

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.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 INDEPENDENT SCHOOLS ASSOCIATION OF THE CENTRAL STATES

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 55 WEST WACKER DRIVE STE 701

City or town, state or province, country, and ZIP or foreign postal code
 CHICAGO, IL 60601

D Employer identification number
 36-2715311

E Telephone number
 (312) 750-1190

F Name and address of principal officer:
 MARY MENACHO
 55 WEST WACKER DRIVE
 STE 701
 CHICAGO, IL 60601

G Gross receipts \$ 2,877,421

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.ISACS.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1908 **M** State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 ISACS LEADS SCHOOLS TO PURSUE EXEMPLARY INDEPENDENT EDUCATION.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	9
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,263,269	1,481,624
9 Program service revenue (Part VIII, line 2g)	1,014,513	798,777
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,883	53,303
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	792	1,335
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,313,457	2,335,039
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,056,582	1,063,345
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,189,442	1,043,361
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,246,024	2,106,706
19 Revenue less expenses. Subtract line 18 from line 12	67,433	228,333

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,836,717	3,241,783
21 Total liabilities (Part X, line 26)	497,060	673,357
22 Net assets or fund balances. Subtract line 21 from line 20	2,339,657	2,568,426

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

 Signature of officer
 Date 2020-10-14

MARY MENACHO EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-10-14 Check if self-employed PTIN P00154219

Firm's name ▶ MARTZ & WILSON LLP Firm's EIN ▶ 01-0716655

Firm's address ▶ 712 HANLEY INDUSTRIAL CT Phone no. (314) 646-1040
 BRENTWOOD, MO 631441904

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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:

THE PURPOSE OF ISACS IS TO PROMOTE THE DEVELOPMENT OF STRONG LEARNING COMMUNITIES CHARACTERIZED BY HIGH ACHIEVEMENTS, SOCIAL RESPONSIBILITY, AND INDEPENDENCE OF GOVERNANCE, PROGRAMS AND POLICIES. THE GOAL IS ACHIEVED THROUGH RIGOROUS ACCREDITATION PROCESS, TARGETED PROFESSIONAL DEVELOPMENT PROGRAMS, AND FOCUSED SUPPORT SERVICES.

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 No

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 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 \$ 1,516,485 including grants of \$) (Revenue \$ 94,611)
See Additional Data

4b (Code:) (Expenses \$ 505,650 including grants of \$) (Revenue \$ 704,166)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,022,135

