DLN: 93493137014141

2019

OMB No. 1545-0047

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.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

	or the	2019 6	ı alendar year, or tax year begini	ning 07-01-2019 and endin	a 06-30-	2020				
		pplicable:	C Name of organization	ining 07-01-2019 , and ending	g 00-30-	2020	D Employer	· identif	ication number	
☐ Address change ☐ Name change ☐ Initial return			The Art Institute of Chicago	36-21677						
			Doing business as		/23					
		urn ı/terminated								
		return	Number and street (or P.O. box if ma	il is not delivered to street address)	Room/suite		E Telephone	number		
□Ар	plicatio	n pending	111 South Michigan Avenue				(312) 44	3-3600		
			City or town, state or province, coun Chicago, IL 60603	try, and ZIP or foreign postal code						
							G Gross rece	eipts \$ 4!	50,811,532 ————	
			F Name and address of principal Alexandra Holt	officer:			s this a group retu	ırn for		
			111 South Michigan Avenue		1.		ubordinates? re all subordinate	s	☐Yes ☑No	
T Ta	x-exem	npt status:	Chicago, IL 60603			` ín	rcluded?		☐ Yes ☐No	
		·	№ 501(c)(3) □ 501(c)() ¬ (insert no.)			"No," attach a lis roup exemption r	•	•	
J W	ebsite	e: > ww	w.artic.edu and www.saic.edu			(0) G	roup exemption i	lullibei		
K Forr	n of or	ganization:	: 🗹 Corporation 🗌 Trust 🔲 Assoc	riation Other >	L	Year of	formation: 1879	M State	of legal domicile: IL	
	0. 0.,	gamzadom.	. — corporation — mase — mase	Success 2						
Pa	art I	Sumi								
			scribe the organization's mission or stitute of Chicago, a not-for-profit		nd an inst	itution (of higher educatio	n that e	exists to provide	
Ce	<u>a</u>	ppreciation	on and education in visual fine arts	and design.					<u> </u>	
lan L										
Ve II	-									
Ĝ J			is box $ ightharpoonup \square$ if the organization dis						l	
3			of voting members of the governing of independent voting members of					4	70	
Activities & Governance			nber of individuals employed in cal		,			5	69 4,119	
<u> </u>			nber of wolunteers (estimate if nec	• •	6	825				
¥			elated business revenue from Part		7a	1,640,484				
	l		lated business taxable income from					7b	0	
				<u> </u>		Т	Prior Year		Current Year	
()	8	Contribut	tions and grants (Part VIII, line 1h)				97,739,22	24	93,682,754	
Ravenue	9	Program	service revenue (Part VIII, line 2g)	225,444,44	214,772,101					
Rev	10	Investme	ent income (Part VIII, column (A), li	45,649,28	36	36,532,049				
			venue (Part VIII, column (A), lines 5				7,610,03		6,785,184	
			enue—add lines 8 through 11 (mus		12)	┿	376,442,98		351,772,088	
			nd similar amounts paid (Part IX, co				48,782,84	343 50,505,202		
			paid to or for members (Part IX, co	, ,,			120 245 12	, ,	144.051.054	
Expenses	l	-	other compensation, employee be onal fundraising fees (Part IX, colun	, , , , , , , , , , , , , , , , , , , ,	5-10)		138,345,13 485,41		144,851,85 ² 372,328	
æ			raising expenses (Part IX, column (D), li		•		405,41		372,320	
죄	l		penses (Part IX, column (A), lines 1	·			136,905,76	59	121,089,481	
			enses. Add lines 13–17 (must equ	,			324,519,15	-	316,818,865	
	19	Revenue	less expenses. Subtract line 18 fro	m line 12			51,923,82	-	34,953,223	
કું જું						Begin	ning of Current Ye	ar	End of Year	
Net Assets or Fund Balances		T-1 !	-t- (D-4 V II - 4 C)				1 652 505 50	<u>, -</u>	4 665 654 151	
A B			ets (Part X, line 16)		•		1,652,785,03	_	1,665,671,481	
ž,š			ilities (Part X, line 26) . . . s or fund balances. Subtract line 2		•		259,393,02 1,393,392,01	_	252,152,008 1,413,519,473	
	rt II		ature Block	111011111111111111111111111111111111111			1,393,392,01		1,413,319,473	
Under	pena	lties of p	erjury, I declare that I have exami							
	ledge nowle		f, it is true, correct, and complete.	Declaration of preparer (other th	nan officer	r) is bas	ed on all informat	ion of v	which preparer has	
,		lk								
		Signatu	* ure of officer				2021-05-17 Date			
Sign Here		,								
	•		dra Holt Exec VP, Finance & Administrat r print name and title	ion						
		17	rint/Type preparer's name	Preparer's signature	Date	e		IN		
Paid	t		•• • •					0756195	5	
	- pare	er 🖪	irm's name ► CROWE LLP		•		Firm's EIN ► 35-0	921680		
	Onl	ĸ. ⊢	irm's address ► 225 West Wacker Drive	Suite 2600			Phone no. (312) 89	99-7000		
		· ['	Chicago, IL 606061224							
Max. ±	he ID1	S dissure	this return with the preparer show				I		res □ No	
ridy t	HE IK	J UISCUSS	uns return with the preparer show	n above: (see instructions) .				_ ¥ ¥	es LINO	

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to	any line in this Part III .		🗆
1	Briefly describe the	organization's mission:				
See S	Schedule O					
_	Dilli i i					
2	-	, -	ant program ser	vices during the year wh	nich were not listed on	☐ Yes ☑ No
	the prior Form 990 c	□ Yes 🛂 No				
_	•	ese new services on So				
3	_		nake significant	changes in how it condu	icts, any program	☐ Yes ☑ No
	services? If "Yes," describe the	⊔ Yes ⊻ No				
4	Describe the organiz Section 501(c)(3) ar	ation's program servic	e accomplishmer ons are required	I to report the amount o	largest program services, as me f grants and allocations to other	
4a	(Code:) (Expenses \$	181,001,666	including grants of \$	50,485,202) (Revenue \$	191,957,484)
	See Additional Data					
4b	(Code:) (Expenses \$	98,266,702	including grants of \$	20,000) (Revenue \$	25,350,438)
	See Additional Data					
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program servi	ices (Describe in Schec	lule O.)			
	(Expenses \$	•	cluding grants of	\$) (Revenue \$)
		vice expenses ►	279,268,3			-

Par	tiv 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		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	4	Yes	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8	Yes	
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		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	10	Yes	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes	
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Yes	
b	Schedule D, Parts XI and XII	12a	165	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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		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	16		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)	17	Yes	
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	Yes	
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	_	No

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Parl	Checklist of Required Schedules (continued)			
			Yes	No
	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	Yes	
	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
	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 Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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 Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27	Yes	
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	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	Yes	
1	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	Yes	
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
5	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
•	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		No
	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	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		✓
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4,724		Yes	No

1b

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable $\,$.

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1c

Yes

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return						
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 e-file (see instructions)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes				
	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)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No			
5.5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No			
		5b					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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?	5c 6a		No			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
_	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand	14a		No			
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	14b 15		No			
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No			

Par	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									
Se	ction A. Governing Body and Management									
_		\longrightarrow	Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 70									
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 69									
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?	2	Yes							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Yes							
6	Did the organization have members or stockholders?	6		No						
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No						
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Yes							
b	${f b}$ Each committee with authority to act on behalf of the governing body?									
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	. \	No						
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>∍ Coae</u>	Yes	No						
102	Did the organization have local chapters, branches, or affiliates?	10a	103	No						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes							
13	Did the organization have a written whistleblower policy?	13	Yes							
14	Did the organization have a written document retention and destruction policy?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	Other officers or key employees of the organization	15b	Yes							
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		No						
Б	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
Se	ction C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed CA , AL , IL , KS , KY , AK , MD , MA , MI , ND , OK , OR , SC , UT , VA , WI	MS,N	Н , NJ ,	NY,						
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.									
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)									
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: Name									

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. 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 below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week lis	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any relat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. 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. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ 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 below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization organization organization and related organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	related	ated	
	See Additional Data Table												
													—
													—

Form 9	990 (2019)												Page 8
Part	VI Section A. Officers, Direct	ctors, Trustees	s, Key	Emp	loye	es,	and	Higl	hest Compensa	ted Employees	(conti	nued)	
	(A) Name and title	(B) Average hours per week (list any hours	than d	one b ooth a direc	ox, ι in of	t ch inle ficei	eck mess pers r and a tee)	son	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization	l s	(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensat employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)		organizati relat organiza	ed
C A	dditional Data Table			à,			#ed						
See At	Iditional Data Table												
	ub-Total						•						
		· · · ·					>		7,192,146		0	:	1,247,835
	Total number of individuals (includin of reportable compensation from the			se list	ed a	bov	e) who	rec	eived more than s	\$100,000			
	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			:ee, k •	ey e •	mpl •	oyee,	or hi	ghest compensate	ed employee on	3	Yes Yes	No
	For any individual listed on line 1a, i organization and related organizatio individual										4	Yes	
	Did any person listed on line 1a rece services rendered to the organizatio									ndividual for	5	103	N-
	ction B. Independent Contrac										3		No
1	Complete this table for your five hig from the organization. Report compe	hest compensate									mpens	ation	
		(A) e and business addre		<u>, </u>						(B) escription of services		(C Compen	
	as Security Services USA Inc								Security S	Services		6	,418,273
Nestlal	ark Terrace Drive ke Village, CA 91361 ngineering Services Inc								Engineeri	ng Services			,008,504
368 Fol	Isom Street								Lingilleen	ng Services		,	,000,001
	ancisco, CA 94107 nsite Services- Midwest								Janitorial	Service		2	,933,125
Chicago	LaSalle St 1700 o, IL 60601												
	or Thought idgeway Ave								Catering :	Services		2	,282,542
incoln	wood, IL 60712 Jniversal Security								Security 9	Services		1	,542,039
1 61 Wa	ashington St												
Consho 2 To	ohocken, PA 19428 otal number of independent contracto		t not lim	nited 1	to th	ose	listed	abov	ve) who received	more than \$100,0	00 of		
со	empensation from the organization >	67								·		Form 99 6	0 (2019)

		(2019)								Page 9
Part	VIII						line in this DestAMI			
		Check if Sched	dule	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a	Federated campa	aigns	·	1a			revenue		312 - 314
tributions, Gifts, Grants Other Similar Amounts	ŀ	b Membership due:	s.		1b	15,637,704				
Gra	(c Fundraising even	ıts .		1c	819,129				
Ę, Ę		d Related organiza	tions	, <u> </u>	1d					
ija ija	6	e Government grants	(con	tributions)	1e	7,528,554				
ns, Sin	f	F All other contribution	ns, g	ifts, grants,	i					
utio er		and similar amounts above		L	1f	69,697,367				
e je	و	Noncash contribution lines 1a - 1f:\$	ns in	cluded in	1g	26,740,783				
Contributions, Gifts, Grants and Other Similar Amounts	١,	h Total. Add lines :	1a-1	 f	<u>-9 </u>	20,7 10,703				
						Business Code	93,682,754		1	
	2a	Tuition and Fees					189,300,726	189,300,726		
ne						611600	12.566.265	42.566.265		
Ven	b	Museum Admissions				900099	13,566,365	13,566,365		
- 62 ⊕	c	Proceeds from Sale o	f Art			900099	6,448,020	6,448,020		
Ϋ́C						300039	672,956	672,956		
<u> </u>	d	Member Program Rev	/enue	es		900099	072,930	072,930		
Program Service Revenue	e	Other Restricted Prog	j Rev			900099	2,059,897	2,059,897		
P							2 724 427	2 724 427		
	f	All other program	serv	rice revenue.			2,724,137	2,724,137	0	0
	g	Total. Add lines 2	2a-2	f	>	214,772,101				
		Investment income similar amounts)				nterest, and other	10,595,20	7	427,725	10,167,482
	l	Income from invest				ond proceeds				
	5 F	Royalties				•	75,620	5		75,626
				(i) Real		(ii) Personal	_			
	6a	Gross rents	6a	2,86	54,309					
	b	Less: rental expenses	6b	1 15	35,137					
	С	Rental income		1,10	33,137		-			
	_	or (loss)	6с	,	79,172	L	1,679,17		15.064	1.664.400
	a	Net rental income	or ((i) Securit	· ·	(ii) Other	1,079,17	2	15,064	1,664,108
	7a	Gross amount		.,	103	(II) Other	-			
		from sales of assets other	7a	120,0:	13,079					
		than inventory					-			
	b	Less: cost or other basis and sales expenses	7b	94,07	76,237					
		·					-			
	l	Gain or (loss)	7 c	<u> </u>	36,842		0 25,936,84			25,936,842
	l	Net gain or (loss) Gross income from fu		ising events	 	· · · •	23,936,64.	2		23,930,642
ne		(not including \$ contributions reported		819,129 of						
₹		See Part IV, line 18			8a	105,690				
å	b	Less: direct expen	ses		8b	291,560				
Other Revenue	c	: Net income or (los	s) fr	om fundraisir	ng eve	ents 🕨	-185,870			-185,870
	9a	Gross income from	gami	ing activities.						
		See Part IV, line 19			9a					
	l	Less: direct expen			9b					
	C	: Net income or (los	ss) fr	om gaming a	ctiviti	es >	1			
	10a	aGross sales of inve								
		returns and allowa			10a	7,192,426				
		Less: cost of good			10 b	3,486,510		5 2,535,821	1,170,095	
	С	Net income or (los Miscellaneo			nvent	ory ► Business Code	3,703,51	2,333,021	1,170,033	
	11	•aOther Revenue	1			90009	9 1,510,340	o	27,600	1,482,740
	b)			- 					
	c									
			_		_					
	l	All other revenue						0	0	0
	e	Total. Add lines 1	1a-1	11d		•	1,510,34			
	12	Total revenue. S	ee ir	nstructions .		• • • •	351,772,088	217,307,922	1,640,484	39,140,928
										Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c		_		mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX	(B)	(c)	⊔ (D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
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	50,505,202	50,505,202		
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	5,761,926	4,482,196	721,569	558,161
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	43,500		43,500	
7 Other salaries and wages	104,655,831	88,163,054	11,068,269	5,424,508
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,652,026	1,801,124	592,660	258,242
9 Other employee benefits	24,186,309	20,137,407	2,529,536	1,519,366
10 Payroll taxes	7,552,262	6,324,164	811,636	416,462
11 Fees for services (non-employees):				
a Management				
b Legal	776,576		776,576	
c Accounting	480,522		480,522	
d Lobbying	12,269	12,269		
e Professional fundraising services. See Part IV, line 17	372,328			372,328
f Investment management fees	3,207,880		3,207,880	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,445,527	9,444,591	1,591,891	1,409,045
12 Advertising and promotion	2,249,526	2,189,489	2,173	57,864
13 Office expenses	8,255,653	7,456,117	479,154	320,382
14 Information technology	3,853,174	2,500,205	1,303,772	49,197
15 Royalties	119,962	119,962		
16 Occupancy	26,160,675	25,495,204	610,227	55,244
17 Travel	2,736,428	2,560,611	55,419	120,398
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	394,236	224,751	132,560	36,925
20 Interest	6,009,817	4,257,780	1,752,037	
21 Payments to affiliates	17,440	17,440		
22 Depreciation, depletion, and amortization	25,433,317	25,069,040	364,277	
23 Insurance	2,718,677	2,718,677		
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 Accessions/Books	17,152,760	17,152,760		
b Exhibition related	4,604,565	4,604,565		
c Other FF&E and related maintenance	1,716,395	1,701,298	12,680	2,417
d Bad Debt Expense	1,331,184	1,331,184		
e All other expenses	1,412,898	999,278	46,401	367,219
25 Total functional expenses. Add lines 1 through 24e	316,818,865	279,268,368	26,582,739	10,967,758
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 ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

