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DLN: 93493133046616

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)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 cal	endar year, or tax year beginn	ing 07-01-2014 , and ending 06-3	30-2015			
B Ch	eck if a	applicable	C Name of organization The Art Institute of Chicago			D Empl	oyer ide	ntification number
┌ Ad	dress c	change	The first shadow of onlong o			36-2	16772!	5
П	me cha	ange	Doing business as					
┌ Ini	tıal retı	um						<u> </u>
Fir				f mail is not delivered to street address) R	loom/suite	E Telepr	one num	ber
ret	urn/ter	rmınated	111 South Michigan Avenue			(312) 443-3	600
☐ An	nended	l return		country, and ZIP or foreign postal code				
Гар	plicatio	n pending	Chicago, IL 60603			G Gross	receipts	5 406,324,533
			F Name and address of p	principal officer	H(a)	Is this a grou	n return	for
			·	·	'.(")	subordinates?		┌ Yes ┌ No
					H(b)	Are all subord included?	ınates	Γ Yes Γ No
I Ta	ıx-exer	mpt status	▼ 501(c)(3)	◀ (insert no)	7		n a list	(see instructions)
	loboit		w artic edu and www saic edu					
					H(c)	Group exemp	tion nur	mber F -
			Corporation Trust Associa	ation Other 🕨	L Ye	ear of formation 1	879 M	State of legal domicile IL
Pa	rt I	Sum	mary					
				sion or most significant activities				
		To found	l, build, maintain and operate i	nuseums, schools, and libraries of	art and theat	res		
ည္								
Ē								
Ē.	2	Check th	nis box দ if the organization	discontinued its operations or disp	osed of more	than 25% of its	s net as	sets
Governance								
26	3	Number	of voting members of the gove	erning body (Part VI, line 1a)			3	51
Activities &	4	Number	of independent voting member	rs of the governing body (Part VI, li	ne 1b)		4	51
Ĕ	5	Total nui	mber of individuals employed	ın calendar year 2014 (Part V, lıne	2a)		5	3,676
ফু	6	Total nui	mber of volunteers (estimate i	fnecessary)			6	700
				Part VIII, column (C), line 12 .			7a	3,200,905
	b	Net unre	lated business taxable incom	e from Form 990-T, line 34	<u> </u>		7b	
						Prior Year		Current Year
g,	8	Contri	butions and grants (Part VIII	, line 1 h)	· ·	81,911	,392	70,334,380
Revenue	9	Progra	im service revenue (Part VIII	, line 2g)	· ·	183,269	,958	183,444,132
3.	10			mn (A), lines 3, 4, and 7d)		37,657		46,616,207
<u> </u>	11		, , ,	A), lines 5, 6d, 8c, 9c, 10c, and 11	· —	12,502	,616	12,400,511
	12			11 (must equal Part VIII, column (315,341	.827	312,795,230
	13			art IX, column (A), lines 1–3).		35,470		38,464,886
	14			tIX, column (A), line 4)		,		0
	15			oyee benefits (Part IX, column (A),				
83		5-10)		(104,927	880,	111,542,626
Expenses	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)		126	,228	159,161
Ě	Ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) ► 7,953,437				
ш	17	Other	evnences (Dart IV column (A), lines 11a-11d, 11f-24e)		128,743	586	134,463,834
	18			must equal Part IX, column (A), line		269,267		284,630,507
	19			ne 18 from line 12	• —	46,074		28,164,723
		- INCVCIII	de less expellses oubtrace in			ginning of Curre		
8 €						Year		End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			1,542,543	,535	1,504,588,725
절품	21	Totall	liabilities (Part X, line 26) .			349,184	,034	320,631,101
žÏ	22	Net as	sets or fund balances Subtra	ct line 21 from line 20		1,193,359	.501	1,183,957,624
Pa	rt II	Sign	ature Block					
my k	nowle		belief, it is true, correct, and c	examined this return, including acc complete Declaration of preparer (c				
		****	**			2016-05-12		
Sigi	1		ature of officer			Date		
Her		Alison	n Sowden CFO					
			or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Pai	d	_	DELOTTE TAX LLP	DELOΠΤΕ TAX LLP		self-employed	P00855	06U4
	pare		Firm's name ► DELOITTE TAX LLP			Firm's EIN 🕨		
	On		irm's address 🟲 111 SOUTH WACKE	R DRIVE		Phone no (31	2) 486-10	000
	. •	,	CHICAGO, IL 60606	54301				