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
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		No
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		No
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		No
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? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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? If "Yes," complete Schedule D, Part IV		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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		No
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
11f	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		No
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		No
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		No
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 (see instructions)		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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, or 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLAUDIA DAGGETT EXECUTIVE DI	40.00						X	205,601	0	39,431
(2) KATIE BONOMO TRUSTEE	1.50	X						0	0	0
(3) ROB BUTLER TRUSTEE	1.50	X						0	0	0
(4) BRIAN CORLEY TRUSTEE	1.50	X						0	0	0
(5) LUKE FELKER SECRETARY	1.50	X						0	0	0
(6) DONNA HARRIS VICE CHAIR	1.50	X						0	0	0
(7) BEN OTTENWELLER TRUSTEE	1.50	X						0	0	0
(8) AUDREY PERROTT TRUSTEE	1.50	X						0	0	0
(9) RISHI RAGHUNATHAN TRUSTEE	1.50	X						0	0	0
(10) ABBY REED TRUSTEE	1.50	X						0	0	0
(11) BRYN ROBERTS TREASURER	1.50	X						0	0	0
(12) MICHAEL RUBIN TRUSTEE	1.50	X						0	0	0
(13) DEAN RUFF TRUSTEE	1.50	X						0	0	0
(14) ARLYCE M SEIBERT PAST CHAIR	1.50	X						0	0	0
(15) NATALIE SIMMS TRUSTEE	1.50	X						0	0	0
(16) MELISSA SODERBERG TRUSTEE	1.50	X						0	0	0
(17) SUSAN SULLIVAN TRUSTEE	1.50	X						0	0	0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	1,331,490				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	140,134				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,000				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			1,481,624			
Program Service Revenue	2a CONFERENCES & WORKSHOPS	Business Code					
		611600	704,166	704,166			
	b EVALUATION ASSESSMENT	611710	94,611	94,611			
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		798,777					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		50,613			50,613	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	1,335				
		b Less: rental expenses	6b				
	c Rental income or (loss)	6c	1,335				
	d Net rental income or (loss)			1,335		1,335	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		545,072			
		7a					
		b Less: cost or other basis and sales expenses	7b		542,382		
	c Gain or (loss)	7c		2,690			
	d Net gain or (loss)			2,690		2,690	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			2,335,039	798,777		54,638	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	245,032	232,956	12,076	
7 Other salaries and wages	638,350	590,890	47,460	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	59,735	55,215	4,520	
9 Other employee benefits	62,383	57,886	4,497	
10 Payroll taxes	57,845	53,887	3,958	
11 Fees for services (non-employees):				
a Management				
b Legal	1,742	1,742		
c Accounting	10,600	10,600		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,716	5,280	3,436	
12 Advertising and promotion				
13 Office expenses	15,709	14,634	1,075	
14 Information technology	107,747	107,747		
15 Royalties				
16 Occupancy	55,131	51,358	3,773	
17 Travel	71,922	71,922		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	505,650	505,650		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,192	51,416	3,776	
23 Insurance	17,821	17,821		
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 O.)				
a SURVEY EXPENSES	78,979	78,979		
b EMPLOYMENT SEARCH	77,890	77,890		
c CREDIT CARD EXPENSES	15,779	15,779		
d MEMBERSHIP DUES	12,163	12,163		
e All other expenses	8,320	8,320		
25 Total functional expenses. Add lines 1 through 24e	2,106,706	2,022,135	84,571	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	591,384	1	910,378
	2 Savings and temporary cash investments	933,653	2	935,800
	3 Pledges and grants receivable, net		3	140,134
	4 Accounts receivable, net	56,850	4	17,184
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	117,042	9	83,324
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,451,002		
	b Less: accumulated depreciation	296,039		
		1,137,788	10c	1,154,963
	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		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,836,717	16	3,241,783	
Liabilities	17 Accounts payable and accrued expenses	115,570	17	63,306
	18 Grants payable		18	
	19 Deferred revenue	381,490	19	462,111
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	147,940
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	497,060	26	673,357
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,292,267	27	2,556,045
	28 Net assets with donor restrictions	47,390	28	12,381
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,339,657	32	2,568,426	
33 Total liabilities and net assets/fund balances	2,836,717	33	3,241,783	

Part 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	2,335,039
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,106,706
3	Revenue less expenses. Subtract line 2 from line 1	3	228,333
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,339,657
5	Net unrealized gains (losses) on investments	5	436
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,568,426

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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
- c** 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 36-2715311

Name: INDEPENDENT SCHOOLS ASSOCIATION OF
THE CENTRAL STATES

Form 990 (2019)

Form 990, Part III, Line 4a:

EVALUATION OF MEMBER ORGANIZATION HEADMASTERS, TEACHERS AND ADMINITRATORS OF MEMBERS, EVALUATION OF MEMBER ORGANIZATIONS.

Form 990, Part III, Line 4b:

CONFERENCE AND WORKSHOPS FOR HEADMASTERS, TEACHERS, AND ADMINISTRATORS OF MEMBER ORGANIZATIONS.

SCHEDULE A
(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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INDEPENDENT SCHOOLS ASSOCIATION OF THE CENTRAL STATES

Employer identification number
36-2715311

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 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)**.
- 4 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:
- 5 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)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **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 university:
- 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
- f Enter the number of supported organizations 241
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	241				1,331,490	0

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization'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, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
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, etc. (see instructions)					12	
13	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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 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.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
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 assets (Explain in Part VI.)						
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

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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 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—2018. 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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
1		Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
2			No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
3a			No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
4a			No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4b			
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)? <i>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.</i>		
4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
5a			No
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?		
5b			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c			
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? <i>If "Yes," provide detail in Part VI.</i>		No
6			No
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		No
7			No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8			No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
9a			No
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? <i>If "Yes," provide detail in Part VI.</i>		No
9b			No
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? <i>If "Yes," provide detail in Part VI.</i>		No
9c			No
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)? <i>If "Yes," answer line 10b below.</i>		No
10a			No
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b			

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		No
b	A family member of a person described in (a) above?		No
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		No

Section 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? <i>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.</i>		
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? <i>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.</i>		No

Section 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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	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? <i>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.</i>	Yes	No
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? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** 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.