2

3

Fund Balances

ō 29

Assets 30

27

28

31

32

33

39,555,043

88,617,336

7,417,779

3.086.355

4.097.592

2,123,091

405,878,297

737,648,532

376.269.840

977,616

1,665,671,481

34,734,677

12,355,657

40.914.043

113,306,328

50,841,303

252.152.008

479,697,891

933,821,582

1,413,519,473

1,665,671,481

Form 990 (2019)

(B)

End of year

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22 23

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0 13

Beginning of year

31,374,048

83,736,423

5,432,988

3.517.385

3.856.773

2,579,893

421,223,717

696,187,399

403.898.793

977,616

1,652,785,035

40,999,380

15,568,650

120.971.094

44,000,000

37,853,898

259.393.022

901,466,823

1,393,392,013

1,652,785,035

0 5

0 6 Page 11

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

Cash-non-interest-bearing

Savings and temporary cash investments . . . Pledges and grants receivable, net . . .

Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net Assets

Inventories for sale or use

Prepaid expenses and deferred charges . .

10a basis. Complete Part VI of Schedule D

10b

773,716,080 367,837,783 Investments—other securities. See Part IV, line 11 . . .

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation 11 Investments—publicly traded securities . 12 13 Investments-program-related. See Part IV, line 11 . 14 Intangible assets .

15 Other assets. See Part IV, line 11 . . .

16 17 Accounts payable and accrued expenses . 18 Grants payable . 19

Total assets. Add lines 1 through 15 (must equal line 34) . . .

Deferred revenue . . . Tax-exempt bond liabilities . . . Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key

20 employee, creator or founder, substantial contributor, or 35% controlled entity

21 Secured mortgages and notes payable to unrelated third parties . . .

Liabilities 22 23 24 Unsecured notes and loans payable to unrelated third parties . 25

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

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 Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

26

Organizations that follow FASB ASC 958, check here <a> \square and complete lines 27, 28, 32, and 33.

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

491,925,190 27

28

29

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3b

Yes Form 990 (2019)

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.

Additional Data

Software ID: 19010655 Software Version: 2019v5.0

EIN: 36-2167725

Name: The Art Institute of Chicago

Form 990 (2019)

Form 990, Part III, Line 4a: THE SCHOOL OF THE ART INSTITUTE OF CHICAGO (SAIC) IS AN ACCREDITED COLLEGE OF ART AND DESIGN OFFERING UNDERGRADUATE, GRADUATE, AND POST-BACCALAUREATE DEGREE PROGRAMS FOR STUDIO ARTISTS, ART EDUCATORS, ART THERAPISTS, DESIGNERS, WRITERS, AND ART HISTORIANS. SAIC'S FINE ARTS

GRADUATE PROGRAM IS RANKED NUMBER TWO IN THE NATION BY U.S. NEWS AND WORLD REPORT, AND THE SCHOOL OFFERS WORLD-CLASS RESOURCES INCLUDING THE ART INSTITUTE OF CHICAGO MUSEUM, ON-CAMPUS GALLERIES, AND STATE-OF-THE-ART FACILITIES, IN FISCAL YEAR 2020, AVERAGE ACADEMIC YEAR FULL-TIME-EQUIVALENT ENROLLMENT OF DEGREE-SEEKING STUDENTS WAS 3,132 WITH INTERNATIONAL STUDENTS FROM 79 COUNTRIES.

The Art Institute of Chicago shares its singular collections with our city and the world. We collect, care for, and interpret works of art across time, cultures, geographies, and

Form 990, Part III, Line 4b:

identities, centering the vision of artists and makers. We recognize that all art is made in a particular context, demanding continual, dynamic reconsideration in the present.

Poster, and In a Cloud. In a Wall, In a Chair: Six Modernists in Mexico at Midcentury, Attendance for FY20 exceeded 1.09 million visits.

We are a place of gathering; we foster the exchange of ideas and inspire an expansive, inclusive understanding of human creativity. The museum achieves this through

building and stewarding its renowned permanent collection, producing educational programming around the collection with performances, gallery tours, lectures, readings,

and other special events, and presenting world class exhibitions highlighting both its collection and objects loaned from other institutions. In FY20, because of the global

COVID-19 pandemic, some of this work moved online, but our presentation and interpretation of the collection continued unabated. Before the closure, exhibitions featured

within FY20 included Andy Warhol-From A to B and Back Again, El Greco: Ambition and Defiance, The People Shall Govern! Medu Art Ensemble and the Anti-Apartheid

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

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Highest compensated employee

Former

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organization and

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organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)
David J Vitale	1.0
Vice Chair	
Vice Crian	0.0
Denise B Gardner	1.0
Vice Chair	0.0

and Independent Contractors

Frederick H Waddell

Jay Frederick Krehbiel

Vice Chair

Treasurer

Vice Chair

Vice Chair

Sylvia M Neil

A Steven Crown Trustee

Aaron Fleischman

Adnaan Hamid

Trustee

Trustee - (Ended as of 11/12/19)

Chair

Robert M Levy

Samuel M Mencoff

(F) Estimated (A) (B) (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation from the

organization and related organizations

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours		otn ai direct			and a ee)		organization (W-	organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/109 MISC)	19 -
Alexandra C Nichols	1.0	x						0		0
Trustee	0.0									
Andrew M Rosenfield	1.0								·	
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and Independent Contractors

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Arjun Aggarwal

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Alexandra C Nichols	1.0	х				0	0	
Trustee	0.0						0	
Andrew M Rosenfield	1.0	х				0	0	
Trustee	0.0							
Anita Blanchard	1.0	х				0	0	
Trustee	0.0						0	
Anita Sinha	1.0							
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Trustee	0.0						
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Ann E Grube	1.0	х			0	0	0
Trustee	0.0	1			0	0	
Anne Pramaggiore	1.0						
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Trustee	0.0						
Anita Sinha	1.0						
Trustee	0.0	X			0	0	0
Ann E Grube	1.0						
Trustee	0.0	X			0	0	0
Anne Pramaggiore	1.0						
Trustee - (Ended as of 9/24/19)	0.0	X			0	0	0
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Ann E Grube	1.0	V			0		0
Trustee	0.0	^			0	0	0
Anne Pramaggiore	1.0	V					
Trustee - (Ended as of 9/24/19)	0.0	^			0		U
Anne Reyes	1.0	.,			_		_
Trustee	0.0	Х			0	0	0

Anne Pramaggiore	1.0	v			_	_	
Trustee - (Ended as of 9/24/19)	0.0	^			0	0	
Anne Reyes	1.0						
Trustee	0.0	Х			0	0	0
Anne Searle Bent	1.0						

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Anne Reyes	1.0						
Trustee	0.0	Х			0	0	
Anne Searle Bent	1.0	X			0	0	

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list compensation from the from related director/trustee) any hours organization (Worganizations from the

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)
Barbara Bluhm-Kaul	1.0
Trustee	
	0.0
Barbara Levy Kipper	1.0
Trustee	0.0
Betty B Harris	1.0

and Independent Contractors

Trustee - (Ended as of 11/12/19)

Trustee (Ended as of 11/12/19)

Bob Rennie

Brenda M Shapiro

Cary D McMillan Trustee

Caryn Harris

Darrel Hackett Trustee

Ellen Sandor

Eric Lefkofsky

Trustee

Trustee

Trustee

Trustee

Former
Highest compensated employee

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) nours organization (Worganizations from the

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related organizations below dotted line)
Eric T McKissack	1.0
Trustee	0.0
	1.0
rred Eychaner	

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Jay Franke

Gordon Segal

Harriet Horwitz Meyer

Trustee - (As of 9/10/19)

Trustee -(Ended as of 4/5/20)

Howard M McCue III

James A Gordon

James N Bay

Janet Duchossois

Honghong Chen

Trustee - (Ended as of 11/12/19)

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) ours organization (Worganizations from the

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related organizations below dotted line)
Joe Mansueto	1.0
Trustee	0.0
John F Manley	1.0

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Karen Frank Trustee

John S Chapman Trustee

Josef Lakonishok

Joseph Gromacki

Karen Gray-Krehbiel

Kenneth C Griffin

Lawrence F Levy

Lester N Coney

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation director/trustee) organization (Worganizations from the

Institutional

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related organizations below dotted line)
Linda Johnson Rice	1.0
Trustee	0.0
	1.0
Linda Smith Buonanno	1 1.0

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Lori Gray Faversham

Marilynn Thoma

Matthew Pettinelli

Matthew R Gibson

Michael Polsky

Michael Sacks Trustee

Pamela Joyner

Paul Carbone

Trustee - (As of 6/22/20)

Trustee- (Ended as of 6/30/20)

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) y hours organization (Worganizations from the

Institutional

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Highest compensated employee

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Individual trustee or director

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related organizations below dotted line)
Paul Lambert	1.0
Trustee	
rrustee	0.0
Prabhakant Sinha	1.0
	•••••
Trustee	0.0
Reeve B Waud	1.0

Trustee

Trustee

Trustee

Trustee

Scott Canel Trustee

Scott Santi

Sharon Fairley

Trustee - (As of 7/1/19)

Trustee

Rita Knox

Robert Buford

Roger L Weston Trustee

Sarah Nava Garvey

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)
Shawn M Donnelley	1.0
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Trustee	0.0
Shirley Welsh Ryan	1.0
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Trustee - (Ended as of 11/12/19)	0.0
Sophia Shaw	1.0

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Usha Mittal

Alexandra Holt

Elissa Tenny

President, School

James Rondeau

President, Museum

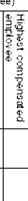
EVP, Finance & Admin

Steven Hunter

Thomas J Pritzker

Stephanie Skestos Gabriele





Former

2/1099-MISC)

424,917

686,911

976,528

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39,736

43,542

96,705

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation compensation amount of other hours per week (list is both an officer and a from the from related compensation from the

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours		direct			and a ee)	1	organization (W-	organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
Leslie Darling	40.0			x				0	0	
EVP, General Counsel, & Secretary (as of 1/06/20)	0.0							0	0	
Andrew Simnick	40.0				х			241 712	0	
Sr VP for Finance, Strategy, & Ops	0.0				^			341,713	U	
Brian Esker	40.0				V			350.151	0	
VP of Finance & Admin, School	0.0				X			259,151	0	
Emily Benedict	40.0				,,			242.555		
AVP, Capital Programs	0.0				X			218,555	0	

40.0

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and Independent Contractors

Evelyn Jeffers

Kirstie Lytwynec

Lisa Wainwright

8/16/19)