Form	1990 (2014)				Page
Par	t IIII Statement of Progra Check if Schedule O cont			ш	
1	Briefly describe the organization	n's mission			
art a of th exhil culti visua instr	purposes for which The Art Institute nd theatres, to provide support fate region, and to conduct and particular apermanent collection of object vate and extend the arts by approal artists, teachers of art, and destruction and entertainment, includingses	cilities in connection thei cipate in activities of nati its of art of all kinds, to pi priate means, To establis igners, to provide educat	ewith, to conduct appronant and international resent temporary exhibits and conduct compression services in written,	opriate activities conducive to significance, To form, conser- pitions including loaned object thensive programs of education, spoken and media formats, T	o the artistic developmen ve, research, publish, and is of art of all kinds, and t n, including preparation o o provide lectures,
2	Did the organization undertake a the prior Form 990 or 990-EZ?	ny significant program se	ervices during the year	which were not listed on	
	If "Yes," describe these new ser	vices on Schedule O			
3	Did the organization cease cond services?		t changes in how it co	nducts, any program · · · · · · · ·	
	If "Yes," describe these change:	s on Schedule O			
4	Describe the organization's progexpenses Section 501(c)(3) and the total expenses, and revenue	d 501(c)(4) organizations	are required to report		
4a	(Code) (Expe	nses \$ 145,464,862	ıncludıng grants of \$	38,464,886) (Revenue \$	160,890,742)
	The School of the Art Institute is an ac provides for the preparation of visual average academic year full-time-equiv	artists, teachers of art, designe	rs and others in areas that i	include written, spoken, and media f	ormats In fiscal year 2015
4b	(Code) (Expe	nses \$ 105,439,895	ıncludıng grants of \$) (Revenue \$	26,969,324)
	The Museum provides a variety of edu museum's internationally significant pe objects from other collections. Among Koudelka Nationality Doubtful, Heavy year 2015, the museum served 1 5 m	ermanent collection of art. The the exhibitions included in our en and Earth. Art of Byzantium	museum also presents tem fiscal year 2015 program w	porary exhibitions of international im ere the following Magritte The Mys	portance, which include loaned stery of the Ordinary, Josef
4 c	(Code) (Expe	nses \$	ıncludıng grants of \$) (Revenue \$)
4d	Other program services (Descr	ribe in Schedule O)			
	(Expenses \$	including grants of	f\$) (Revenue \$)
4e	Total program service expenses	250,904,757			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part 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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	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? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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? If "Yes," complete Schedule D, Part VIII	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 Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 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
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	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, or key employee? If "Yes," complete Schedule L, Part			
	<u> </u>	28a		No
		28b		No
С		28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	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	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Check if Schedule O contains a response or 1a Enter the number reported in Box 3 of Form 1096 E b Enter the number of Forms W-2G included in line 1a c Did the organization comply with backup withholding gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-	ter -0 - if not applicable Enter -0 - if not applicable rules for reportable payments t	1a 1b	871		Yes	.√ No
 b Enter the number of Forms W-2G included in line 1a c Did the organization comply with backup withholding gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W- 	Enter -0- if not applicable rules for reportable payments t	\vdash				
 c Did the organization comply with backup withholding gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W 	rules for reportable payments t	1b	1.0			
gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W			16			
			lors and reportable	1c	Yes	
Tax Statements, filed for the calendar year ending we by this return	th or within the year covered	2a	3,676	5		
b If at least one is reported on line 2a, did the organiz Note. If the sum of lines 1a and 2a is greater than 2				2b	Yes	
3a Did the organization have unrelated business gross	ncome of \$1,000 or more durir	ng the y	year [?]	За	Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "	lo" to line 3b, provide an explanat	tion in .	Schedule O	3b	Yes	
4a At any time during the calendar year, did the organiover, a financial account in a foreign country (such account)?	s a bank account, securities ac	ccount,	or other financial	4a		No
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN F (FBAR)	orm 114, Report of Foreign Ban	nk and I	Financial Accounts			
5a Was the organization a party to a prohibited tax she	er transaction at any time duri	ing the	tax year?	5a		No
b Did any taxable party notify the organization that it	,	-	•	5b		No
c If "Yes," to line 5a or 5b, did the organization file Fo	· · · ·					
		•		5с		
6a Does the organization have annual gross receipts the organization solicit any contributions that were not	ax deductible as charitable con	ntributi	ons?	6a		No
b If "Yes," did the organization include with every soli were not tax deductible?		hat su	ch contributions or gifts	6b		<u></u>
7 Organizations that may receive deductible contribu				l _	 	
a Did the organization receive a payment in excess of services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of thec Did the organization sell, exchange, or otherwise dis	-			7b	Yes	-
file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed do	ring the year	7d	C)		
e Did the organization receive any funds, directly or in contract?	directly, to pay premiums on a	person	al benefit	7e		No
$oldsymbol{f}$ Did the organization, during the year, pay premiums	directly or indirectly, on a pers	onal b	enefit contract?	7f		No
g If the organization received a contribution of qualified required?	intellectual property, did the o	organız • •	ation file Form 8899 as	7g		No
h If the organization received a contribution of cars, b Form 1098-C?		es, did t	the organization file a	7h		No
8 Sponsoring organizations maintaining donor advised Did a donor advised fund maintained by the sponsor during the year?	ng organization have excess bu	usiness	s holdings at any time	8		No.
9a Did the sponsoring organization make any taxable d		. 2		9a		No
b Did the sponsoring organization make a distribution				9b		No
10 Section 501(c)(7) organizations. Enter	ao, ao aavisoi, oi lei	.u.cu p		"		'*
a Initiation fees and capital contributions included on	Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, lin facilities		10b				
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders		11a				
b Gross income from other sources (Do not net amount against amounts due or received from them)	·	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. I	the organization filing Form 99) () ()		12a		No
b If "Yes," enter the amount of tax-exempt interest re		12b	24 31 1 31111 1 G 1 I .	124		
13 Section 501(c)(29) qualified nonprofit health insura	nce issuers.			†		
Is the organization licensed to issue qualified health Note. See the instructions for additional information	plans in more than one state?	n Sched	dule O	13a		No
b Enter the amount of reserves the organization is rec in which the organization is licensed to issue qualifi	ured to maintain by the states					
c Enter the amount of reserves on hand		13c		1		
14a Did the organization receive any payments for indoo	tanning services during the ta	x year	?	14a	L	No
b If "Yes," has it filed a Form 720 to report these pay	nents? <i>If "No," provide an explar</i>	nation ii	n Schedule O	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI														.[\tau
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--------

