Form **990**

Department of the Treasury Internal Revenue Service

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.

2017
Open to Public Inspection

<u>A F</u>	or the	e 2017 calendar year, or tax year beginning $AUG \perp$, $2U\perp$ / and G	enaing J	<u>ог эт, 70те</u>				
B c	Check if pplicable	C Name of organization		D Employer identifi	cation number			
	Addre		GU					
	Name chang	Doing business as		36-3	074599			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe				
	Final return	P.O. BOX 602		708-	771-2042			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 225,879.				
	Amen return	LA GRANGE, IL 60525-0602		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: SAKAH LOKENZI		for subordinates	? Yes X No			
	pendi	9 611 THOMAS, FOREST PARK, IL 60130-1965		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)			
		te: ► CAAEL.ORG		H(c) Group exemption	·			
		organization: X Corporation Trust Association Other	L Year	of formation: 1980 i	M State of legal domicile: ${ t IL}$			
Pa	art I	Summary						
Φ	1	Briefly describe the organization's mission or most significant activities: SEE A	ATTACH	ED STATEMEN'	<u>r</u>			
Activities & Governance								
ern	2	Check this box if the organization discontinued its operations or dispos	ed of more	1				
ŏ	3			3	6			
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			6			
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			2			
Ξij	6	Total number of volunteers (estimate if necessary)			100			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.			
		0 17 17 17 17 17 17 17 17 17 17 17 17 17		Prior Year 131,943.	Current Year 194,536.			
ne	8	Contributions and grants (Part VIII, line 1h)		131,943.	194,556.			
Je n	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,381.	6,311.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		152,324.	200,847.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		152,524.	200,847.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		93,585.	153,501.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	Ioa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	0.		0.			
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		49,708.	64,621.			
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		143,293.	218,122.			
	ı	Revenue less expenses. Subtract line 18 from line 12		9,031.	-17,275.			
	13	Heverlue less expenses. Subtract line 10 nont line 12		ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		93,221.	77,147.			
ASS	21	Total liabilities (Part X, line 26)		2,678.	3,879.			
let,	22	Net assets or fund balances. Subtract line 21 from line 20		90,543.	73,268.			
Pa	art II	Signature Block		2070200				
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,			
Sigi	n	Signature of officer		Date				
Her		■ SARAH LORENZI, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature] [Date Check	PTIN			
Paid	I	JOHN J KEATING JOHN J KEATING	1	1/02/18 self-employ				
Prep	arer	Firm's name ► WIPFLI LLP		Firm's EIN ▶	39-0758449			
Use	Only	Firm's address 625 N NORTH COURT, SUITE 200						
		PALATINE, IL 60067		Phone no. 84	7.358.1170			
May	/ the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Page 2

Ра	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:
	ADMINISTER AND SUPERVISE ATHLETIC AND ACADEMIC CONTESTS FOR BEHAVIOR
	DISORDERED AND EMOTIONALLY DISTURBED HIGH SCHOOL AND JUNIOR HIGH
	SCHOOL STUDENTS; 59 SCHOOLS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 190 , 249 including grants of \$) (Revenue \$
	CHICAGO AREA ALTERNATIVE EDUCATION LEAGUE (CAAEL) BEGAN IN 1976 WITH
	FOUR ALTERNATIVE SCHOOLS COMPETING IN A MINI-BASKETBALL LEAGUE. TODAY,
	5000 AT-RISK AND SPECIAL EDUCATION STUDENTS FROM 58 ALTERNATIVE SCHOOLS
	PARTICIPATE IN OVER 900 ACADEMIC, ATHLETIC, AND ART ACTIVITIES
	ANNUALLY. FORTY-TWO YEARS LATER, THE INTERSCHOLASTIC PROGRAMMING
	PROVIDED BY CAAEL CONTINUES TO PROMOTE SCHOOL ATTENDANCE, ACADEMIC
	ACHIEVEMENT, AND LIFE SKILLS DEVELOPMENT. CAAEL PARTICIPATION PREPARES
	OUR MOST CHALLENING AND VULNERABLE YOUTH FOR THE NEXT PHASE OF THEIR
	LIVES.
	TI A FIG •
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
	/ (Expenses to the control of the co
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4-	Total program convice expenses 190 249.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
′		7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- '-		- 21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	_		Х
_	Schedule D, Part III	8		Λ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			7.7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		х
	COMPLETE CONTRACTOR ALL III			