Martin Berger

Michael Nicolai

Rose Milkowski

VP for Museum Development

VP and General Manager, Retail

Provost & Sr VP Academic Affairs

Chief Human Resources Officer

VP for Enrollment Management

Dean of Faculty/VP Acad Admin (Ended as of

0	0	
341,713	0	
259,151	0	
218,555	0	
601,106	0	

322,753

245,323

249,076

341,713	0	51,650
259,151	0	112,705
218,555	0	38,314
601,106	0	41,449
262,875	0	34,323
220,992	0	38,381

0

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organization and related organizations

39,018

85,004

26,092

(C) (D) (E) (F) (A) (B) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person hours per compensation compensation amount of other week (list is both an officer and a from the from related compensation from the

84,554

134,936

5,297

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours		direct	or/tr	rust	ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	organizations (W- 2/1099- MISC)	organization and related organizations
Russell Collett	0.0				x			211,554	0	20,198
VP of Operations	0.0									
Sarah Guernsey	40.0				x			276,219	0	109,612
Danuty Divertor Curatorial Affaire		1	1		۱^		l	2/0,219	l "	109,012

and Independent Contractors

Senior Associate General Counsel

Former EVP & General Counsel-(ended as of 6/19)

Paul Coffey

Vice Provost

Julia Getzels

		4.	्री क		sated				
Russell Collett	0.0			_			211,554	0	20,198
VP of Operations	0.0			^			211,334	0	20,196
Sarah Guernsey	40.0			X			276 210		100.613
Deputy Director, Curatorial Affairs	0.0			Χ.			276,219	0	109,612
Thomas Buechele	40.0			.,			224.272		122.621
VD for Compus Operations, School				Χ			224,073	0	122,631

Sarah Guernsey	40.0				V			276 240		100.613
Deputy Director, Curatorial Affairs	0.0				Х			276,219	0	109,612
Thomas Buechele	40.0				v			224,073	0	122,631
VP for Campus Operations, School	0.0				^			224,073	,	122,031
Ann Goldstein	40.0									
Deputy Director, Chair & Curator Modern & Contemporary Art	0.0					Х		315,422	0	35,521
Cheryl Jessogne	40.0									
		l	ı	1 I	1	V	ı	ראם כאכ	Ι	7 292

Thomas Buechele	40.0		Х		224,073	0	122,631
VP for Campus Operations, School	0.0		^		224,073	0	122,631
Ann Goldstein	40.0						
Deputy Director, Chair & Curator Modern & Contemporary Art	0.0			Х	315,422	0	35,521
Cheryl Jessogne	40.0			X	242,942	0	7,282
Vice President, Institutional Advancement	0.0				242,542		,,202
Jennifer Sostaric	40.0						
Senior Associate General Counsel				X	233,870	0	80,885

Contemporary Art	0.0						
Cheryl Jessogne	40.0						
				Х	242,942	0	7,282
Vice President, Institutional Advancement	0.0						
Jennifer Sostaric	40.0						
				X	233,870	0	80,885
Senior Associate General Counsel	0.0						

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243,448

262,558

372,160

Cheryl Jessogne	40.0			V	242,942		l
Vice President, Institutional Advancement	0.0			^	242,942	0	
Jennifer Sostaric	40.0			\ <u></u>			
Senior Associate General Counsel	0.0			Х	233,870	0	
Maria Simon	40.0						

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efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data - DLN: 93493137014							
SC	HED	ULE A	Public (Charity Statu	e and Dul	nlic Sunn	ort	OMB No. 1545-0047			
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 10-EZ.	· a section	2019			
		the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	nie Service ne organiza ute of Chicago	tion				Employer identific	ation number			
THE A	t Instit	ute of Chicago					36-2167725				
	rt I		for Public Charity Statu				See instructions.				
1 1	rganiz		a private foundation because onvention of churches, or as:	•			(A)(:)				
		,	,				. , . ,				
2	✓		scribed in section 170(b)(1		,						
3		·	or a cooperative hospital serv		-						
4		A medical r name, city,	esearch organization operate and state:	d in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's			
5		_	ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170			
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).				
7		_	ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in			
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)					
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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Jun 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).				
12		more public	ation organized and operated cly supported organizations d through 12d that describes	escribed in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a				
а		organizatio	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.								
b		manageme	supporting organization super nt of the supporting organiza plete Part IV, Sections A a	tion vested in the sar							
С		Type III f	unctionally integrated. A sopraganization(s) (see instruction	upporting organizatio				ted with, its			
d		Type III n	on-functionally integrated integrated. The organization (s). You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e		Check this	box if the organization receiv or Type III non-functionally	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally			
f	Enter				-		<u> </u>				
g	Provi	de the follow	ing information about the su	pported organization(r '						
	(i) N	Name of supported of the second of the secon		ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization listed in your governing document? (iv) Amount of monetary support (see instructions) (v) Amount of monetary support (see instructions)							
					Yes	No					
Tota		l. P. '	tion Act Notice, see the In		Cat. No. 11285		 	 90 or 990-EZ) 2019			

Page 2

	(Complete only if you cr If the organization failed						quality u	nder Part III.
_	ection A. Public Support	a to quaiity utide	i the tests lister	i below, please	complete Part II	1.)		
	Calendar vear	T	Т	Т	Т			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	106,285,789	55,429,565	65,578,847	92,396,397	88	,049,953	407,740,551
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	5,732,824	5,644,223	5,438,365	5,342,827	5	5,632,801	27,791,040
	The value of services or facilities furnished by a governmental unit to	0	0	0	0		0	0
	the organization without charge	112,018,613	61,073,788	71,017,212	97,739,224	0.2	,682,754	435,531,591
	Total. Add lines 1 through 3 The portion of total contributions by	112,016,013	01,073,766	/1,01/,212	97,739,224	93	,002,734	433,331,391
	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).							46,989,297
	Public support. Subtract line 5							388,542,294
	from line 4.							300,342,234
	ection B. Total Support		ı					
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	019	(f) Total
7	Amounts from line 4	112,018,613	61,073,788	71,017,212	97,739,224	93	3,682,754	435,531,591
8	Gross income from interest, dividends, payments received on	,	,,-	, ,	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	securities loans, rents, royalties and income from similar sources 	10,339,909	11,138,842	11,993,785	14,170,463	13,107,417		60,750,416
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	762,813	506,695	662,212	206,885	1	.,588,430	3,727,035
11	Total support. Add lines 7 through 10							500,009,042
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		1,079,692,266
13	First five years. If the Form 990 is for	or the organization	s first, second, th	ird, fourth, or fifth	tax year as a sec	tion 501(c)(3) organ	nization,
	check this box and stop here						▶ □	
S	ection C. Computation of Publi							
14	Public support percentage for 2019 (li			column (f))		14		77.71 %
	Public support percentage for 2018 So	, , ,		. , ,		15		81.44 %
	33 1/3% support test—2019. If the						neck this b	
IUa	and stop here. The organization qual							
b	33 1/3% support test—2018. If the	ne organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1	/3 % or m	ore, check	this
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets	t— 2019. If the or on meets the "facts the "facts-and-cir	ganization did not s-and-circumstanc cumstances" test.	check a box on lines" test, check this The organization of	ie 13, 16a, or 16b, s box and stop he qualifies as a publi	, and line re. Expla cly suppo	14 in orted	
ь	organization	st—2018. If the o zation meets the "	rganization did not facts-and-circumst	t check a box on li cances" test, check	ne 13, 16a, 16b, o c this box and sto j	or 17a, ar p here.	nd line	▶□
	supported organization							▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under t	the tests listed t	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2017	(1) 2010		(C) T
	(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						
4	under section 513 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						
D	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						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
^	(or fiscal year beginning in) ► Amounts from line 6		· ,	. ,	, ,		
10a	Gross income from interest,						
LUG	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
_ C	Add lines 10a and 10b. Net income from unrelated business						
11	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,						
14	11, and 12.) First five years. If the Form 990 is for	the organization	l 's first. second. th	l jird. fourth, or fift	l Lax vear as a sec	tion 501(c)(3) o	ganization.
	check this box and stop here						_
Se	ection C. Computation of Public S						· · · · · <u> </u>
15	Public support percentage for 2019 (lin			column (f))		15	
16	Public support percentage from 2018 S	chedule A, Part I	II, line 15			16	
	ection D. Computation of Investr	nent Income	Percentage			i I	
17	Investment income percentage for 201			line 13, column (f))	17	
18	Investment income percentage from 20	018 Schedule A,	Part III, line 17 .			18	
	331/3% support tests-2019. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						
	33 1/3% support tests—2018. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	▶ □
20	Private foundation. If the organization	n did not check a	box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	. ▶□

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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. 1 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). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b 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. 3с

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. 4a 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

4b supervised by or in connection with its supported organizations. 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. 4c 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 5a amendment to the organizing document).