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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		3		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			110
	more members of the governing body?	7a		Νo
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		Νo
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	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 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 R	evenu	ıe Cod	e.)
Se		leveni	ue Cod Yes	e.) No
		evenu 10a		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed►AK, AL, CA, CO, DC, IL, KS, KY, MA, MD, MI, MS, ND, NH, NJ, NY, OH, OK, OR, SC, UT, VA, WA, WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 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)
- 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 ►Alison Sowden
 - 111 South Michigan Avenue
 - Chicago, IL 60603 (312) 499-4263

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

any hours for related organizations (W- organizations (W- organizations (W- organization (W- 2/1099-MISC) organization related	(A) Name and Title	for related organizations below		•	` `	organization and
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Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n ıs l	ne l both	box, an	heck unless officer stee)	•	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►		
C	Total from continuation sheets to Part VII, Section A	•		
d	Total (add lines 1b and 1c)	H	5,627,502	2,363,310

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►108

			Yes	NO				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	,						
	on the factor respectively for such marviaga.	3		No				
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such								
	ındıvıdual	4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No				

Section B. Independent Contractors

\$100,000 of compensation from the organization 1-17

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Twin Eagle Management 8847 S Sam Houston Parkway N Houston, TX 77040	Environmental Servic	2,162,076
US Equities Asset Mgmt 20 N Michigan Ave 400 Chicago, IL 60602	Bldg Maint Services	1,051,250
Eagle Capital Management LLC 499 Park Ave 17 New York, NY 10022	Financial Services	390,578
Ragnar Benson 250 S Northwest Hwy Park Ridge, IL 60068	Construction Service	331,550
DevBridge Group LLC 1659 W Hubbard Chicago, IL 60622	Technology Consult	328,557
2 Total number of independent contractors (including but not limited to those	listed above) who received more than	