Section 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	
Section 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):	1	
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):		
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	
Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I, LINE 11H	<p>ANN ARBOR ACADEMY 20-8035148 2 2,578 0 ARETE ACADEMY 46-5681606 2 2,281 0 AVERY COONLEY SC HOOL 36-2171680 2 5,224 0 BAKER DEMONSTRATION SCHOOL 20-1770644 2 4,198 0 BARSTOW SCHOOL 4 4-0546207 2 8,320 0 BEACON ACADEMY 45-5000715 2 3,829 0 BENET ACADEMY 36-2725695 2 14,170 0 BENNETT DAY SCHOOL 80-0774614 2 1,610 0 BERGMAN ACADEMY 42-1087681 2 4,783 0 BERNARD ZEL L ANSHE EMET DAY SCHOOL 36-2166955 2 6,655 0 BETHANY SCHOOL ADDED FEB 1, 2020 31-0550834 2 1,610 0 BISHOP SEABURY ACADEMY 48-1143932 2 4,072 0 THE BLAKE SCHOOL 23-7243247 2 14,404 0 BREBEUF JESUIT PREPARATORY SCHOOL 35-1062640 2 9,193 0 BRECK SCHOOL 41-0693894 2 12,244 0 BREHM PREPARATORY SCHOOL 37-1107721 2 2,551 0 BRICKTON MONTESSORI SCHOOL 36-3443480 2 3, 145 0 BRITISH INTERNATIONAL SCHOOL OF CHICAGO, LINCOLN PARK 36-4446288 2 1,610 0 BRITISH I NTERNATIONAL SCHOOL OF CHICAGO, SOUTH LOOP 36-4446288 2 1,610 0 BROWNELL TALBOT SCHOOL 47- 0376595 2 5,872 0 CANTERBURY SCHOOL 35-1410931 2 10,309 0 CANTON COUNTRY DAY SCHOOL 34-093 8702 2 3,424 0 CAPITAL DAY SCHOOL 61-6010997 2 3,262 0 CATHEDRAL HIGH SCHOOL 35-6254955 2 11,992 0 CATHERINE COOK SCHOOL 36-2836473 2 7,258 0 CHAMINADE COLLEGE PREPARATORY SCHOOL 4 3-0653275 2 9,922 0 CHESTERFIELD DAY SCHOOL 43-0955679 2 3,289 0 CHESTERFIELD MONTESSORI S CHOO L 43-1944968 2 3,541 0 CHIARAVALLE MONTESSORI SCHOOL 36-2580506 2 4,657 0 CHICAGO ACAD EMY FOR THE ARTS 36-3084905 2 3,280 0 CHICAGO CITY DAY SCHOOL 36-3127582 2 3,703 0 CHICAGO JEWISH DAY SCHOOL 36-4437180 2 4,018 0 CHICAGO WALDORF SCHOOL 36-6095132 2 5,305 0 THE CH ILDREN'S HOUSE 38-2536891 2 3,793 0 CHURCHILL CENTER & SCHOOL FOR LEARNING DISABILITIES 43 -1123374 2 3,451 0 CINCINNATI COUNTRY DAY SCHOOL 31-0536970 2 9,382 0 CINCINNATI HILLS CHR ISTIAN ACADEMY 31-1225392 2 13,621 0 CITY ACADEMY 31-1619379 2 3,901 0 CITY OF LAKES WALDO RF SCHOOL 41-1649156 