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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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. 6 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) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
```

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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	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	2		
	organization.			
S	ection C. Type II Supporting Organizations			1
			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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		14	
_			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 supported organizations played in this regard.	3		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	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? 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.			
2		2b		
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? Provide details in Part VI. b. Did the approximation approximation of the provided details in Part VI. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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		

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.	

5	Qualified set-aside amounts (prior IRS approval require	ed)		
6	Other distributions (describe in Part VI). See instruction	ons		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
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	(iii) Distributable

113					
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					
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
	Underdistributions	Distributable			

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

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.

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

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 990 c	or 990-EZ) :	2019 Page 8
Section A, Part IV, Se	lines 1, 2, ection D, lin lines 5, 6,	mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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; es 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 and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See
		Facts And Circumstances Test
990 Schedule A, Su	ıpplemen	tal Information
Return Referer	nce	Explanation
Schedule A, Part I, Line Reason for Public Chari		The Art Institute of Chicago is exempt under two categories listed in Part I, box 2 which describes a school, Section 170 (b) (1) (A) (ii) and box 7 which describes an organization that normally receives a substantial part of its support from a governmental unit or from the general public, Section 170 (b) (1) (A) (vi). The Art Institute of Chicago has select ed box 2, because per instructions only one applicable box should be checked.

990 Schedule A, Supplemental Information						
Return Reference	Explanation					
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - FUNDRAISING EVENTS & GAMING ACTIVITIES NOT INCLUDED ELSEWHERE, COLUMN A - 76 2813.0, COLUMN B - 506695.0, COLUMN C - 662212.0, COLUMN D - 206885.0, COLUMN E - 105690.0 , COLUMN F - 2244295.0; DESCRIPTION - OTHER MISC. INCOME, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - 1482740.0.					

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Political Campaign and Lobbying Activities

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

2019

DLN: 93493137014141

SCHEDULE C

(Form 990 or 990-

EZ)		_	•		, ,	— • •
	tment of the Treasury al Revenue Service		the organization is described belo o <u>www.irs.gov/Form990</u> for instr			Open to Public Inspection
• S	ection 501(c)(3) or	ganizations: Con	n Form 990, Part IV, Line 3, or Form nplete Parts I-A and B. Do not comple 01(c)(3)) organizations: Complete Par	te Part I-C.		ctivities), then
• 5	Section 527 organiz	ations: Complet	e Part I-A only.		·	
			Form 990, Part IV, Line 4, or Form			
			: have filed Form 5768 (election under : have NOT filed Form 5768 (election)			
If the	e organization ans	wered "Yes" or	n Form 990, Part IV, Line 5 (Proxy Ta			
	xy Tax) (see separ		s), then ations: Complete Part III.			
	ne of the organizat		ations. Complete Fait III.		Employer ident	ification number
The	Art Institute of Chicag	jo			36-2167725	
Par	t I-A Complet	e if the orga	nization is exempt under secti	on 501(c) or is		ation.
1		tion of the organ	ization's direct and indirect political ca	• • •		
2	Political campaigr	activity expend	itures (see instructions)		> \$	
3		<u> </u>	aign activities (see instructions)			
Par	•		nization is exempt under secti	. , , ,		
1			x incurred by the organization under			
2			x incurred by organization managers			
3	If the organization	n incurred a sect	tion 4955 tax, did it file Form 4720 for	this year?		🗌 Yes 🔲 No
4a	Was a correction	made?				☐ Yes ☐ No
b	If "Yes," describe	in Part IV.			=04()(2)	
			nization is exempt under secti			
1			ed by the filing organization for sectio anization's funds contributed to other			
2	function activities				> \$	
3			es. Add lines 1 and 2. Enter here and		Ψ	
4	Did the filing orga	nization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization mad of political contrib	e payments. For outions received	employer identification number (EIN) of each organization listed, enter the ar that were promptly and directly delive ee (PAC). If additional space is needec	nount paid from the ered to a separate p	filing organization's funds. A olitical organization, such as	Also enter the amount
	(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1						
2						
3						
4						
5						

	Form 5768 (election under section 501(h)). r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)			(b)	
activ	vity.		Yes	No	_ A	moui	nt
1		npt to influence foreign, national, state or local legislation, n on a legislative matter or referendum, through the use of:					
а	Volunteers?			No			
b	Paid staff or management (include compensatio	n in expenses reported on lines 1c through 1i)?		No	1		
c	Media advertisements?			No	1		
d	Mailings to members, legislators, or the public?			No			
е	Publications, or published or broadcast statemen	nts?		No			
f	Grants to other organizations for lobbying purpo	oses?		No			
g	Direct contact with legislators, their staffs, gove	rnment officials, or a legislative body?	Yes				
h i		speeches, lectures, or any similar means?	Yes	No			12,269
i			-				2,269
2a	Did the activities in line 1 cause the organization			No			
b	If "Yes," enter the amount of any tax incurred u	nder section 4912			1		
С		y organization managers under section 4912					
d	If the filing organization incurred a section 4912	tax, did it file Form 4720 for this year?					
Pai	rt III-A Complete if the organization i	is exempt under section 501(c)(4), section 501(c)(5	5), o	r secti	on		
	501(c)(6).						
				_		Yes	No
1	, , ,	ived nondeductible by members?		_	1		
2		ng expenditures of \$2,000 or less?			2		
3		g and political expenditures from the prior year?				01/-	\(C\
PG		is exempt under section 501(c)(4), section 501(c)(5 I-A, lines 1 and 2, are answered "No" OR (b) Part I				υτίς)(0)
	answered "Yes."	2 A, illes I alia 2, are allowered the OK (b) Fare I	~,		,, 13		
1	Dues, assessments and similar amounts from m	embers	1				
2	Section 162(e) nondeductible lobbying and polit expenses for which the section 527(f) tax to	ical expenditures (do not include amounts of political					
а		was paid).					
			2a				
b	Carryover from last year		2b				
b c	Carryover from last year		2b 2c				
ь с 3	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	2b				
b c	Carryover from last year	1)(A) notices of nondeductible section 162(e) dues . exceeds the amount on line 3, what portion of the excess does onable estimate of nondeductible lobbying and political	2b 2c 3				
b c 3 4	Carryover from last year	1)(A) notices of nondeductible section 162(e) dues . exceeds the amount on line 3, what portion of the excess does onable estimate of nondeductible lobbying and political	2b 2c 3				
b c 3 4	Carryover from last year	1)(A) notices of nondeductible section 162(e) dues . exceeds the amount on line 3, what portion of the excess does onable estimate of nondeductible lobbying and political	2b 2c 3				
b c 3 4	Carryover from last year	1)(A) notices of nondeductible section 162(e) dues . exceeds the amount on line 3, what portion of the excess does onable estimate of nondeductible lobbying and political	2b 2c 3 4 5	A lines	1 and	12 (56	ne.
5 Pro	Carryover from last year	1)(A) notices of nondeductible section 162(e) dues . exceeds the amount on line 3, what portion of the excess does onable estimate of nondeductible lobbying and political ditures (see instructions) Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A (affiliated group list);	2b 2c 3 4 5	A, lines	1 and	1 2 (se	ee
5 Pro	Carryover from last year	1)(A) notices of nondeductible section 162(e) dues . exceeds the amount on line 3, what portion of the excess does onable estimate of nondeductible lobbying and political ditures (see instructions) Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A (affiliated group list);	2b 2c 3 4 5	A, lines	1 and	l 2 (se	ee

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493137014141

OMB No. 1545-0047

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

2019

Department of the Treasury Internal Revenue Service

(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.

Open to Public Inspection

Na	me of the organization			Employer	identification	1 number
rne	Art Institute of Chicago			36-216772	25	
Pa	Organizations Maintaining Donor Advi			r Account	s.	
	Complete if the organization answered "Ye	(a) Donor advis		(h) Fi	unds and other	accounts
1	Total number at end of year	(a) Bollot davis	sea ranas	(5)10	arias aria ocrier	accounts
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso	rs in writing that the asse	ets held in donor ac	lvised funds a	are the	
	organization's property, subject to the organization's ex					Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor					
	private benefit?	<u> </u>				Yes 🗌 No
Pa	t III Conservation Easements.	-II F 000 P1	D. (): 7			
	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organ					
1		` _ '	. ,,	Links		
	Preservation of land for public use (e.g., recreation	i or education)	Preservation of an	•	•	area
	☐ Protection of natural habitat		Preservation of a	certified histo	ric structure	
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation co	ntribution in the for		ervation Id at the End	of the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified histori	c structure included in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and no	ot on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished	, or terminated by	the organizat	tion during the	
4	Number of states where property subject to conservation	on easement is located > _				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, in: s?	spection, handling · ·	of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violation	ns, and enforcing co	onservation e	asements duri	ng the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, an	nd enforcing conser	vation easem	nents during th	e year
8	Does each conservation easement reported on line 2(d)	above satisfy the require	ements of section 1	70(h)(4)(B)(i	i)	
	and section 170(h)(4)(B)(ii)?				☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organizat				
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Tre		er Similar	Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	.6 (ASC 958), not to repo public exhibition, educati	rt in its revenue sta on, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:					
((i) Revenue included on Form 990, Part VIII, line 1			▶\$		
	i)Assets included in Form 990, Part X					
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:	cal treasures, or other sin	nilar assets for fina			
а	Revenue included on Form 990, Part VIII, line 1	, ,		► \$;	
b	Assets included in Form 990, Part X					

Cat. No. 52283D

d Equipment .

Sche	edule D (Form 990) 2019									Page 2
Par	t III Organizations Maintaining	Collections of A	Art, Histori	cal Treas	sures, or	Other S	imilar As:	sets (conti	nued)	
3	Using the organization's acquisition, acceitems (check all that apply):	ession, and other red	cords, check a	any of the	following tl	nat are a si	ignificant us	se of its coll	ection	
а	☑ Public exhibition		d	✓ Loa	an or excha	nge progra	ams			
b	Scholarly research		е	☐ Oth	ner					
С	✓ Preservation for future generations	;								
4	Provide a description of the organization' Part XIII.	s collections and ex	plain how the	y further t	he organiz	ation's exe	mpt purpos	e in		
5	During the year, did the organization soli assets to be sold to raise funds rather tha		•					☐ Yes	☑ N	0
Pa	rt IV Escrow and Custodial Arra Complete if the organization a X, line 21.		n Form 990	, Part IV,	line 9, or	reported	an amour	nt on Form	990,	Part
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?		,					☐ Yes	□ N	o
b	If "Yes," explain the arrangement in Part	XIII and complete	the following	table:	Г	1	An	nount		_
c	Beginning balance	•	_		F	1c				-
d	Additions during the year					1d				_
е	Distributions during the year				- F	1e				_
f	Ending balance					1f				_ _
2a	Did the organization include an amount o	on Form 990, Part X	, line 21, for	escrow or	custodial a	ccount liab	ility?	☐ Yes	\square N	o
b	If "Yes," explain the arrangement in Part	XIII. Check here if	the explanati	on has bee	en provided	l in Part XI	II			
Pa	rt V Endowment Funds.									
	Complete if the organization a				1					
4 _	Parinning of years balance	(a) Current ye		rior year 122,602,753		ears back (6,571,840	d) Three year	rs back (e) F 26,874	our year	
	Beginning of year balance	1,127,378	· ·		· ·		•	· ·		156,186
	Contributions	50,167	*	33,464,447 54,161,973		3,947,333 8,729,220		48,779 27,068		380,530 202,998
	Net investment earnings, gains, and losses	1	·						· ·	
	Grants or scholarships	4,559	9,023	4,209,172		4,298,834	4,0	21,698	3,8	303,429
е	Other expenditures for facilities and programs	66,453		76,036,105		9,869,079		93,486		502,314
f	Administrative expenses	<u> </u>	7,880	2,604,925		2,477,727	•	15,697		501,101
g	End of year balance	1,140,478	3,439 1,	127,378,971	1,12	2,602,753	1,056,5	71,840	970,9	926,874
2	Provide the estimated percentage of the	current year end ba	lance (line 1	g, column ((a)) held as	s:				
а	Board designated or quasi-endowment >	31 %								
b	Permanent endowment ► 43 %	•••••								
c	Temporarily restricted endowment ►	26 %								
	The percentages on lines 2a, 2b, and 2c	should equal 100%.								
3а	Are there endowment funds not in the poorganization by:	ssession of the org	anization that	are held a	and admini	stered for t	the		Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		No
b	If "Yes" on 3a(ii), are the related organiz	•						3b		
4	Describe in Part XIII the intended uses of		endowment f	unds.						
Pai	rt VI Land, Buildings, and Equip		- 5 000	D+ T) (Dan dela	C	- 000 P	EN Use di		
	Complete if the organization and Description of property (a) Cost		n Form 990) Cost or other			See Form Imulated der			ok value	
		estment)	,	(00.101	´ ` `			(4)	/ 414	-
1	Land			34 072 00	16				24	972 006
	Land			34,972,09		4.0	4 040 449			,972,096
	Buildings			208,016,04 496 628 43			4,949,448 7 953 041			675 396
•	LARGEROIG IMPROVAMANTO I			44D D/X 4 4			/ MAN 1141		//8	

34,099,507

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

9,164,213

24,935,294

(a 1) Financial der 2) Closely-held 3) Other A) Hedge Funds 3) Venture Capi C) Real Assets D) F) G) G) A) Column (b)	equity interests	241,107,549 93,458,233 41,704,058	(c) Metho	d of valuation: -year market value F F
2) Closely-held 3) Other A) Hedge Funds 3) Venture Capi C) Real Assets D) F) G) G) A) Column (b)	rivatives equity interests s ital /Private Equity imust equal Form 990, Part X, col. (B) line 12.) restments—Program Related. complete if the organization answered 'Yes' on Formal Program Related.	93,458,233 41,704,058 376,269,840	11c. See Form 990,	F F F Part X, line 13. (c) Method of valuation: Cost or end-of-year market