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1,7
	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? If "Yes,"			x
07	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A comment on former officer director twinted on less employed (CIV)	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee: If Yes, complete scredule L, Part IV	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	1

Form 990 (2017) CHICAGO AREA ALTERNATIVE EDUCATION LEAGU Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b		Check if Schedule O contains a response or note to any line in this Part V							
b Enter the number of Forms W-20 included in line 1s. Enter-0+ in not applicable 1st 0 0 0 0 0 0 0 0 0						Yes	No		
be Enter the number of Forms W2G included in line 1s, Enter-0-II not applicable Coll the organization comply with backup withholiogin quies for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transential of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3 It is aleast one is reported on line 2s, did the organization file all required federal employment tax returns? 3 It is aleast one is reported on line 2s, did the organization file all required federal employment tax returns? 3 It is aleast one is reported on line 2s, did the organization file all required federal employment tax returns? 3 It is a state organization and the complex payment of the organization file all required federal employment tax returns? 4 It is a state organization and the organization file all required federal employment tax returns? 5 It is is a state organization and the organization file for make 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 accounts; (FBAR). 5 It is is the organization and party to a prohibited tax she financial accounts (FBAR). 5 It is blick and the organization file Form 888817. 5 It is blick and the organization and party to a prohibited tax was or is a party to a prohibited tax whelen transaction at any time during the tax year? 5 It is is a state organization and party to a prohibited tax was or is a party to a prohibited tax was organization that was or is a party to a prohibited tax was organization. 5 It is is is a state organization and party per secretary that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 It is is is a contribution of the value of the goods or services provided? 7 It is is the organization netween a power in exc	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0					
(agambling) winnings to prize winners? 2 Enfort the number of emptoyees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 5 If it deast one is reported on line 2a, did the organization field all required feelfael employment tax returns? 8 If we will be a state of the property of the organization field and the organization field and the organization field of the organization of the organization field of the organization of the organization field of the organization field of the organization field of the organization of the organization of the organization field of the organization field of the organization field of the organization of the organization field of the organization organization field of the organization organization field of the organization field of the organization organiz	b		1b	0					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming					
field for the calendar year ending with or within the year covered by this return If all lasts one is reported on line 2.a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2.a is greater than 250, you may be required to e-file (See instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 40. 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 shark account, scuribles account, or other financial accounts? 41. 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 shark account, scuribles account, or other financial accounts? 42. At any time during the calendar year, did the organization that was or is a party to a prohibition for the properties of the companization of the properties of the proper		(gambling) winnings to prize winners?			1c				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a_nile_fee instructions} 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, * has it filed a Form 990-T for this year? # Yeo, * to line 3b, provide an explanation in Schedule O 3b A tany time during the calendary year, did the organization have uninterest 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 accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shelter transaction? 5c If Yes, * to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, * to line Sa or 5b, did the organization file Form 8886·17 5c Boes the organization solled with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization shat may receive deductible as charitable contributions? b If Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization shat may receive adeuctible contributions under section 170c). b Ut the organization shat may receive deductible contributions or a personal benefit contract? 7c If If the organization shall express that the property of the very shall be organization with the property of the very shall be organization for the value of the goods or services provided? 1 bid the organization shall express the property of the very shall benefit contract? 7d If the organization in ecolive a payment in excess of \$	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to _e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a	2					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b if "Yes," has it filed a Form 990-T for this year? if "No," to line 3b, provide an explanation in Schedule O 4a 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). 5b if "Yes," evaluations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5d 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? 6b Very Corganization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170cl. 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170cl. 8d If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor? 7c If If yes, "did the organization with the donor of the value of the goods or services provided? 7c If If Yes if	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X			
b If "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a 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)? 4b If "Yes," enter the name of the foreign country. 5c Sen instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c 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 deductibles as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions. 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 If "Yes," indicate the number of Forms 8282 filed during the year 1 Did the organization, during the year, pay premiums, directly or indirectly, or pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1998-07 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations make a distribution to a donor, dono		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
4a 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 accounts) 5 bit "Yes," in the the name of the foreign country: \(\) 5 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 b Was the organization of party to a prohibited tax shelter transaction? 5 b X X 5 b Did any taxable party notify the organization file Form 8886-T7 6 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? 6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 7 o Organizations that may receive deductible contributions under section 170(c). 8 b If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8 b If "Yes," indicate the number of Forms 8282 filed during the year to flie Form 8282? 9 b If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c Did the organization received an contribution of ugalified intellectual property, did the organization file Form 899 as required? 9 b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required? 9 Sponsoring organizations make any taxable distributions under section 4986? 9 Sponsoring organizations make any taxable distributions under section 4986? 9 Sponsoring organizations make any taxable distributions under section 4986? 9 Sponsoring organizations make any taxable distributions under section 4986? 9 Sponsoring organizations make any taxable distributions under section 4986? 9 Sponsoring orga	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X		
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Ida X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14a X	^								
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			130		142		х		
									