2 4,594 0 CLAPHAM SCHOOL 20-3822878 2 3,154 0 THE CLEAR SPRING SCHOOL 71- 0459367 2 2,632 0 THE COLLEGE SCHOOL 43-1154605 2 4,180 0 COLUMBIA INDEPENDENT SCHOOL 43- 1765806 2 5,242 0 COLUMBUS ACADEMY 31-4379445 2 11,992 0 COLUMBUS JEWISH DAY SCHOOL 31- 1482374 2 2,587 0 COLUMBUS SCHOOL FOR GIRLS 31-4379452 2 7,141 0 COLUMBUS TORAH ACADEMY 31 -4428025 2 4,045 0 COMMUNITY SCHOOL 43-0653286 2 5,161 0 CONVENT OF THE VISITATION SCHOOL 41- 0693957 2 7,303 0 COUNTRYSIDE MONTESSORI SCHOOL 36-2726074 2 3,469 0 COUNTRYSIDE SCHOOL 37- 1296174 2 3,271 0 CRANBROOK SCHOOLS 38-2015048 2 15,265 0 CROSSROADS COLLEGE PREPARATO RY SCHOOL 23-7363267 2 4,018 0 CULVER ACADEMIES 35-0868071 2 9,652 0 DAYCROFT MONTESSORI S CHOO L 38-2430758 2 3,388 0 DAYSFRING ARTS & EDUCATION 43-1797642 2 3,388 0 THE DELTA SCHOO L 46- 4407804 2 2,929 0 THE DE PAUL SCHOOL 61-0711082 2 3,568 0 DETROIT COUNTRY DAY SCHOOL 38-1359251 2 15,265 0 DETROIT WALDORF SCHOOL 38-1790921 2 4,333 0 EAGLE SCHOOL OF MADISON 39-1413598 2 3,056 0 EASTBROOK ACADEMY 39-1926815 2 5,143 0 EDGEWOOD HIGH SCHOOL OF THE SA CRED HEART, INC. 39-1299613 2 6,538 0 ELGIN ACADEMY 36-2205984 2 4,603 0 EMERSON SCHOOL 23 -7442766 2 4,990 0 ETON ACADEM</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I, LINE 11H	Y 38-2298096 2 3,865 0 EVANSVILLE DAY SCHOOL 35-1020931 2 4,756 0 FARBER HEBREW DAY SCHOOL 38-1750780 2 4,630 0 FOREST RIDGE ACADEMY 31-1038248 2 4,018 0 FORSYTH SCHOOL 43-0829718 2 5,350 0 FORTUNE ACADEMY 35-2148108 2 2,902 0 THE FRANCES XAVIER WARDE SCHOOL 27-0259853 2 11,020 0 FRANCIS W. PARKER SCHOOL 36-2171732 2 10,561 0 THE JEAN AND SAMUEL FRANKEL JEWI SH ACADEMY OF METROPOLI 38-3428219 2 3,370 0 FRIENDS SCHOOL, INC. 61-1213141 2 3,622 0 FRI ENDS SCHOOL OF MINNESOTA 36-3586741 2 3,406 0 FUCHS MIZRACHI SCHOOL 34-1400924 2 5,863 0 T HE FULTON SCHOOL AT ST. ALBANS 43-1666028 2 3,037 0 GERMAN INTERNATIONAL SCHOOL CHICAGO 26 -1632141 2 3,271 0 GILMOUR ACADEMY 34-0745523 2 7,798 0 GLORIA DEO ACADEMY 43-1021769 2 5, 215 0 GOOD SHEPHERD MONTESSORI SCHOOL 04-3673627 2 3,559 0 GRAND RIVER ACADEMY 34-0753533 2 2,560 0 GREAT CIRCLE, EDGEWOOD CAMPUS 43-0681471 2 7,051 0 GREENHILLS