3) Other (a) Hedge Funds 3) Venture Capit 3) Real Assets 3) 3) 4) 5) 6) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 8) 7) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8)	ital /Private Equity ital /Private Equity must equal Form 990, Part X, col. (B) line 12.) nvestments—Program Related. complete if the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization answered 'Yes' on Formula in the complete in the organization and the complete in the com	93,458,233 41,704,058 376,269,840		F F Part X, line 13. (c) Method of valuation: Cost or end-of-year market
) Hedge Funds) Venture Capi) Real Assets))) tal. (Column (b) art VIII In Co	must equal Form 990, Part X, col. (B) line 12.) nvestments—Program Related. complete if the organization answered 'Yes' on Form	93,458,233 41,704,058 376,269,840		F F Part X, line 13. (c) Method of valuation: Cost or end-of-year market
Real Assets A real A	must equal Form 990, Part X, col. (B) line 12.) nvestments—Program Related. complete if the organization answered 'Yes' on Form	41,704,058 41,704,058 376,269,840		Part X, line 13. (c) Method of valuation: Cost or end-of-year market
))) tal. (Column (b)))))) tal. (Column (b) art IX Ottl	nvestments—Program Related. omplete if the organization answered 'Yes' on Fo	376,269,840		Part X, line 13. (c) Method of valuation: Cost or end-of-year market
tal. (Column (b) ital. (Column (b) column (b) column (column (column (b) column (column (b) column (column (b) column (column (c	nvestments—Program Related. omplete if the organization answered 'Yes' on Fo			(c) Method of valuation: Cost or end-of-year market
art VIII In Co	nvestments—Program Related. omplete if the organization answered 'Yes' on Fo			(c) Method of valuation: Cost or end-of-year market
tal. (Column (b) art VIII In Co	nvestments—Program Related. omplete if the organization answered 'Yes' on Fo			(c) Method of valuation: Cost or end-of-year market
tal. (Column (b) Art VIII In Co	nvestments—Program Related. omplete if the organization answered 'Yes' on Fo			(c) Method of valuation: Cost or end-of-year market
Tart VIII In Co	nvestments—Program Related. omplete if the organization answered 'Yes' on Fo			(c) Method of valuation: Cost or end-of-year market
Tal. (Column (b)	nvestments—Program Related. omplete if the organization answered 'Yes' on Fo			(c) Method of valuation: Cost or end-of-year market
))))) tal. (Column (b) art IX Otl	<u> </u>	omi 990, Parc IV, ilile		(c) Method of valuation: Cost or end-of-year market
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art IX Otl	must equal Form 990, Part X, col.(B) line 13.)			
Coı	her Assets.		<u> </u>	
	mplete if the organization answered 'Yes' on Fo (a) Description		1d. See Form 990, Pa	t X, line 15. (b) Book value
)				
)				
)				
)				
)				
)				
)				
	(b) must equal Form 990, Part X, col.(B) line 15.)	<u> </u>	<u></u>	•
Part X Otl	her Liabilities. mplete if the organization answered 'Yes' on Fo	orm 990 Part IV line 1	1e or 11f See Form	990. Part X line 25
	(a) Description of lia			(b) Book value
) Federal incor				
Pension Liabi Refundable A				46,661,358 4,179,945
)	duvances			4,179,945
)				
)				
)				
)				
)				
0)				
	must equal Form 990, Part X, col.(B) line 25.)		L	50,841,303
Liability for un	ncertain tax positions. In Part XIII, provide the text of sitions under FIN 48 (ASC 740). Check here if the text		ization's financial state	ments that reports the organi

2

3

4

b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

а

Schedule D (Form 990) 2019

Page 4

768,510

353,527,415

-1,755,327

351,772,088

334,168,465

20,557,480

313,610,985

3,207,880

316.818.865

Schedule D (Form 990) 2019

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Donated services and use of facilities b

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Add lines **4a** and **4b**

Donated services and use of facilities . .

Prior year adjustments Other losses

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Subtract line **2e** from line **1** Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Investment expenses not included on Form 990, Part VIII, line 7b .

4a 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

2a

2b

2c

2d

4a

4b

Explanation

2a

2b

3,207,880 -4,963,207

3 4c

2e

3

4c

5

2e

231.483

537.027

537,027

20,020,453

3,207,880

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

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: 19010655

Software Version: 2019v5.0 **EIN:** 36-2167725

Name: The Art Institute of Chicago

Explanation

Supplemental Information Return Reference

Return Reference	Explanation
Schedule D, Part III, Line 1a Collections of art - financial statement footnote	From the Institute's audited financial statements: "The value of the art objects in the permanent collection, and the holdings of the libraries, are excluded from the statements of financial position. Additions to the permanent collection are made either by gifts, beque sts, or through purchases using Institute's acquisition funds. Institute acquisition funds may be classified as with donor restrictions, in which either (i) the principal balance i s to be held in perpetuity and only the income earned on principal balances may be used for acquisitions, or (ii) both the principal and earned income may be used for acquisitions; or without donor restrictions, representing funds designated by the Board to be used for acquisitions. The withdrawal of works of art from the collection of the Institute is performed in accordance with a formal policy initially adopted in 1975 and last revised in fisc al year 2020. The objects are generally offered for sale at a public auction and the proce eds from such dispositions are classified as with donor restrictions. In June 2020, the In stitute early adopted Financial Accounting Standards Board ("FASB") Accounting Standards U pdate ("ASU") 2019-03, Updating the Definition of Collections. Accordingly, proceeds from the sale of collection items are used to purchase or commission works of art for the permanent collection or for the direct care of objects within its permanent collection. Direct care of the collection means investing in objects in the Museum's permanent collection by enhancing their life, usefulness, or quality, thereby ensuring they will continue to benefit the public. Direct care includes, but is not limited to, maintenance and protection, conservation, and management of the collection. All works of art and certain library collect ions are held for public exhibition, education, or research; they are protected, kept unen cumbered, cared for, and preserved, and are subject to strict organizational policies gove
	rning their use. The value of the Institute's permanent collection is not subject to reaso nable estimation. Therefore, it is not included in the statements of financial position."

Supplemental Information	
Return Reference	Explanation
Collections of art - description of	The Institute's permanent collection consists of art objects as well as the holdings of th e libraries. All works of art and certain library collections are held for public exhibition, education, or research in furtherance of the Institute's exempt purpose.

s

upplemental Information				
Return Reference	Explanation			
Schedule D, Part V, Line 4 Intended uses of endowment funds	The Institute establishes endowment funds for the purpose of investing assets in a manner that preserves the real value of the endowment principal and provides spendable funds that can be used to fulfill the purposes for which the endowments were established. The Instit ute's Executive Committee of the Board of Trustees determines the method to be used to app ropriate endowment funds for expenditure. The Institute's spendable endowment payout formula is a controlled growth distribution formula. Depending upon market conditions and the needs and available resources of the Institute, appropriations for expenditure from individual endowments may be temporarily suspended to facilitate preservation of the endowment or in excess of the spending policy as deemed prudent by the Executive Committee.			

upplemental Information				
Return Reference	Explanation			
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	From the Institute's audited financial statements: "The Institute is a not-for-profit corp oration exempt from federal income tax under Section 501(a) of the Internal Revenue Code a s an organization described in Section 501(c)(3); the Institute is similarly exempt from s tate income taxes. Despite the general exemption from income taxation, the Institute is su bject to federal and state income tax at corporate rates on its unrelated business income. The FASB guidance requires tax effects from uncertain tax positions to be recognized only if the position is more likely than not to be sustained if the position were to be challe nged by a taxing authority. Management has determined there are no material uncertain posi tions that require recognition in the financial statements. No provision was necessary for the Institute for unrelated business income as the organization has a net operating loss carryforward to cover any current year tax liability. There are no interest or penalties r ecognized in the financial statements." The financial statements did not report uncertain tax positions.			

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Cost of Goods Sold3486510 Special Events291560 Rental Expense1185137			

upplemental Information				
Return Reference	Explanation			
	PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS - 15057246 Cost of Goods Sol d - 3486510 Special Events - 291560 Rental Expense - 1185137			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137014141 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** The Art Institute of Chicago 36-2167725 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019)						
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.						
Return Reference	Explanation					
	The nondiscriminatory policy is publicized in a variety of materials, including the student bulletin, the general registration information issued each semester, initial marketing materials, and the student handbook.					
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	The Institute receives federal financial aid funding from the Department of Education under the following programs: Federal Pell Grant Program Federal Supplemental Educational Opportunity Grants Program Federal Work Study Program					

Schedule F (Form 990 or 990-F7) (2019)

SCHEDULE F	State	ement of	Activities (Outside the Un	ited States	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Comp	lete if the organi	zation answered " Attach t	Yes" to Form 990, Part IV, to Form 990. Instructions and the latest i	line 14b, 15, or 16.	2019 Open to Public Inspection
Name of the organization					Employer id	entification number
The Art Institute of Chicago					36-2167725	
General In Form 990, P			Outside the U	Jnited States. Comple	ete if the organization	answered "Yes" on
-	e grantees'	eligibility for th	ne grants or assis	substantiate the amoun stance, and the selection	•	☐ Yes ☐ No
2 For grantmakers. outside the United S		Part V the orga	anization's proce	dures for monitoring the	use of its grants and	other assistance
3 Activites per Region.	(The followin	ng Part I, line 3	table can be dupli	cated if additional space is	s needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) i program service, describe specific type of service(s) in the region	
See Add'l Data				regiony		
3a Sub-total b Total from continuatio	n sheets to	C	15			607,67
Part I .		0				286,989,883 287,597,554
c Totals (add lines 3a a	เกต รถา - ไ		ກ 35		I	/N/ 59/ 554

Cat. No. 50082W Schedule F (Form 990) 2019

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

ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe

Sche	dule F (Form 990) 2019		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	√ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	✓ Yes	□No

	Page				
required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting m vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting olumn (c) (estimated number of recipients), as applicable. Also complete this part to pr	Provide the information requamounts of investments vs.	Part V			
Explanation	Explanation	ReturnReference			
		_			

Additional Data

Europe (Including Iceland and

Greenland)

Software ID: 19010655 **Software Version:** 2019v5.0

EIN: 36-2167725 **Name:** The Art Institute of Chicago

Conf, Lectures, Other

Education

269,196

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	1 2	Conf, Lectures, Other Education	14,343

0 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) North America (Canada & 0 Program Services Conf. Lectures. Other 10,643 Mexico only) Education South Asia 0 | Program Services Conf. Lectures. Other 7.115 Education

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) South America 0 Program Services Conf. Lectures. Other 347 Education Sub-Saharan Africa 0 | Program Services Conf, Lectures, Other 2.713 Education

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) North America (Canada & 0 Program Services STUDY TRIPS 26,031 Mexico only) North America (Canada & 3 Program Services Exhibitions 79,976 Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Exhibitions 500 1 Program Services Sub-Saharan Africa 8 Program Services Exhibitions 15,032

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 0 |Program Services Marketing/Public Relations 16,040 Greenland) North America (Canada & 0 | Program Services Marketing/Public Relations 875 Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific 3 |Program Services **IEXHIBITIONS** 122.133 Europe (Including Iceland and 0 Program Services Member Travel 35,862 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) North America (Canada & 0 | Program Services Member Travel 1.193 Mexico only) Sub-Saharan Africa 5,672 0 Program Services Member Travel

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Central America and the 0 | Program Services 192 Recruitina Caribbean 84,282 East Asia and the Pacific 0 Program Services Recruitina

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 0 | Program Services 23,759 Recruitina Greenland) Middle East and North Africa 3,471 0 Program Services Recruitina

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) 0 | Program Services 25,932 North America (Canada & Recruitina Mexico only) South Asia 27,746 0 Program Services Recruiting

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Recruiting 5,061 0 Program Services East Asia and the Pacific 0 Program Services Research 11,671

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 0 | Program Services 91,116 Research Greenland) North America (Canada & 0 | Program Services Research 7.163 Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Central America and the 0 | Program Services CONF. LECTURES. OTHER 2.263 Caribbean **IEDUCATION** Sub-Saharan Africa 13,097 0 Program Services lResearch

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific 0 | Program Services Study Trips 58,560 Europe (Including Iceland and 0 Program Services Study Trips 207,439 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) South Asia 0 | Program Services Study Trips 6.508 Central America and the 0 Passive Investments N/A 274,988,934 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 0 l.Passive Investments IN/A 1,912,918 Greenland) Middle East and North Africa 0 | Program Services CONF. LECTURES, OTHER 2.873 IEDUCATION

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa 0 Program Services RESEARCH 1,189 East Asia and the Pacific 0 Program Services Marketing/Public Relations 2,701