		1 100, Tido it mod a 1 offit 120 to report those payments: II 190, provide an explanation in Schedule	, O			990	(2017)		

Page 6

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.

800							X			
Sec	tion A. Governing Body and Management									
_		Ι.	I	د ۱		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		6						
	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.			اء						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		6						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other							
	officer, director, trustee, or key employee?			. L	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?			L	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 95	90 wa	s filed?	L	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		[5		X			
6	6 Did the organization have members or stockholders?									
7a										
	more members of the governing body?				7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·						
_	persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			·	7b		X			
	a The governing body?									
a b					8a 8b	X				
				·	OD	21				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				9		Х			
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		21			
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)			V	NI -			
40				Г	40	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?			·	10a					
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	s, affiliates,							
	· · · · · · · · · · · · · · · · · · ·			·· ト	10b 11a		Х			
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	es," a	lescribe							
	in Schedule O how this was done			.	12c					
13	Did the organization have a written whistleblower policy?			.	13		X			
14	Did the organization have a written document retention and destruction policy?			L	14		X			
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			L	15a		Х			
b	Other officers or key employees of the organization			. [15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	vith a							
	taxable entity during the year?			. [16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	า'ร							
	exempt status with respect to such arrangements?			. Г	16b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶IL									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	ion 501(c)(3)s only) ava	ailable)				
	for public inspection. Indicate how you made these available. Check all that apply.		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Own website Another's website X Upon request Other (explain	in Sc	hedule ∩)							
19										
	statements available to the public during the tax year.			11	101	٠.,				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke an	d records:							
20	SARAH LORENZI - 708-771-2042	no air								
	P.O. BOX 602, LA GRANGE, IL 60525									

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

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

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

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

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 organizat	tion nor any related	y related organization compensate					sate	ated any current officer, director, or trustee.				
(A)	(B)		(C) Position					(D)	(E)	(F)		
Name and Title	Average	(do	not c	POS heck	ition more	າ than ເ	one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss per	rson i	is both or/trus	n an	compensation	compensation	amount of		
	week	_		1444	II COLO	1711 43	100)	from	from related	other 		
	(list any	irecto						the organization	organizations	compensation from the		
	hours for related	ord	ee			sated		(W-2/1099-MISC)	(W-2/1099-MISC)			
	organizations	ruste	trust		99	ubeu		(W-2/1099-WIGC)		organization and related		
	below	dual t	rtiona	L	oldu	st cor	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5.ga <u>_</u> a5		
(1) ROB ZAPINSKI	0.00											
DIRECTOR		Х						0.	0.	0.		
(2) JAMES LOGIURATO	0.00											
DIRECTOR		Х						0.	0.	0.		
(3) BRIAN O'CONNELL	0.00											
DIRECTOR		Х				_		0.	0.	0.		
(4) SARAH LORENZI	45.00	-						5 0000		_		
EXECUTIVE DIRECTOR	40.00			Х				70,000.	0.	0.		
(5) MARTIN KNUTH	40.00	-						F 4 000		•		
DIRECTOR, SECRETARY	0.00			Х		_		54,000.	0.	0.		
(6) BRANDON KARPELES	0.00	-		٠,					_	•		
DIRECTOR, TREASURER			_	Х		┝		0.	0.	0.		
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732007 11-28-17 Form **990** (2017)