Part V	•	Statement of Revenue											
Pait V			ule O contains a respon	se or note to any lir	ne in this Part VIII								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
w 90	1a	Federated cam	paigns 1a										
and the	ь	Membership du	es 1b	13,138,729									
9 Gr	l c	Fundraising eve	ents 1c	3,554,239									
ffs, r A	d	Related organiz											
<u>≘</u>		Government grants		6,055,722									
ns, Sin	e	_											
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions in the similar amounts no	ons, gifts, grants, and 1f ot included above	47,585,690									
중	g	Noncash contribute	ons included in lines	11,634,941									
Cont	h	Total. Add lines	s 1a-1f		70,334,380								
				Business Code									
E	2a	Member Program I	Revenues	900099	1,473,089	1,473,089							
ey ex	ь	Museum Admission		900099	14,842,471	14,842,471							
ο. E	c	Other Restricted Pi	rog Rev	900099	1,824,533	1,824,533							
<u> </u>	d	Proceeds from Sale		900099	3,435,927	3,435,927							
å =	e	Tuition and Fees		611600	157,659,929	157,659,929							
Program Serwce Revenue	f	All other progra	am service revenue		4,208,183	4,208,183							
چ	g	Total. Add lines	: 2a_2f		183,444,132								
	3		ome (including divident										
		and other simil	ar amounts)	•	6,559,507			6,559,507					
	4		tment of tax-exempt bond p	proceeds	157.270			157 270					
	5	Royalties	(1) Dool	(u) Damanal	157,270			157,270					
	6a	Gross rents	(ı) Real 3,176,637	(II) Personal									
	ь	Less rental	1,073,402										
	c	expenses Rental income	2,103,235										
	d	or (loss) Net rental inco	me or (loss)		2,103,235		98,844	2,004,391					
			(ı) Securities	(II) O ther									
	7a	Gross amount from sales of assets other than inventory	123,549,269										
	b	Less cost or other basis and sales expenses	83,492,569										
	С	Gain or (loss)	40,056,700		40.056.700			40.056.700					
	d 8a	Net gain or (los Gross income f	г		40,056,700			40,056,700					
Other Revenue	ou.	events (not inc \$3,554	luding ,239 s reported on line 1c)										
<u>.</u>			a	667,829									
돌	b c		penses b [(loss) from fundraising e	1,783,826	-1,115,997			-1,164,975					
•			rom gaming activities	vents p	-,,			-,,					
	ь	Lace direct en	penses b	26,045									
			(loss) from gaming activ	65,136 vities	-39,091			-39,091					
	10a	Gross sales of returns and allo		14,632,364									
	ь	Less costofa	oods sold b	7,114,370									
			(loss) from sales of inve		7,517,994	4,415,933	3,102,061						
		Miscellaneous	s Revenue	Business Code									
	11a	OtherInvest I	nc (Loss)	900099	3,777,100			3,777,100					
	Ь												
	С												
	d		ue [
	е		s 11a-11d	· · · •	3,777,100								
	12	Total revenue.	See Instructions	· · · •	312,795,230	187,860,065	3,200,905	51,350,902					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizatio	ns must complete column (A)
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Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. Al				
_	Check if Schedule O contains a response or note to any line in this	Part IX		 (c)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	38,464,886	38,464,886		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	6,270,902	3,871,730	1,929,643	469,529
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	83,467,176	70,639,159	9,253,656	3,574,361
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	531,093	281,232	126,536	123,325
9	Other employee benefits	15,302,963	12,604,090	1,994,807	704,066
10	Payroll taxes	5,970,492	4,986,214	726,563	257,715
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	742,064		742,064	
c	Accounting	531,784		531,784	
d	Lobbying	13,560	13,560		
e	Professional fundraising services See Part IV, line 17	159,161	,		159,161
f	Investment management fees	2,560,693		2,560,693	,
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,152,119	13,130,683		1,166,259
12	Advertising and promotion	2,776,990	2,755,472		21,518
13	Office expenses	10,543,728	9,195,678		872,320
14	Information technology	2,836,775	1,851,636	952,233	32,906
15	Royalties	187,561	187,561		·
16	Occupancy	21,489,830	· · · · · · · · · · · · · · · · · · ·	+ +	111,682
17	Travel	3,880,085	3,639,537		170,837
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	, ,	,	,
19	Conferences, conventions, and meetings	336,439	237,785	66,229	32,425
20	Interest	11,594,595			, ==
21	Payments to affiliates	18,980	18,980		
22	Depreciation, depletion, and amortization	27,196,166	26,163,948	1,032,218	
23	Insurance	1,442,037	1,442,037	<u> </u>	
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)				
а	Accessions/Books/Other Art	15,711,636	15,711,636		
ь	Other Nonoperating Expenditure	8,000,000	8,000,000		
С	Other FF&E and Related Maint	4,516,445	4,096,688	398,238	21,519
d	Exhibition Related Expenses	1,947,661	1,947,661		
e	All other expenses	2,984,686	2,496,188	252,684	235,814
25	Total functional expenses. Add lines 1 through 24e	284,630,507	250,904,757	25,772,313	7,953,437
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)				