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific 0 Program Services MEMBER TRAVEL 16,203 South America 0 Program Services RESEARCH 1,055

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia 3 Program Services Exhibitions 2,000 South Asia 0 Program Services RESEARCH 97

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) North America (Canada & 0 LPASSIVE INVESTMENTS IN/A 9.091.161 Mexico only) Sub-Saharan Africa 3,735 0 Program Services RECRUITING

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 17 Program Services **EXHIBITIONS** 398,604 Greenland) Russia and Neighboring States 0 | Program Services CONFERENCES, LECTURES 153 AND OTHER EDUCATION

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 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 instructions and the latest information. DLN: 93493137014141 OMB No. 1545-0047

Open to Public Inspection

	ne of the organization Art Institute of Chicago						Employer ide	ntification number	
	Art Institute of Cilicago						36-2167725		
P	Fundraising Activ	•	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	7.	
1	Indicate whether the organiza	ation raised funds th	rough an	y of the fo	ollowing activities. Check	all that ap	ply.		
а	✓ Mail solicitations			e	Solicitation of non-	-governme	nt grants		
b	✓ Internet and email solicita	ations		f	Solicitation of gove	ernment gr	ants		
c	c ☑ Phone solicitations g ☑ Special fundraising events								
d	✓ In-person solicitations								
2a	Did the organization have a workey employees listed in Fo							s 🗆 No	
b	If "Yes," list the 10 highest pa to be compensated at least \$	aid individuals or ent 5,000 by the organiz	tities (fun zation.	draisers)	pursuant to agreements	under whic	h the fundraise	r is	
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	or ret fundrais	ount paid to cained by) ser listed in ol. (i)	(vi) Amount paid to (or retained by) organization	
		Direct Marketing	Yes	No					
	Lukens Company 2800 Shirlington Rd	Direct Harketing		No.	943,933		372,328	E71 60	
	<u>-</u>			No	943,933		372,326	571,60	
	Arlington, VA 22206								
	al			. ▶	943,933		372,328	571,60	
					·			,	
	List all states in which the orgalicensing.	nization is registered	d or licens	sed to soli	icit contributions or has b	een notifie	d it is exempt f	rom registration or	

AL, AK, CA, CO, FL, IL, KS, KY, MD, MA, MI, MS, NH, NJ, NY, ND, OH, OK, OR, SC, UT, VA, WA, WV, WI

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		WOMAN'S BOARD Ed Ruscha Luncheon (event type)	Auxiliary Board - Studio Party (event type)	(total number)	col. (c))
Keverkie					
	1 Gross receipts	414,173	192,469	318,177	924,81
	2 Less: Contributions	391,878	173,523	253,728	819,12
	3 Gross income (line 1 minus line 2)	22,295	18,946	64,449	105,690
	4 Cash prizes				
ses	5 Noncash prizes			12,083	12,08
₽	6 Rent/facility costs7 Food and beverages				40.50
3	8 Entertainment	6,082	9,090	45,357	·
<u>।</u>	9 Other direct expenses	138,955	60,435	200 19,358	
_	10 Direct expense summary. Add lines 4 t	· I	60,435	19,358	·
- 1					
	·				-
	11 Net income summary. Subtract line 10 Gaming. Complete if the organizations.	from line 3, column (d)	s" on Form 990, Part I	V, line 19, or reported	-185,870
Par	11 Net income summary. Subtract line 10	from line 3, column (d)	s" on Form 990, Part I		-185,87
Par	11 Net income summary. Subtract line 10 Gaming. Complete if the organizations.	from line 3, column (d)	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or reported (c) Other gaming	-185,87 more than \$15,000 (d) Total gaming (add
	11 Net income summary. Subtract line 10 Gaming. Complete if the organizations.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-185,87 more than \$15,000 (d) Total gaming (add
ISes Revenue	11 Net income summary. Subtract line 10 Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-185,87 more than \$15,000 (d) Total gaming (add
ISes Revenue	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-185,870 more than \$15,000
Expenses Revenue a	11 Net income summary. Subtract line 10 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-185,870 more than \$15,000 (d) Total gaming (add
Jirect Expenses Revenue	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		(d) Total gaming (add
Jirect Expenses Revenue	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-185,870 more than \$15,000 (d) Total gaming (add
Jirect Expenses Revenue	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-185,87 more than \$15,000 (d) Total gaming (add
Direct Expenses Revenue	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes% No	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-185,87 more than \$15,000 (d) Total gaming (add
Direct Expenses Reversite	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	-185,870 more than \$15,000 (d) Total gaming (add
Direct Expenses Reversite	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	-185,87 more than \$15,000 (d) Total gaming (add
Direct Expenses Reversite	Gaming. Complete if the organization form 990-EZ, line 6a. Gash prizes Noncash prizes Noncash prizes Nother direct expenses Volunteer labor Direct expense summary. Add lines 2 to 8 Net gaming income summary. Subtract Enter the state(s) in which the organization licensed to conduct gas If "No," explain:	(a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	-185,87 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
a Direct Expenses Reversite	Gaming. Complete if the organization form 990-EZ, line 6a. Gash prizes Noncash prizes Noncash prizes Nother direct expenses Net gaming income summary. Subtract Enter the state(s) in which the organization is the organization licensed to conduct gastate.	(a) Bingo Yes % No Chrough 5 in column (d) It line 7 from line 1, column (d) ton conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No No In (d)	(c) Other gaming Yes % No	-185,87 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 2019					Р	age 3
11	Does the organization conduct gaming	activities with nonmember	s?		□Yes	□No	
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes	_	
13	Indicate the percentage of gaming act	ivity conducted in:					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords:			
	Name •						
	Address •						
15a	Does the organization have a contract revenue?		om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming amount of gaming revenue retained b		ganization 🕨 \$ and th	ne			
С	If "Yes," enter name and address of the	ne third party:					
	Name •						
	Address •						
16	Gaming manager information: Name						
	Gaming manager compensation ► \$						
	Description of services provided						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17 a			istributions from the gaming proceeds to		□Yes	Пло	
b	Enter the amount of distributions requ	ired under state law distrib	uted to other exempt organizations or spent		03		
	in the organization's own exempt activ						
Par			tions required by Part I, line 2b, column: Dicable. Also provide any additional infor				5.
	Return Reference		Explanation				
	dule G, Part I, Line 2b(v) payment of or payment of expenses		YS FUNDRAISING CONSULTANT FEES AT A S STAGE AND PRINTING. PROFESSIONAL SERVI COSTS WERE \$370,047;				

Schedule G (Form 990 or 990-EZ) 2019

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No. 1545-0047

DLN: 93493137014141

Open to Public

Freasury Internal Revenue Service		► Go to <u>ww</u>	<u>/w.irs.gov/Form990</u> for	the latest information	on.		
Name of the organization						Employer identif	fication number
The Art Institute of Chicago						36-2167725	
Part I General Info	ormation on Grants	and Assistance				•	
			the grants or assistance,		for the grants or assistance	e, and	☑ Yes ☐ No
		_	se of grant funds in the U				
Part II Grants and Ot that received m	her Assistance to Don nore than \$5,000. Part I	nestic Organizations a I can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, lir	ne 21, for any recipient
(a) Name and address of organization or government	of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of	section 501(c)(3) and g	overnment organization:	s listed in the line 1 table			•	
3 Enter total number of	other organizations liste	ed in the line 1 table .				- <u></u>	

(Form 990)

Department of the

Schedule I (Form 990) 2019

Part III

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

grant funds.

Return Reference

Schedule I, Part I, Line 2

Procedures for monitoring use of

Explanation

payment is made.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

139.459

50,365,743

(d) Amount of

noncash assistance

N/A

N/A

Scholarships and stipends are available to undergraduate students and graduate students through the admissions process. Once awarded, depending on the type of aid,

payment is applied or paid to the student. All students receiving scholarships and stipends have been selected on a non-discriminatory basis. Faculty enrichment grant opportunities are available to full-time and part-time faculty teaching in a degree program. Selections are based on the merit of the proposal and reviewed by members of a selection committee. Payment are monitored by the Dean's office and all payments are approved by the Vice Provost and School Finance department before

payment is credited to either the student account or directly to the student. All payments are monitored and approved by the Financial Services department before

(b) Number of

recipients

34

4351

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(e) Method of valuation (book,

FMV, appraisal, other)

N/A

N/A

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2019

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	ta -	DLN: 9349	313	7014	141
Sch	edule J	C	ompensat	tion Information	ОМВ	No. :	1545-(0047
(For	n 990)	For certain Office	est					
		Complete if the ord	Compens Canization answ	sated Employees wered "Yes" on Form 990, Part IV,	line 23.	2()	19)
			► Attacl	th to Form 990. In instructions and the latest inform			o Pul	
•	tment of the Treasury al Revenue Service	▶ Go to <u>www.irs.go</u>	101	r instructions and the latest inform			ectio	
	ne of the organiza Art Institute of Chic			[1	Employer identificatio	n nu	mber	
me	Art Institute of Citic	ayo			36-2167725			
Pa	rt I Questi	ons Regarding Compensa	ition					
							Yes	No
1a				of the following to or for a person listed ny relevant information regarding these				
		s or charter travel	$ \mathbf{Z} $	Housing allowance or residence for p				
	_	companions		Payments for business use of person				
		nification and gross-up payment	ts 🔽	Health or social club dues or initiation				
	☐ Discretion	ary spending account		Personal services (e.g., maid, chauffe	eur, cner)			
b				n follow a written policy regarding paym ove? If "No," complete Part III to explai		1b	Yes	
2				or allowing expenses incurred by all	. 1.2	2	Yes	
	directors, truste	es, officers, including the CEO/I	executive Directo	or, regarding the items checked on Line	elar			
3				sed to establish the compensation of the	e			
				not check any boxes for methods • CEO/Executive Director, but explain in	Part III.			
	, 	-						
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	✓	Approval by the board or compensati	ion committee			
		-	_					
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fili	ing organization or a			
_	_						V	
a b		ance payment or change-of-con		alified retirement plan?	· · ·	4a 4b	Yes Yes	
c	•		•	ensation arrangement?		4c	103	No No
_			, ,	oplicable amounts for each item in Part	III.			
_), 501(c)(4), and 501(c)(29	-	•				
5	compensation c	ed on Form 990, Part VII, Section ontingent on the revenues of:	on A, line 1a, did	I the organization pay or accrue any				
а		1?				5a		No
b	-					5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	1?				6a		No
b	-				[6b		No
	If "Yes," on line	6a or 6b, describe in Part III.						
7				I the organization provide any nonfixed art III		7	Yes	<u> </u>
8	subject to the in	nitial contract exception describe	ed in Regulations	ured pursuant to a contract that was s section 53.4958-4(a)(3)? If "Yes," des				_ _
						8	Yes	<u> </u>
9				e presumption procedure described in R		9	Yes	
For F		iction Act Notice, see the Ins			0053T Schedule J (1			2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.										
(A) Name and Title	Jua		kdown of W-2 and/o compensation		(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990		
See Additional Data Table				I	•					

Schedule J (Form 990) 2019

contract exception

Athletic, social, or other club fees incurred by the President of the School and the President of the Museum, are reimbursed to the extent they are used for business Schedule J. Part I. Line 1a Health or social club dues or initiation fees purposes. In addition, the employment contract for the President of the School allows for reimbursement for up to \$5,000 annually for fees and membership dues for athletic, social, or other clubs used for personal, non-business purposes. The annual amounts reimbursed are reported as taxable compensation. Schedule J. Part I. Line 4a Severance During calendar year 2019 the Organization made a severance payment to Cheryl Jessogne in the amount of \$127,000 that was treated as taxable and is included or change-of-control payment lin Schedule J. Part II. Column (b)(iii).

Schedule J. Part I. Line 4b As noted in the audited financial statements, a supplemental non qualified retirement plan exists for the benefit of a select group of management or highly compensated employees whose benefits under other Institute qualified retirement plans are limited by the IRS. Employees are eligible if their compensation for a Supplemental nonqualified retirement plan plan year is in excess of the IRS limits under Code Section 401(a)(17), if they received a benefit accrual or employer contribution under other Institute qualified plans, and if they have not voluntarily terminated employment prior to the first business day following the plan year. Benefits are calculated based on the excess of benefits that would be provided under Institute qualified plans if IRS compensation limits did not exist. The following individuals received payments under the supplemental retirement plan: James Rondeau amount paid in calendar year 2019 of \$150,000 Julia E. Getzels amount paid in calendar year 2019 of \$127,594

Schedule 1 (Form 990) 2019

Elissa Tenny amount paid in calendar year 2019 of \$25,410 Eve Jeffers amount paid in calendar year 2019 of \$24,788 Andrew Simnick amount paid in calendar

year 2019 of \$3,750 Ann Goldstein amount paid in calendar year 2019 of \$2,932

All bonuses reported on Schedule J, Part II are discretionary and are reviewed and approved by the compensation and benefits committee of the Organization.

Schedule J. Part I. Line 7 Non-fixed

payments

Schedule J, Part I, Line 8 Payments on The President, Museum and the Provost were paid their salaries under contracts that were subject to the initial contract exception. contract that is subject to the initial

Software ID: 19010655 **Software Version:** 2019v5.0

EIN: 36-2167725

Name: The Art Institute of Chicago

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(i) Base Compensation (ii) (iii) other deferred benefits (B)(i)-(D) column (B)	(A) Name and Title							(E) Total of columns	(E) Componention in
Bouse in incentation Bouse in incentation Conversion Conversio	(A) Name and Title						(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
Product Prod				Bonus & incentive compensation	Other reportable	compensation			reported as deferred on prior Form 990
Notes Series No.	1 James Rondeau	(i)	805,126	0	171,402	88,000	8,705	1,073,233	0
President, School 0	President, Museum	(ii)	0	0	0	0	0	0	0
200 200	1 Elissa Tenny	(i)	554,135	0	132,776	25,200	18,342	730,453	0
SPP, Pienere & Admin 10	President, School	(ii)	0	0	0	0	0	0	0
\$9.8, Reserve SArtenia	2Alexandra Holt	(i)	423,872	0	1,045	24,774	14,962	464,653	0
Severe Name	EVP, Finance & Admin	(ii)	0						