Section A. Officers, Directors, Trus	tees, Key Emp	<u>oloy</u>	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	/da		Pos				Reportable	Reportable	Estima	
	hours per	box,	, unle	ss per	rson i	than o	n an	compensation	compensation	amoun	
	week		cer an	id a di	irecto	or/trus	tee)	from	from related	othe	:r
	(list any	ector						the	organizations	compens	
	hours for	or dir	9			ated		organization	(W-2/1099-MISC)	from t	
	related organizations	ustee	truste		ao	bens		(W-2/1099-MISC)		organiza	
	below	ual tru	ional		ploye	t com				and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organiza	LIOUS
	,	드	드	0	3	工商	Œ				
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						\vdash					
		•									
-											
		1									
		<u> </u>				_					
		-									
						\vdash					
1b Sub-total					<u> </u>			124,000.	0.		0.
c Total from continuation sheets to Part VI							-	0.	0.		0.
d Total (add lines 1b and 1c)							•	124,000.	0.		0.
2 Total number of individuals (including but n							o re	•	000 of reportable		
compensation from the organization									•		0
										Yes	No
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on		
line 1a? If "Yes," complete Schedule J for s										3	<u> </u>
4 For any individual listed on line 1a, is the su											l
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	for such individual		4	X
5 Did any person listed on line 1a receive or a										_	X
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	<u> </u>	or st	ıch r	oers	on				5	<u> </u>
Complete this table for your five highest contact the stable for your five highest contact the your five highest contact the your five highest contact the	mpensated inc	lene	nde	nt co	ntr	acto	rs th	nat received more than \$	5100,000 of compens	ation from	
the organization. Report compensation for											
(A)								(B)		(C)	
Name and business	address	NC	INC	3				Description of s	ervices	Compensati	on
2 Total number of independent contractors (in \$100,000 of componentian from the organic		ot lin	nited	to t	thos)		ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz	Lation -									- 000	(0017)

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		128,616.				
2 8		Fundraising events		·				
ifts ar A		Related organizations	1 1					
a,e		Government grants (contributi						
Sig		All other contributions, gifts, grant						
her E		similar amounts not included abov	1 1	65,920.				
풀	g	Noncash contributions included in lines 1	Ia-1f: \$					
Sol	_	Total. Add lines 1a-1f		>	194,536.			
				Business Code				
ø	2 a							
Ş	b							
Program Service Revenue	С							
am eve	d							
Ba	е							
P.	f	All other program service reve	nue					
		Total. Add lines 2a-2f		I				
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax		I				
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	.,					
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
en		Gross income from fundraising including \$	g events (not					
Other Reven		contributions reported on line						
Be		Part IV, line 18	•	31,343.				
Jer	h	Less: direct expenses		25,032.				
₽		Net income or (loss) from fund		>	6,311.			6,311.
		Gross income from gaming ac			0,511.			<u> </u>
	Ja	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	io a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales						
-		Miscellaneous Revenue		Business Code				
ŀ	11 a	- IVIISCEIIANEOUS NEVENUE		Duomicos Oode				
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d						
		Total revenue. See instructions.		····· []	200,847.	0.	0.	6,311.