SCHOOL 38-6143974 2 6,790 0 THE GRETA BERMAN ARBETTER KAZOO SCHOOL 38-2058301 2 2,821 0 GROSSE POINTE ACADEM Y 38-1359080 2 3,946 0 GROSS SCHECHTER DAY SCHOOL 34-1283907 2 4,306 0 GROVES ACADEMY 41-0 979871 2 4,603 0 HATHAWAY BROWN SCHOOL 34-0714426 2 9,526 0 HAWKEN SCHOOL 34-0714427 2 14, 305 0 H. F. EPSTEIN HEBREW ACADEMY 43-6001158 2 2,902 0 HILLEL DAY SCHOOL 38-1586703 2 7,0 60 0 HORIZON ACADEMY 48-1185324 2 2,758 0 HUDSON MONTESSORI SCHOOL 34-0903793 2 3,667 0 HY DE PARK DAY SCHOOL 36-3900221 2 3,235 0 HYMAN BRAND HEBREW ACADEMY 48-6125262 2 3,937 0 IN DEPENDENCE ACADEMY 26-1682732 2 2,335 0 THE INDEPENDENT SCHOOL 48-0914282 2 6,340 0 INTERL OCHEN ARTS ACADEMY 38-1689022 2 6,781 0 INTERNATIONAL SCHOOL OF INDIANA 35-1887161 2 7,060 0 JAPHET SCHOOL 38-2118393 2 2,596 0 JOHN BURROUGHS SCHOOL 43-0652619 2 7,690 0 JOSEPH AN D FLORENCE MANDEL JEWISH DAY SCHOOL 34-1043767 2 5,215 0 KEITH COUNTRY DAY SCHOOL 36-24166 75 2 3,937 0 KENTUCKY COUNTRY DAY SCHOOL 61-0731998 2 9,724 0 LA LUMIERE SCHOOL 35-1085350 2 3,721 0 LAKE COUNTRY SCHOOL 41-1278205 2 4,765 0 LAKE FOREST ACADEMY 36-2216167 2 5,971 0 LAKE FOREST COUNTRY DAY SCHOOL 36-2415685 2 5,440 0 LAKE RIDGE ACADEMY 34-6519833 2 5,8 99 0 LATIN SCHOOL OF CHICAGO 36-2258525 2 12,640 0 LAUREL SCHOOL 34-0714451 2 7,555 0 LAWR ENCE SCHOOL 34-1137455 2 4,999 0 THE LEELANAU SCHOOL 38-6061392 2 2,326 0 THE LEXINGTON SC HOOL 61-0563291 2 7,447 0 THE LILLIAN AND BETTY RATNER SCHOOL 34-1367106 2 3,694 0 LINSLY SCHOOL 55-0357035 2 6,241 0 LOGOS SCHOOL 43-0968673 2 2,857 0 LOUISVILLE COLLEGIATE SCHOOL 61-0449630 2 7,825 0 LYCEE FRANCAIS DE CHICAGO 36-4002001 2 9,166 0 MADISON COUNTRY DAY S CHOO L 39-1832986 2 6,133 0 MAHARISHI SCHOOL 42-1315493 2 3,595 0 MANSION DAY SCHOOL 51-053 0857 2 2,623 0 MANY RIVERS MONTESSORI 46-3952689 2 3,460 0 MAP ST. LOUIS 47-4935823 2 1,11 4 0 MARBURN ACADEMY 31-1011901 2 4,612 0 THE MARSHALL SCHOOL 41-0765672 2 5,674 0 MARY INS TITUTE AND ST. LOUIS COUNTRY DAY SCHOOL 43-0653366 2 13,162 0 MAUMEE VALLEY COUNTRY DAY SC HOOL 34-4431301 2 7,195 0 MEREDITH-DUNN SCHOOL 23-7339248 2 3,973 0 THE MIAMI VALLEY SCHOO L 31-0591154 2 6,385 0 MIDWEST