Series Massam (i)	3 Evelyn Jeffers	-	554,041	0	47,065	25,200	16,249	642,555	0
Ausdrew Simicks (10 338,778 0 4,936 25,256 26,344 393,343 5 28,047 to Finance, Strategy (10 274,356 0 0 1,853 89,000 20,512 385,811 Deputy Proteor, Cursonel (10 274,356 0 0 1,853 89,000 20,512 385,811 Deputy Proteor, Cursonel (10 274,356 0 0 1,853 89,000 20,512 385,811 Deputy Proteor, Cursonel (10 274,356 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(ii)	0		0	0			0
Service Primare, Stranger, 10 274,366 0 1,853 89,000 20,612 388,831 389,000 30,612 388,831 389,000 30,612 388,831 389,000 30,612 388,831 389,000 30,612 389,831 389,000 30,612 389,831 389,000 30,612 389,831 389,000 30,612 389,000 389		(i)	336,775	0	4 938	25 256	26 394	393 363	0
Source Commerce		(ii)							
Section Production Curational (i)		ı	274 366	0	1 953	90,000	20.612	205 021	0
Affaire V </td <td>•</td> <td></td> <td></td> <td></td> <td>1,055</td> <td></td> <td>20,612</td> <td>305,031</td> <td></td>	•				1,055		20,612	305,031	
Section Company Comp	Affairs		720.007	0	0	0	0	0	0
School 0			239,093	0	20,058	99,000	13,705	371,856	0
Provest 6 St VP Academic (i)	School		0	0	0	0	0	0	0
Marie Mari	_	(i)	267,564 	33,333	21,856	25,200	13,818	361,771	0
Potential Campus Operations Campus Operati		(ii)	0	0	0	0	0	0	0
School 0 0 0 0 0 0 0 0 0	8Thomas Buechele	(i)	211,746	0	12,327	100,626	22,005	346,704	0
Michael Nicole (i) 223,316 0 22,007 64,000 21,004 330,327		(ii)	0	0	0	0	0	0	0
Officer (1) 2 C2,275 0 600 24,022 10,301 297,198 VP and General Manager, Retail (1) 0<		(i)	223,316	0	22,007	64,000	21,004	330,327	0
10kirste Lytwynec		(ii)	0			0	0		0
VP end General Manager, (ii) 0 0 0 0 0 0 0 0 0		(i)	262,275	0	600	24.022	10.301	297.198	0
Neconstruction Neco		(ii)	0						
VP for Enrollment Management (ii) 0 <t< td=""><td></td><td>1 1</td><td>248.520</td><td>0</td><td>556</td><td>22 626</td><td>3 466</td><td>275 168</td><td>0</td></t<>		1 1	248.520	0	556	22 626	3 466	275 168	0
Table Tabl	VP for Enrollment	ll						273,100	
Dean of Faculty/VP Acad Admin (Ended as of S)/16/19) 13/Emily Benedict			220 100	0	0	0	0	0	0
Admin (Ended as of 8/16/19)	-		220,199	0	793	20,564	17,817 	259,373	0
AVP, Capital Programs (ii) 0 0 0 0 0 0 0 0 0 0 0 0 14Russell Collett (i) 210,717 0 837 19,069 1,129 231,752 VP of Operations (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Admin (Ended as of 8/16/19)		0	0	0	0	0	0	0
14Russell Collett (i) 210,717 0 837 19,069 1,129 231,752	,	(i)	218,073	0	482	20,419	17,895	256,869	0
VP of Operations (ii) 0		-	0	0	0	0	0	0	0
Semior Associate General (ii) Comparison of the comparison of		(i)	210,717	0	837	19,069	1,129	231,752	0
Vice Provost (ii) 0		(ii)	0	0	0	0	0	0	0
16Ann Goldstein (i) 310,407 0 5,015 21,659 13,862 350,943		(i)	237,799	20,000	4,759	117,000	17,936	397,494	0
Deputy Director, Chair & Curator Modern & Contemporary Art 17Maria Simon (i) 241,057 Senior Associate General Counsel (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(ii)	0	0	0	0	0	0	0
Curator Modern & Contemporary Art 17Maria Simon (i) 241,057 0 2,391 64,000 20,554 328,002 Senior Associate General Counsel (ii) 0 0 0 0 0 0 18Jennifer Sostaric (i) 231,513 0 2,357 63,000 17,885 314,755 Senior Associate General (ii) 0 0 0 0 0 0 0 0 0		(i)	310,407	0	5,015	21,659	13,862	350,943	0
17Maria Simon (i) 241,057 0 2,391 64,000 20,554 328,002 Senior Associate General Counsel (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 17,885 314,755 314,755 Senior Associate General (iii) 0 </td <td>Curator Modern &</td> <td>(ii)</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td>	Curator Modern &	(ii)	0	0	0	0	0	0	0
Counsel (ii) 0 0 0 0 0 0 18Jennifer Sostaric (i) 231,513 0 2,357 63,000 17,885 314,755 Senior Associate General (ii) 0 <td></td> <td>(i)</td> <td>241,057</td> <td>0</td> <td>2,391</td> <td>64,000</td> <td>20,554</td> <td>328,002</td> <td>0</td>		(i)	241,057	0	2,391	64,000	20,554	328,002	0
18Jennifer Sostaric (i) 231,513 0 2,357 63,000 17,885 314,755 Senior Associate General (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(ii)	0	0	0	0	0	0	0
Senior Associate General		(i)	231,513	0	2,357	63,000	17,885	314,755	0
• Countries 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(ii)	0	0	0	0	0	0	0
19 Cheryl Jessogne (i) 115,618 0 127,324 -8,000 15,282 250,224		(i)	115,618	0	127,324	-8.000	15.282	250,224	0
Vice President, Institutional		(ii)	ი						
Advancement (") 0 0 0 0	Advancement	<u> ``'</u>			0	0		<u> </u>	

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) L(i) Base Compensation (iii)

-5,000

10,297

377,457

		(,,	Bonus & incentive compensation	Other reportable compensation	compensation			reported as deferred on prior Form 990
21Julia Getzels	(i)	233,097	0	139.063	-5.000	10.297	377,457	

139,063

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Former EVP & General Counsel-(ended as of 6/19) (ii)

DLN: 93493137014141 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** The Art Institute of Chicago 36-2167725 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (f) Description of purpose (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (q) Defeased behalf of financing issuer Yes No Yes No Yes No Illinois Finance Authority 86-1091967 45204EHD3 08-25-2016 42,808,133 Advance refund Series 2009A Х Χ Bonds issued 3/26/2009 Part ${
m I\hspace{-.1em}I}$ **Proceeds** В C Α D 2 3 42,808,133 5 6 7 4,760 8 9 10 11 42,803,373 12 13 2009 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page **2**

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

Are there any management or service contracts that may result in private business use of

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed

Χ

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

Yes

Α

Nο

Χ

Χ

0 %

0 %

0 %

В

No

Yes

Χ

Χ

В

No

Yes

C

No

Yes

C

No

Yes

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

В

No

Explanation

No

Yes

R

No

Yes

No

C

Nο

Yes

Yes

Yes

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Schedule K, Part IV, Line 6 Columns A | This question is being answered without regard to yield-restricted advance refunding escrow financed with proceeds of the bonds.

Page 3

No

D

D

No

Yes

Yes

Schedule K (Form 990) 2019

(GIC)?

period?

Part VI

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name: Illinois Finance Authority The calculation for computing no rebate due was performed on 05/15/2019

	C print - DO	NOT PROCES	SS ASF	iled Data -					DL	N: 93	4931	370	14141
Schedule L		Trar	nsactio	ns with Ir	ntereste	d Person	S			10	1B No.	1545	-0047
Form 990 or 990	-EZ) ► Com	plete if the org	anization a	nswered "Yes	on Form 9	90, Part IV, li	nes 25	a, 2	5b, 26	i,	20	1	0
		27, 28 a		Sc, or Form 99 ch to Form 990			Юb.				4 U	1	フ
Department of the Trea		▶Go to <u>www.</u>		<u>m990</u> for inst			ormati	ion.		C	pen i Insp	to Po ecti	
Name of the org							Em	ploy	er ide	ntifica	tion n	umb	er
The Art Institute of	Chicago						36-	2167	7725				
Part I Exce	ss Benefit T	ransactions	section 501	(c)(3), section 5	501(c)(4), and	section 501(c				s only)			
		nization answere	ed "Yes" on F	orm 990, Part	IV, line 25a or	25b, or Form	990-EZ						
1 (a) Name of disc	ualified person	(b)	Relationship be		ified person an	id (escript			_	rected?
					organization			tra	nsacti	on	Y	es	No
							_						
							-						
							-				+	-	
							+						
2 Enter the au	mount of tax ir	curred by the o	rganization n	nanagers or disc	gualified perso	ons during the	vear ur	der (section	١			
4958			·				y car ar			; \$ ——			
3 Enter the ar	mount of tax, i	f any, on line 2,	above, reim	bursed by the o	rganization .				•	\$			
Part II Loa	ans to and/	or From Inte	rested De	renne									
Con	nplete if the or	ganization answ nt on Form 990,	ered "Yes" o	n Form 990-EZ,	Part V, line 3	8a, or Form 99	0, Part	IV, I	line 26	; or if t	he org	aniza	tion
(a) Name of		hip (c) Purpose	· · · · · · · · · · · · · · · · · · ·		(e) Original	(f) Balance	(g)	In	(l	1)	(i) Wri	tten
ntèrésted person				nization?	principal	due	defau		Appro	ved by		reem	
					amount				boar	d or			
			То	From	1		Yes	No	Yes	No	Yes		No
	1												
										l .			
				1									
					\$								
Part IIII Gra		tance Benefi		ested Perso	ns.	line 27							
Part IIII Gra Com	nplete if the o	organization a	nswered "Y	ested Persones" on Form 9	ns. 990, Part IV,		of acciet	tance		(a) Puu	Those of	of acc	istance
Part IIII Gra Com	nplete if the o	organization ar (b) Relationshi interested pers	nswered "Y p between on and the	ested Perso	ns. 990, Part IV,	line 27.	of assist	tance		(e) Pui	pose c	of ass	stance
Part III Gra Com (a) Name of inter	nplete if the o	organization ar (b) Relationshi	nswered "Y p between on and the	ested Persones" on Form 9	ns. 1990, Part IV, of assistance			tance	Tu	lition re	emissio	on for	family
	nplete if the o	organization ar (b) Relationshi interested pers	nswered "Y p between on and the	ested Persones" on Form 9	ns. 1990, Part IV, of assistance	(d) Type o		tance	Tu		emissio	on for	family
Part III Gra Com (a) Name of inter	nplete if the o	organization ar (b) Relationshi interested pers	nswered "Y p between on and the	ested Persones" on Form 9	ns. 1990, Part IV, of assistance	(d) Type o		tance	Tu	lition re	emissio	on for	family
Part III Gra Com (a) Name of inter	nplete if the o	organization ar (b) Relationshi interested pers	nswered "Y p between on and the	ested Persones" on Form 9	ns. 1990, Part IV, of assistance	(d) Type o		tance	Tu	lition re	emissio	on for	family
Part III Gra Com (a) Name of inter	nplete if the o	organization ar (b) Relationshi interested pers	nswered "Y p between on and the	ested Persones" on Form 9	ns. 1990, Part IV, of assistance	(d) Type o		tance	Tu	lition re	emissio	on for	family

Return Reference

(a) Name of interested person	(b) Relationship between interested	(c) Amount of transaction	(d) Description of transaction	(e) SI	
	person and the organization			organiz rever	
				Yes	No
(1) Peter Haratonik	Family Member of Elissa Tenny, Current Officer	30,549	Employee Compensation		No
(2) Silvia Beltrametti	Family Member of Jay Frederick Krehbiel, Current Trustee	12,780	Employee Compensation		No
(3) Hindman Auction House	TRUSTEE JAY FREDERICK KREHBIEL IS Co-Chairman & Chief Executive Officer OF HINDMAN AUCTION HOUSE	183,964	AUCTION SERVICES		No
Part V Supplemental Informati Provide additional information	on for responses to questions on 9	Schedule L (see instruction	ons).	ı	I

Explanation

DLN: 93493137014141 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** The Art Institute of Chicago 36-2167725 Part I **Types of Property** (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g ${f 1}$ Art—Works of art . . . 588 0 Other - SEE PART II 2 Art—Historical treasures **3** Art—Fractional interests Books and publications 78,766 Market value Clothing and household goods Cars and other vehicles 7 Boats and planes . . Intellectual property . . . Securities—Publicly traded . Χ 533 26,600,338 Market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures **14** Oualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . . Departmental X 28 39,597 Market value 25 Other ► (Supplies) Other ▶ (Special Events) Χ 12,083 Market value Χ 1 9,999 Market value Equipment SAIC Other ► (Instructional 27 28 Other ▶ (_____ Number of Forms 8283 received by the organization during the tax year for contributions 35 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)	hedule M (Form 990) (2019)									
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.										
Return Reference	Explanation									
Schedule M, Part I, Line 1 Method of determining noncash contribution amounts	The Institute does not capitalize its collection items nor report contributions of collection items as revenue as permitted under generally accepted accounting principles.									
Schedule M, Part I Explanations of reporting method for number of contributions	Books and publications - Number of items contributed Securities - Publicly traded - Number of contributions received Other - Departmental Supplies Number of items contributed Other - Special Events Number of items contributed Art - Works of art - Number of items contributed									
	Schedule M (Form 990) (2019)									

efile GRAPH	IIC prin	nt - DO NOT PROCESS	As Filed Data -		DLN:	93493137014141
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Complete to prov Form 990 o	vide information fo r 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ. 90 for the latest information.	ions on n.	OMB No. 1545-0047 2019 Open to Public Inspection
Namel Betherofg The Art Institute of 990 Schedul	f Chicago	pplemental Information	1		Employer identi 36-2167725	fication number
Return Reference				Explanation		
Form 990, Part III, Line 1 Organization Mission	in and ilities in ic deve interna collecti ned ob; To es isual ar poken a matic, I purpo necess	operate museums, schools, and connection therewith; to conclopment of the region; and to tional significance; To form, or on of objects of art of all kinds jects of art of all kinds, and to tablish and conduct compreheists, teachers of art, and designed media formats; To provide film and musical performances ses of the Institute; To receive ary powers as trustee for sucle of the general purposes of the	nd libraries of art and duct appropriate active conduct and participations or active conduct and participations or active present temporary cultivate and extend extend gigners; to provide educe lectures, instruction is of all kinds, which contrust property of a furust estates whose	ate in activities of national and ublish, and exhibit a permanent by exhibitions including loa the arts by appropriate means ducation, including preparation of ucation services in written, sand entertainment, including dracomplement and further the general	f v a	

Return Reference	Explanation
Form 990, Part V, Line 7g Intellectual Property	The Art Institute of Chicago is not required to file Form 8899. The Institute receives con tributions of intellectual property from time to time; however, the type of property contributed does not meet the definition of "qualified intellectual property" for Form 8899 filing purposes.

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	As provided in the By-Laws, during the intervals between the meetings of the Board of Trus tees, the Executive Committee shall possess and may exercise, in all cases in which specia I directions have not been given by the Board, all the powers of the Board of Trustees in the management and direction of the Art Institute, and in respect to all other business an d affairs of the Art Institute, in such manner as shall be for its best interest, except t he filling of any vacancy on the Board of Trustees, the amendment of the bylaws or the art icles of incorporation, and all other powers and authorities, the exercise of which by the Executive Committee is prohibited by law. The Executive Committee shall consist only of T rustees. Its members shall be the Chairman of the Board of Trustees, the Chairmen of those Standing Committees with responsibilities for both the Museum and the School, the Vice Ch airmen of the Board of Trustees, and the Chairman of the Board of Governors of the School. If any of such individuals is not a Trustee, he or she may be invited to attend Executive Committee meetings from time to time to provide a report for his or her committee.

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Matthew R. Gibson and Thomas Pritzker - Business relationship, Jay Frederick Krehbiel and David Vitale - Business relationship, Thomas Pritzker and Cary McMillan - Business relatio nship, Betsy Bergman Rosenfield and Andrew Rosenfield - Family relationship, Anita Sinha a nd Prabhakant Sinha - Family relationship, Gordon Segal and Eric Lefkofsky - Business relationship, Sarah Garvey and Eric McKissack - Business relationship, Reeve B. Waud and SHIRL EY WELSH RYAN - Business relationship

Return Reference	Explanation