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 response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 124,000. 111,600. 12,400. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 20,000. 18,000. 2,000. Other employee benefits 9 9,501. 8,551. 950. 10 Payroll taxes 11 Fees for services (non-employees): Management 1,119. 1,119. Legal 5,270. 5,270. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 16,191. 12,943. 3,248. column (A) amount, list line 11g expenses on Sch O.) 1,495. 1,346. 149. Advertising and promotion 12 617. 524. 93. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 453. 408. 45. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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 O.) 31,776. 31,776. STATE TOURNAMENTS AND L 2,281. TELEPHONE/INTERNET 2,053. 228. 2,155. 1,724. 431. DUES AND SUBSCRIPTIONS 1,555. 1,322. 233. d PRINTING 1,709. 1,295. 414. e All other expenses 218,122. 190,249. 27,873. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017) Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			92,533.	1	72,289.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer of	ficers, directors,			
		trustees, key employees, and highest compensa	ited em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	(c)(9) voluntary				
ş		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			7		
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		6 500			
		basis. Complete Part VI of Schedule D		6,502.	600		4 050
		Less: accumulated depreciation			688.	10c	4,858.
	11	Investments - publicly traded securities		I		11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	I		13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	93,221.	15	77,147.		
	16	Total assets. Add lines 1 through 15 (must equal			33,441.	16 17	//,14/•
	17 18	Accounts payable and accrued expenses		18			
	19	Grants payable		I		19	
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to current and former				21	
Liabilities		key employees, highest compensated employee					
iii		Complete Part II of Schedule L				22	
E.	23	Secured mortgages and notes payable to unrela		I		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			2,678.	25	3,879.
	26	Total liabilities. Add lines 17 through 25			2,678.	26	3,879.
		Organizations that follow SFAS 117 (ASC 958), checl	k here 🕨 🔲 and			
S		complete lines 27 through 29, and lines 33 an	d 34.				
ž	27	Unrestricted net assets				27	
ala	28	Temporarily restricted net assets				28	
ē	29	•				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), check here $\blacktriangleright X$			
٥		and complete lines 30 through 34.					_
ets	30	Capital stock or trust principal, or current funds			0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or ed			0.	31	0.
ě	32	Retained earnings, endowment, accumulated in			90,543.	32	73,268.
~	33	Total liabilities and not assets/fund balances			90,543.	33	73,268. 77 147.
	-2/1	LOTAL HADILITION AND NOT ACCORD/THING POLANCOS				-2/1	11141

7 7 , 14 7 • Form **990** (2017)

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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	20	0,8	47.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21	8,1	22.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	7,2	75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	0,5	43.
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	7	3,2	68.
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: X Cash 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	on a			
	separate basis, consolidated basis, or both:				
	X 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	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization CHICAGO AREA ALTERNATIVE EDUCATION LEAGU 36-3074599 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 CHICAGO AREA ALTERNATIVE EDUCATION LEAGU 36-3074599 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	100,451.	116,269.	108,161.	127,214.	194,536.	646,631.
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	100,451.	116,269.	108,161.	127,214.	194,536.	646,631.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						646,631.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	100,451.	116,269.	108,161.	127,214.	194,536.	646,631.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	21.	1.	1.			23.
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						646,654.
12	Gross receipts from related activities,	•	,			12	102,807.
13	First five years. If the Form 990 is for	•			•	. , . ,	. —
800	organization, check this box and stop ction C. Computation of Publi	here Per	centage				<u></u>
				- L			100.00 %
14	Public support percentage for 2017 (li						
15	Public support percentage from 2016					15	
16a	33 1/3% support test - 2017. If the content have The experience supplies						
h	stop here. The organization qualifies 33 1/3% support test - 2016. If the o						
D							
170	and stop here. The organization qual		•			and line 1/1 is 10%	
11 a	10% -facts-and-circumstances test and if the organization meets the "fac	-					
	_			-	· ·	-	
h							
ú		_					
	,		·				
18	•			•			
	meets the "facts-and-circumstances" 10% -facts-and-circumstances test more, and if the organization meets the organization meets the "facts-and-circumstantes" Private foundation. If the organization	- 2016. If the org ne "facts-and-circur cumstances" test.	anization did not c mstances" test, ch The organization q	heck a box on line eck this box and ualifies as a public	e 13, 16a, 16b, or 1 stop here. Explair sly supported organ	7a, and line 15 is an	10% or