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I, LINE 11H	<p>ACADEMY 35-1890348 2 2,893 0 MILWAUKEE JEWISH DAY SCHOOL 39-1384843 2 3,235 0 MILWAUKEE M ONTESSORI SCHOOL 39-1016541 2 5,539 0 MINNEHAHA ACADEMY 41-0693870 2 9,121 0 MINNESOTA WAL DORF SCHOOL 41-1401605 2 3,631 0 MIRIAM SCHOOL 43-0667478 2 3,397 0 MISSOURI MILITARY ACAD EMY 43-0415670 2 3,802 0 MONTESSORI ACADEMY OF CHICAGO 20-4543497 2 1,610 0 MONTESSORI ACA DEMY AT EDISON LAKES 23-7092572 2 3,775 0 MORGAN PARK ACADEMY 36-1502650 2 6,034 0 MOUNDS PARK ACADEMY 41-1420915 2 6,394 0 NEAR NORTH MONTESSORI 36-2535895 2 6,817 0 NEW CITY SCHO OL 43-0915883 2 4,747 0 THE NEW SCHOOL 71-0422196 2 5,638 0 THE NEW SCHOOL MONTESSORI 31-0 793927 2 3,361 0 NORTH PARK ELEMENTARY SCHOOL 36-3087255 2 4,225 0 NORTH SHORE COUNTRY DAY SCHOOL 36-1558460 2 6,916 0 NOTRE DAME DE SION SCHOOL 43-1550474 2 7,375 0 NOTRE DAME PRE PARATORY SCHOOL AND MARIST ACADEMY 47-1174704 2 11,497 0 OAK FARM MONTESSORI SCHOOL 35-208 9006 2 4,711 0 OAKHILL DAY SCHOOL 44-6001359 2 5,296 0 THE OAKS ACADEMY 35-2050595 2 9,868 0 OLD TRAIL SCHOOL 34-0737805 2 6,376 0 OLNEY FRIENDS SCHOOL 34-0235480 2 2,371 0 ORCHARD SCHOOL 35-0909975 2 6,970 0 PARK TUDOR SCHOOL 35-0909976 2 9,904 0 THE PATHFINDER SCHOOL, INC. 20-8457978 2 2,938 0 PEMBROKE HILL SCHOOL 43-1326059 2 12,577 0 PEORIA ACADEMY 36-43 46113 2 3,433 0 THE PRAIRIE SCHOOL 39-6074931 2 7,582 0 PRINCIPIA SCHOOL 43-0652667 2 5,57 5 0 PROMISE ACADEMY AT QUAKERVILLE 82-2855306 2 1,073 0 PROVIDENCE ACADEMY 41-1883866 2 9, 319 0 QUEST ACADEMY 36-3196542 2 4,162 0 RIDGEWOOD SCHOOL 31-0558452 2 3,163 0 RIVERMONT C OLLEGIATE 42-0703279 2 3,964 0 ROCHELLE ZELL JEWISH HIGH SCHOOL (FORMERLY CHICAGOLAND 36-4 167962 2 3,721 0 ROCKWERN ACADEMY 31-0603959 2 4,180 0 THE ROEPER SCHOOL 38-1561062 2 7,25 8 0 ROGERS PARK MONTESSORI SCHOOL 36-2597822 2 5,764 0 ROHAN WOODS SCHOOL 43-1337932 2 2,8 93 0 ROSSMAN SCHOOL 43-0763748 2 3,991 0 ROYCEMORE SCHOOL 36-1711590 2 3,946 0 RUDOLF STEI NER SCHOOL OF ANN ARBOR 38-2242069 2 4,909 0 RUFFING MONTESSORI SCHOOL 34-1217313 2 4,819 0 RUFFING MONTESSORI SCHOOL 34-0871936 2 4,765 0 SACRED HEART SCHOOLS 36-2170839 2 8,230 0 ST. EDWARD HIGH SCHOOL 34-0737808 2 10,525 0 ST. FRANCIS SCHOOL 31-0896538 2 6,385 0 ST. JOHN'S NORTHWESTERN MILITARY ACADEMY 39-0817523 2 3,649 0 SAINT JOHN'S PREPARATORY SCHOOL 41-0693973 2 4,360 0 SAINT LOUIS PRIORY SCHOOL 43-0713971 2 5,665 0 THE ST. MICHAEL SCHOOL OF CLAYTON 43-0653283 2 3,415 0 ST. PAUL ACADEMY AND SUMMIT SCHOOL 41-0943433 2 10,417 0 ST. PAUL'S EPISCOPAL DAY SCHOOL 43-0799151 2 6,052 0 ST. RICHARD'S EPISCOPAL SCHOOL 35-600 7169 2 5,305 0 SAINT THOMAS ACADEMY 41-6045110 2 7,528 0 SAUL MIROWITZ JEWISH COMMUNITY SC HOOL 43-1772004 2 3,586 0 SAYRE SCHOOL 61-0449657 2 7,033 0 SCATTERGOOD FRIENDS SCHOOL 42- 0698192 2 2,317 0 SCIENCE & ARTS ACADEMY 36-3838771 2 4,432 0 THE SEVEN HILLS SCHOOL 31-05 36666 2 11,083 0 SHATTUCK-ST. MARY'S SCHOOL 41-0696908 2 6,583 0 SOLOMON SCHECHTER DAY SCH OOL OF METROPOLITAN CHICAGO 36-2493769 2 6,205 0 SOUTHFIELD CHRISTIAN SCHOOL 46-1279175 2 7,474 0 SPRINGER SCHOOL AND CE</p>

