018	
•			-			

14-1862409

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 (i) Base (ii) Bonus & (iii) Other compensation reported as d			(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	
PRESIDENT (i) 0. 0. 0. 0. 0. 0. (2) RICHARD HAGLUND (i) 139,008. 2,000. 90. 7,825. 29,397. 178,320. SECRETARY (i) 0. 0. 0. 0. 0. 0. (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. (iii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <	(A) Name and Title		(i) Base compensation	incentive	reportable		Denetits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
PRESIDENT (ii) 0. 0. 0. 0. 0. 0. (2) RICHARD HAGLUND (i) 139,008. 2,000. 90. 7,825. 29,397. 178,320. SECRETARY (i) 0. 0. 0. 0. 0. 0. (ii) 0. 0. 0. 0. 0. 0. 0.	(1) ANDREW BROY	(i)	232,739.	32,000.	90.	13,839.	28,034.	306,702.	0.
(2) RICHARD HAGLUND (0) 139,008. 2,000. 90. 7,825. 29,397. 178,320. SECRETARY (0) 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. 0. (0) 0. 0. 0. 0. 0. 0. 0. 0. (0) 0.	PRESIDENT		0.	0.		0.		0.	0.
SECRETARY (i) 0. 0. 0. 0. 0. 0. 0	(2) RICHARD HAGLUND		139,008.				29,397.		0.
Image: space s	SECRETARY		0.	0.	0.	0.	0.	0.	0.
0 Image		(i)							
IndexI		(ii)							
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(i)									
(ii)									

Part III Supplemental Information

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.

PART I, LINE 7:

AS INDICATED IN SCHEDULE J, PART II, CERTAIN INDIVIDUALS RECEIVED BONUSES

BASED ON PERFORMANCE AND THE FINANCIAL HEALTH OF THE ORGANIZATION. BONUSES

ARE APPROVED BY THE PRESIDENT, EXCEPT IN THE CASE OF THE PRESIDENT'S BONUS,

WHICH IS APPROVED BY THE BOARD OF DIRECTORS.

Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



14-1862409

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

ILLINOIS NETWORK OF CHARTER SCHOOLS

THE ILLINOIS NETWORK OF CHARTER SCHOOLS (INCS) ADVOCATES FOR THE

IMPROVEMENT OF PUBLIC EDUCATION BY LEVERAGING THE CHARTER SCHOOL MODEL

AS A CATALYST TO TRANSFORM LIVES AND COMMUNITIES.

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

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE

ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND

PROVIDES A FULL COPY TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO

FILING. THE GOVERNING BODY IS PROVIDED A REASONABLE AMOUNT OF TIME TO

REVIEW THE RETURN AND ASK ANY QUESTIONS DIRECTLY TO ORGANIZATION MANAGEMENT

OR THE CONTACT AT THE INDEPENDENT CPA FIRM PRIOR TO FILING.

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

INCS CONFLICT OF INTEREST AND WHISTLE BLOWER POLICIES REQUIRE ANNUAL

DISCLOSURES OF ANY CONFLICTS OF INTEREST.

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

THE PRESIDENT'S COMPENSATION IS SET ANNUALLY BY THE BOARD OF DIRECTORS

BASED ON A PERFORMANCE REVIEW AND CONSIDERATION OF COMPARABILITY DATA AND

THE ORGANIZATION'S FINANCIAL CONDITION.

OTHER OFFICER/KEY EMPLOYEE COMPENSATION IS SET ANNUALLY BY THE PRESIDENT

BASED ON A PERFORMANCE REVIEW AND CONSIDERATION OF COMPARABILITY DATA AND

44

THE ORGANIZATION'S FINANCIAL CONDITION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche 832211 10-10-18

20061113 147228 103376

2018.05000 ILLINOIS NETWORK OF CHART 103376_1

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
ILLINOIS NETWORK OF CHARTER SCHOOLS	14-1862409
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABL	E THROUGH
APPLICABLE GOVERNMENTAL AGENCIES; THE CONFLICT OF INTERES	T POLICY IS
AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.	
832212 10-10-18 Sch	edule O (Form 990 or 990-EZ) (2018)

45 2018.05000 ILLINOIS NETWORK OF CHART 103376_1

Part I

SCHEDULE R

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number 14 - 1862409

Department of the Treasury Internal Revenue Service

ILLINOIS NETWORK OF CHARTER SCHOOLS

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
INCS ACTION - 61-1734910	ENGAGING THE CHARTER						
150 N. MICHIGAN AVE., STE. 430	SCHOOL COMMUNITY IN THE						
CHICAGO, IL 60601	LEGISLATIVE PROCESS	ILLINOIS	501(C)(4)				Х
INCS ACTION PAC - 46-5517112	POLITICAL ACTION COMMITTEE						
150 N. MICHIGAN AVE., STE. 430	- SUPPORT OF CHARTER						
CHICAGO, IL 60601	PUBLIC SCHOOLS	ILLINOIS	527				х
INCS ACTION INDEPENDENT COMMITTEE -	POLITICAL ACTION COMMITTEE						
47-1714611, 150 N. MICHIGAN AVE., STE. 430,	- SUPPORT OF CHARTER						
CHICAGO, IL 60601	PUBLIC SCHOOLS	ILLINOIS	527				х
	-						
	4						

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

Schedule R (Form 990) 2018

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	r entity (related, unrelated, income		Share of total income	inant income Share of total Share of end-of-year from tax under assets		alloca	ortionate ations?	amount in box 20 of Schedule	Gene mana partr	iging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?		
		country)						Yes	No		
									<u> </u>		
									<u> </u>		
								'			

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			Σ
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)			2
d Loans or loan guarantees to or for related organization(s)	1d		1
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)	<u>1f</u>		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1 h		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		-
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
 Sharing of paid employees with related organization(s) 		X	╋
Reimbursement paid to related organization(s) for expenses	1 p		
Reimbursement paid by related organization(s) for expenses		X	_
r Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) INCS ACTION	Q	254,637.	
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(6	e)	(f)	(g)	(۲	ו)	(i)	(j)	(k	()
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e Are partne	all rs sec.				opor-	Code V-UBI	Genera	l or Percer	, ntage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501(org	c)(3) s.?	total	end-of-year	Dispr tior allocat	nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	_{r?} owne	rship
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	10	
												_	

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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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