Schedule A (Form 990 or 990-EZ) 2017 CHICAGO AREA ALTERNATIVE EDUCATION LEAGU 36-3074599 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ction B. Total Support	Г	1			1	1
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain					-	
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)		Cont	- 6		- 504(-)(0)	
14	First five years. If the Form 990 is for	•		•	•	. , . ,	·
Se	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2017 (I			olumn (fl)		15	%
	Public support percentage from 2016					16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f))		17	%
18	Investment income percentage from					18	/ 6
	a 33 1/3% support tests - 2017. If the						
.50	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2016. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

		Yes	No
	1		
	_		
	2		
	_		
	3a		
	3b		
	_		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
ı۵	90 or 99	いードフ)	2017

	edule A (Form 990 or 990-EZ) 2017 CHICAGO AREA ALTERNATIVE EDUCATION LEAGU 36-30	7459	9 Pa	age 5
Pa	rt IV Supporting Organizations (continued)	1		
			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)	44-		
	below, the governing body of a supported organization?	11a		
	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. tion B. Type I Supporting Organizations	11c		
	nion B. Type i Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	No
1	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			
	<u> </u>		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. stion 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 is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions)	L	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	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	6.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017 CHICAGO AREA ALTERNATIVE EDUCATION LEAGU 36-3074599 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017 CHICAGO AREA ALTERNATIVE EDUCATION LEAGU 36-3074599 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 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. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 **b** From 2013 **c** From 2014 **d** From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, line 7: **a** Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2017

a Excess from 2013
 b Excess from 2014
 c Excess from 2015
 d Excess from 2016
 e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 CHICAGO AREA ALTERNATIVE EDUCATION LEAGU 36-3074599 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 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, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHICAGO AREA ALTERNATIVE EDUCATION LEAGU

Employer identification number 36-3074599

Part	t I Organizations Maint	taining Donor Advised I	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Ye	es" on Form 990, Part IV, line 6		
		_	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions			
	Aggregate value of grants from (d			
	Aggregate value at end of year			
	_		ting that the assets held in donor adv	
			clusive legal control?	
			sors in writing that grant funds can b	
	• •		onor advisor, or for any other purpos	
Part			·	
			nization answered "Yes" on Form 990	I, Part IV, line 7.
1	Purpose(s) of conservation easer	, ,	`	
		olic use (e.g., recreation or edu		storically important land area
	Protection of natural habita		Preservation of a ce	ertified historic structure
•	Preservation of open space		I a company of the second of t	and a second second second second second
	•	ne organization neid a qualified	conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
				•
	Total acreage restricted by conse		in all all in (a)	
			ure included in (a) r 7/25/06, and not on a historic struc	
		(/ 1	,	
			sed, extinguished, or terminated by the	
	year >	its modified, transferred, releas	sed, extiliguished, or terminated by the	le organization during the tax
	Number of states where property	subject to conservation easen	nent is located	
		•	lic monitoring, inspection, handling o	— f
	violations, and enforcement of the	. ,		
				nservation easements during the year
Ī	>		maming or molations, and officering oc	noon allon cacomonio alamig and year
7	Amount of expenses incurred in n	nonitoring, inspecting, handlin	g of violations, and enforcing conserv	vation easements during the year
	▶\$,	g ··g	
	• • ———————————————————————————————————	– it reported on line 2(d) above s	atisfy the requirements of section 17	O(h)(4)(B)(i)
		. ,		
	· / · / · / · · · · · · · · · · · · · ·			se statement, and balance sheet, and
	,	•	n's financial statements that describe:	
	conservation easements.	·		
Part	t III Organizations Maint	taining Collections of A	rt, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization	on answered "Yes" on Form 99	00, Part IV, line 8.	
1a	If the organization elected, as per	mitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
1	historical treasures, or other similar	ar assets held for public exhibi	tion, education, or research in further	rance of public service, provide, in Part XIII,
1	the text of the footnote to its finar	ncial statements that describes	s these items.	
b	If the organization elected, as per	mitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
1	treasures, or other similar assets I	neld for public exhibition, educ	ation, or research in furtherance of p	ublic service, provide the following amounts
1	relating to these items:			
((i) Revenue included on Form 99	90, Part VIII, line 1		> \$
	(ii) Assets included in Form 990,			. .
2	If the organization received or hele	d works of art, historical treasu	ures, or other similar assets for financ	ial gain, provide
1	the following amounts required to	be reported under SFAS 116	(ASC 958) relating to these items:	
а	Revenue included on Form 990, F	Part VIII, line 1	······	> \$

Schedule D (Form 990) 2017

4,858

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

	Complete if the organization answered fires on Form 990, Part N	, line The or Thi. See Form	990, Part X, line 25.
1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	ACCRUED PAYROLL TAXES	3,879.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,879.	