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
/						

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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 INDEPENDENT SCHOOLS ASSOCIATION OF THE CENTRAL STATES

Employer identification number 36-2715311

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation details (2a-2d), and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

Part III 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 (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - 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 assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a 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

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,105,998	82,078	1,023,920
c Leasehold improvements				
d Equipment		173,308	99,078	74,230
e Other		171,696	114,883	56,813
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,154,963

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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		1	2,335,475
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	436	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	436
3	Subtract line 2e from line 1		3	2,335,039
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,335,039

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,106,706
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,106,706
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,106,706

Part XIII Supplemental Information

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.

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
INDEPENDENT SCHOOLS ASSOCIATION OF
THE CENTRAL STATES

Employer identification number
36-2715311

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input checked="" type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input checked="" type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input checked="" type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b No								
	4c No									
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a No	5b No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No	6b No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 No									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8 No									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**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.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization
INDEPENDENT SCHOOLS ASSOCIATION OF
THE CENTRAL STATES

Employer identification number

36-2715311

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE PURPOSE OF ISACS IS TO PROMOTE THE DEVELOPMENT OF STRONG LEARNING COMMUNITIES CHARACTERIZED BY HIGH ACHIEVEMENTS, SOCIAL RESPONSIBILITY, AND INDEPENDENCE OF GOVERNANCE, PROGRAMS AND POLICIES. THE GOAL IS ACHIEVED THROUGH RIGOROUS ACCREDITATION PROCESS, TARGETED PROFESSIONAL DEVELOPMENT PROGRAMS, AND FOCUSED SUPPORT SERVICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION IS COMPOSED OF 234 MEMBER SCHOOLS, 3 NEW SCHOOL SERVICES AND 4 AFFILIATES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	EACH MEMBER OF THE ORGANIZATION HAS TWO VOTES IN ELECTING THE MEMBERS OF THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	CHANGES TO THE BY-LAWS, CHANGES TO THE STANDARDS OF ACCREDITATION AND ELECTION OF MEMBERS TO THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS GIVEN TO THE GOVERNING BODY WHICH REVIEWS IT BEFORE IT IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	EVERY BOARD AND STAFF MEMBER MUST CERTIFY ON AN ANNUAL BASIS THAT HE OR SHE HAS NO CONFLICT OF INTEREST DESCRIBED BY THE POLICY IN A SPECIFIED WRITTEN FORMAT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE ORGANIZATION USES INFORMATION FROM OTHER FORMS 990 FROM SIMILAR ORGANIZATIONS AND A COMPENSATION SURVEY FROM ISANET TO SET COMPENSATION. THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE APPROVE ALL RAISES AND THE COMPENSATION BUDGETS. ALL EXECUTIVES HAVE WRITTEN CONTRACTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE ORGANIZATION USES INFORMATION FROM OTHER FORMS 990 FROM SIMILAR ORGANIZATIONS AND A COMPENSATION SURVEY FROM ISANET TO SET COMPENSATION. THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE APPROVE ALL RAISES AND THE COMPENSATION BUDGETS. ALL EXECUTIVES HAVE WRITTEN CONTRACTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 12, PART XII, LINE 2C	NO CHANGE IN THE SELECTION OR OVERSIGHT PROCESS OCCURRED.