Form 990, Part VI, Line 5 Diversion of organization assets	In fiscal year 2020, during the implementation of new control procedures, management disco vered a diversion of assets as defined in the Form 990 instructions, by a non-management s taff member over a period of multiple years. The employee in question was dismissed upon d iscovery. The Art Institute commenced a forensic audit investigation and notified law enfo rement, with whom the Art Institute has cooperated fully in an ongoing investigation. The amount diverted is under investigation and exceeds the Form 990 reporting threshold of \$2 50,000. The relevant asset management procedures have been revised and more stringent cont rols implemented. The Institute anticipates the loss will be recoverable through insurance. The loss will not impact the Art Institute's operations.

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The 990 is prepared internally by the Institute's Accounting Office and reviewed by the EV P for Finance and Administration and an independent professional accounting firm. The Inst itute's management confers with legal and bond counsel as needed to complete the tax filin g. A full version of the Form 990 is presented to and reviewed by the Institute's Audit an d Risk Committee for comment, with the single exception that the Schedule B, Schedule of C ontributors, is redacted to omit the names and addresses of the individual contributors to preserve donor anonymity. An unmodified version of the complete 990 is reviewed by the Audit and Risk Committee Chair. Any questions or concerns identified by the Audit and Risk C ommittee are addressed and all appropriate changes are incorporated into the Form 990. Aft er all input has been addressed, the final public disclosure version of the 990 is distributed to all voting members of the Institute's board of Trustees prior to filing with the I RS. After the final version of the Form 990 has been distributed and time for comments has expired, management and staff file the final Form 990 as required.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Under the Institute's Conflict of Interest Policy, all members of the Board of Trustees, B oard of Governors, and Standing and Advisory Committees, and all officers and assistant of ficers of the Institute (collectively known as "Related Parties") must act in the best int erests of the Institute, without regard to their business, family, or personal activities and concerns. If a Related Party believes he or she has an actual or potential financial c onflict of interest, the Related Party shall immediately disclose such conflict to the Cha irman of the Board and to the Institute's General Counsel. The Related Party may not vote on, approve, or recommend any action or matter in which he or she has an actual or potential conflict of interest. When such matters are considered, the Related Party shall not be counted for purposes of determining whether there is a quorum. Financial interest or other activities that would constitute a conflict of interest if undertaken by a Related Party also constitute a conflict of interest if undertaken by an immediate family member of the Related Party and must be disclosed by the Related Party. The policy is distributed annual ly to all Related Parties. All voting Trustees, members of the Board of Governors, members of standing committees, Officers, and Vice Presidents are required to attest annually to their familiarity with the policy and to provide any information the Institute deems relev ant concerning any possible conflicts of interest. The annual conflict of interest replies are logged and monitored by the Institute's General Counsel's office.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Institute's Executive Committee, composed entirely of independent Trustees, approves c ompensation for the President and Director of the Museum and the President of the School. The Institute's Compensation and Benefits Committee, also composed entirely of independent Trustees, approves compensation for other employed officers and for certain key employees. The two committees use the following process in considering compensation. The Institute's outside compensation expert prepares a written compensation analysis report for each per son whose compensation is to be presented to either the Executive Committee or the Compensation and Benefits Committee. That report includes information such as a valuation of the proposed total remuneration, comparison data on total remuneration provided by similar institutions for similar services, an analysis of how the proposed remuneration compares to competitive practice, and conclusions on the competitive reasonableness of the proposed compensation. The report is provided to the relevant Committee in advance of the meeting. The Committee may also receive other written materials relevant to compensation, such as performance evaluations. At the meeting, the compensation expert and/or the Institute's Chief Human Resources Officer reviews the compensation analysis report with the Committee. The Committee also receives input from officers and Trustees on the performance of the persons being reviewed. Committee deliberations and the decisions on compensation are documented in contemporaneous meeting minutes. In the case of the President and the Director of the Museum, the President of the School, the Provost, and the Dean of Faculty of the School, the decisions may be reflected in employment contracts as well. This process is undertaken an nually.

Return Reference	Explanation
Part VI, Line 15b Process to establish	In addition to the process described for Line 15A, for key employees whose compensation is not reviewed and approved by the Compensation and Benefits Committee, their compensation is generally based on current independent salary surveys that are compiled by and maintain ed by the Institute's Human Resources Department and is decided by the employee's supervis or based on factors such as experience and performance.

Return Reference Explanation Form 990, The Institute's governing documents are available to the public via written request to the

Part VI, Line
19 Required
documents
available to
the public

Institute and in addition, in part through applicable governmental agencies. The Institut
e's financial statements are available to the public via the Institute's own website, via
the Illinois Attorney General's website and upon written request. The conflict of interest
policy is available to the public upon written request to the Institute.

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a, Column (B) Hours Per Week	The amount of hours per week devoted to position has been noted as 1 hour for all Trustees . The amount of actual hours per week devoted by each Trustee varies depending on the posi tion held and the committees the Trustee devotes time to.

Return	Explanation
Reference	
Form 990, Part VIII, Line 2f Other Program Service Revenue	Audio Tour Revenue - Total Revenue: 201651, Related or Exempt Function Revenue: 201651, Un related Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514; E xhibition Loan and Participant Fees - Total Revenue: 336938, Related or Exempt Function Revenue: 336938, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514; Museum Restaurant Commission - Total Revenue: 473513, Related or Exempt Function Revenue: 473513, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514; Student Newspaper - Total Revenue: 33193, Related or Exempt Function Revenue: 33193, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514; Teacher Workshop - Total Revenue: 1538, Related or Exempt Function Revenue: 1338, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514; Slide Production - Total Revenue: 6379, Related or Exempt Function Revenue: 6379, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514; Video Data Bank Rentals - Total Revenue: 303483, Related or Exempt Function Revenue: 303483, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514; MISC - Total Revenue: 562715, Related or Exempt Function Revenue: 562715, Unrel ated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514; Lecker/Checkroom Fees - Total Revenue: 211338, Related or Exempt Function Revenue: 211338, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514; Lecture Income - Total Revenue: 86796, Related or Exempt Function Revenue: 2245, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514; Cafeteria Rental Commissions - Total Revenue: 86796, Related or Exempt Function Revenue: 86796, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514; Copy Center Income - Total Revenue: 8796, Related or Exempt Function Revenue: 86796, Unr

Return Explanation
Reference

Form 990,	PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST15057246;
Part XI, Line	
9 Other	
changes in	
net assets or	
fund	
balances	

Return Reference	Explanation
Schedule B, 501(c)(3) Special Rule Explanation Special Rules, Box 1	The Art Institute of Chicago is exempt under two categories listed in Schedule A Part I: b ox 2, which describes a school under Section 170 (b) (1) (A) (ii) and box 7, which describ es an organization that normally receives a substantial part of its support from a governm ental unit or from the general public under Section 170 (b) (1) (A) (vi). The Art Institut e of Chicago has selected box 2, consistent with the instructions that only one applicable box should be checked. Since the Institute is also exempt under Schedule A, Part I box 7, Schedule B Parts I and II have been completed under the Special Rules Box 1 as the Institute has met the 33 1/3% support test of the regulations under sections 509 (a) (1) / 170 (b) (1) (A) (vi).

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -										DLN: 93493	137014	141
SCHEDULE R (Form 990) Department of the Treasury	> (Related(Complete if the orgal ► Go to <u>ww</u>	nization ar		s" on Form Form 990.	990, Part	IV, line 33	, 34, 35b,		37.		Open to	19 Public	
Internal Revenue Service Name of the organization									Emp	loyer identif	ication		ction	
The Art Institute of Chicago										167725				
Part I Identification	n of Disregarded E	ntities. Complete it	the organ	nization answ	vered "Ye	s" on Forn	n 990, Part	: IV, line 3	3.					
See Additional Data Table Name, address, and	(a) d EIN (if applicable) of disr	egarded entity		(b) Primary a		Legal dom	c) nicile (state n country)	(d) Total inc	ome	(e) End-of-year as	sets	(f Direct co ent		
related tax-exer	of Related Tax-Ex mpt organizations do (a) nd EIN of related organizat	uring the tax year.		ete if the org	(Legal dom	answered c) nicile (state in country)	Yes" on (d))	Public c	V, line 34 be (e) harity status on 501(c)(3))		(f) rect controlling entity	Section (13) cor	512(b) ntrolled
													Yes	No
For Panerwork Peduction A	at Matina and the To-	atuurationa fan E				at No. 5017	DEV.				C al-	adule P (Form	000) 20	10

Part III Identification of Related Organizations one or more related organizations treated				te if the or	ganizatio	n ans	wered "Ye	s" on Form	990,	Part I	V, line 34,	beca	use it	t had	
(a) Name, address, and EIN of related organization		(b) Primary activity	Primary Legal	(d) Direct controlling entity	Predom income(r unrela excluded tax ur sections	(e) Predominant ncome(related, unrelated, excluded from tax under sections 512-514)			(h) Disproprtionate allocations?		te Code V-UBI Gene amount in box man		ral or aging ner?	(k Percei owne	ntage
					314	•)			Yes	No		Yes	No		
Part IV Identification of Related Organizate because it had one or more related organizate.							zation ans	wered "Yes	on F	orm 9	990, Part I\	/, line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don	c) gal nicile r foreign		(d) controlling entity	Type (C cor	(e) of entity rp, S corp, trust)	(f) Share of total income		(g) e of end- year assets	-of- Perc	h) entage ership	Se (1	(i) ection ! !3) con entit	512(b) trolled
(4)AIC DD INC	Turra atmospha	coul	ntry)	The A	ek Twakibuska	C Caus	a matric m	(,		1 100 (,	-	Yes	No
(1)AIC - PP INC 190 Elgin Avenue George Town, Grand Cayman KY19005 CJ 98-0574645	Investments	C	J	of Chi	t Institute cago	C Corp	oration	(1 100 9	/ 0		Yes	
(2)Perpetual Trusts Held by Third Parties (6)	Fundraising	I	L	The All of Chi	t Institute cago	Trust							,	Yes	
(3)Charitable Remainder Trust (1)	Fundraising	I	L	The Al	t Institute cago	Trust							,	Yes	

Page **3**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule	

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No							
1 D	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
b	Gift, grant, or capital contribution to related organization(s)	1 b		No							
С	c Gift, grant, or capital contribution from related organization(s)										
d	Loans or loan guarantees to or for related organization(s)	1 d		No							
	Loans or loan guarantees by related organization(s)	1e		No							
f	Dividends from related organization(s)	1f		No							
g		1 g		No							
h	Purchase of assets from related organization(s)	1h		No							
	Exchange of assets with related organization(s)	1i		No							
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No							
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No							
l Performance of services or membership or fundraising solicitations for related organization(s)											
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No							
0	Sharing of paid employees with related organization(s)	10		No							
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes								
q	Reimbursement paid by related organization(s) for expenses	1 q		No							
r	Other transfer of cash or property to related organization(s)	1r		No							
	Other transfer of cash or property from related organization(s)	1s		No							
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.										
	(a) (b) (c) (d)										

Transaction type (a-s) Name of related organization Method of determining amount involved Amount involved

Schedule R (Form 990) 2019

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

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) Name, address, and EIN of entity (b) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

Schedule R (Form 990) 2019									
Part VII	Supplemental Information								
	Provide additional information for responses to questions on Schedule R. (see instructions).								
Return Reference		Explanation							

Additional Data

Name, address, and EIN (if applicable) of disregarded entity

Form 990, Schedule R, Part I - Identification of Disregarded Entities

Software ID: 19010655 Software Version: 2019v5.0

(c)

Legal Domicile

(State

or Foreign Country)

DE

DE

DE

DE

DE

DE

DE

DE

ΙL

(d)

Total income

99,655

67,154

34,946

10.808

305,461

-114,213

0

0

0

(e)

End-of-year assets

(f)

Direct Controllina

Entity

1,316,133 The Art Institute of Chicago

3,830,714 The Art Institute of Chicago

798,648 The Art Institute of Chicago

1,157,331 The Art Institute of Chicago

78,773 The Art Institute of Chicago

1,786,111 The Art Institute of Chicago

680,570 The Art Institute of Chicago

1,165,143 The Art Institute of Chicago

0 The Art Institute of Chicago

Name: The Art Institute of Chicago

(b)

Primary Activity

Investments

Investments

Investments

Investments

Investments

Investments

Investments

Investments

Consulting

111 South Michigan Avenue Chicago, IL 60603 20-5052348

111 South Michigan Avenue Chicago, IL 60603 36-2167725 AICHP LLC

111 South Michigan Avenue Chicago, IL 60603 36-2167725 AIC AA LLC

111 South Michigan Avenue Chicago, IL 60603 36-2167725

111 South Michigan Aveue Chicago, IL 60603 36-2167725

111 South Michigan Avenue Chicago, IL 60603 36-2167725 AIC MS SS LLC

111 South Michigan Aveune Chicago, IL 60603 36-2167725 AIC GS MEZZ LLC

111 South Michigan Avenue Chicago, IL 60603 36-2167725 AIC Ventures LLC

111 South Michigan Avenue Chicago, IL 60603 90-0708171

ATCCB LLC

AICGS LLC

AIC AX LLC

AIC BLK LLC

EIN: 36-2167725