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

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number CHICAGO AREA ALTERNATIVE EDUCATION LEAGU 36-3074599 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2017 CHICAGO AREA ALTERNATIVE EDUCATION LEAGU 36-3074599 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ATHLETIC AND NONE (add col. (a) through ACADEMIC CON col. (c)) (event type) (event type) (total number) 31,343. 31,343. Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 31,343. 31,343. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 25,032. 25,032 9 Other direct expenses 25,032 **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 6,311 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 CHICAGO AREA ALTERNATIVE EDUCATION LEAGU 36	3074599	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
h	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
~	organization's own exempt activities during the tax year > \$		
Da	· nel	O Ob 16)h 15h
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, and 17b, as applicable. Also provide any additional information. See instructions.	nes 9, 9b, 10	, מכד, מנ,

Schedule G	G (Form 990 or 990-EZ)	CHICAGO A	AREA	ALTERNATIVE	EDUCATION	LEAGU	36-3074599	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation _{(continue}	ed)					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CHICAGO AREA ALTERNATIVE EDUCATION LEAGU

Employer identification number 36-3074599

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STUDENTS IN CAAEL MEMBER SCHOOLS ARE THE MOST SEVERE CASES, THE MOST AT
RISK OF FAILING, AND WHEN THEY ATTEND ALTERNATIVE SCHOOLS THEY TEND TO
LOSE ACCESS TO THE EXTRACURRICULAR ACTIVITIES THAT RESEARCH SHOWS ADD
SO MUCH TO A STUDENT'S GROWTH AND LEARNING. CAAEL WAS IMPLEMENTED TO
FILL THIS DISHEARTENING GAP. CAAEL IS THE ONLY ORGANIZATION THAT
PROVIDES THIS BROAD SCOPE OF PROGRAMMING FOR ILLINOIS' GROWING NUMBER
OF SPECIAL EDUCATION AND AT-RISK YOUTH.
CAAEL UTILIZES A TWO-PRONGED APPROACH IN FULFILLING ITS MISSION: (1)
PROVIDE AT-RISK AND SPECIAL EDUCATION STUDENTS WITH ACCESS TO
LIFE-ENRICHING ACADEMIC, ATHLETIC, AND ART PROGRAMMING AND (2) PROVIDE
ADULTS WHO FACE THE CHALLENGE OF EDUCATING THESE OFTEN HARD TO REACH
STUDENTS WITH A SET OF INSTRUCTIONAL TOOLS TO HELP THEM BETTER ENGAGE,
MOTIVATE, AND TEACH THESE STUDENTS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE SIGNING OFFICER REVIEWS THE 990 BEFORE SIGNING.
FORM 990, PART VI, SECTION C, LINE 19:
BY REQUEST

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation
	MACHINERY & EQUIPMENT											
5	APPLE LAPTOP	06/12/14	Ŀ	5.00	НУ	Y16	1,879.				1,879.	1,191.
6	COMPUTER EQUIPMENT	07/16/18	ţ	5.00	Н2	Y16	4,623.				4,623.	
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						6,502.				6,502.	1,191.
	* GRAND TOTAL 990 PAGE 10 DEPR						6,502.				6,502.	1,191.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE						1,879.			0.	1,879.	1,191.
	ACQUISITIONS						4,623.			0.	4,623.	0.
	DISPOSITIONS						0.			0.	0.	0.
	ENDING BALANCE						6,502.			0.	6,502.	1,191.
	ENDING ACCUM DEPR											1,644.
	ENDING BOOK VALUE				L							4,858.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Comm