Part X Balance Sheet

	T X	Check if Schedule O contains a response or note to any line	ın this	s Part X			· · · <u> </u>
	_				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	0
	2	Savings and temporary cash investments	•		16,188,728	2	17,014,990
	3	Pledges and grants receivable, net			51,574,077	3	51,275,171
	4	Accounts receivable, net		5,577,598	4	4,722,661	
	5	Loans and other receivables from current and former officer key employees, and highest compensated employees Com Schedule L	art II of		5	0	
Assets	6	Loans and other receivables from other disqualified persons section $4958(f)(1)$), persons described in section $4958(c)$ 0 employers and sponsoring organizations of section $501(c)(600000000000000000000000000000000000$	and contributing intary employees'		6	0	
8	7	Notes and loans receivable, net			3,932,311	7	3,915,727
Ą.	8	Inventories for sale or use			5,480,491	8	4,870,445
	9	Prepaid expenses and deferred charges		5.676.841	9	6,088,693	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	705,696,974	3,070,041	9	0,000,000
	Ь	Less accumulated depreciation	10b	238,352,874	454,132,724	10c	467,344,100
	11	Investments—publicly traded securities		585,728,113		546,595,234	
	12	Investments—other securities See Part IV, line 11	412,296,150		400,770,806		
	13	Investments—program-related See Part IV, line 11	, ,	13	0		
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			1,956,502		1,990,898
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,542,543,535		1,504,588,725
	17	Accounts payable and accrued expenses			32,846,583		40,948,024
	18	Grants payable		18	,,		
	19	Deferred revenue		20,993,964		20,389,928	
	20	Tax-exempt bond liabilities		282,999,736	20	230,139,601	
	21	Escrow or custodial account liability Complete Part IV of S		21			
lities	22	Loans and other payables to current and former officers, dir key employees, highest compensated employees, and disqu		21			
Liabiliti		persons Complete Part II of Schedule L				22	
Ï	23	Secured mortgages and notes payable to unrelated third pa	rties			23	
	24	Unsecured notes and loans payable to unrelated third partie				24	
	25	Other liabilities (including federal income tax, payables to rand other liabilities not included on lines 17-24) Complete					
		D			12,343,751	25	29,153,548
	26	Total liabilities. Add lines 17 through 25			349,184,034	26	320,631,101
ce s		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	▶ ⊽ :	and complete			
<u>lan</u>	27	Unrestricted net assets			183,571,905	27	176,898,403
<u>ස</u>	28	Temporarily restricted net assets			658,670,382	28	640,541,298
Ξ	29	Permanently restricted net assets			351,117,214	29	366,517,923
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), chec	k here	► and			
ō	20	complete lines 30 through 34.				20	
ets	30	Capital stock or trust principal, or current funds				30 31	
Assets	31	Paid-in or capital surplus, or land, building or equipment fur					
₩ 4	32	Retained earnings, endowment, accumulated income, or oth			1,193,359,501	32	1,183,957,624
Ŋet	33	Total net assets or fund balances				33	
	34	Total liabilities and net assets/fund balances	•		1,542,543,535	34	1,504,588,725

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		312,7	795,230					
2	Total expenses (must equal Part IX, column (A), line 25)	umn (A), line 25)								
3	Revenue less expenses Subtract line 2 from line 1	3		28,1	164,723					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,193,3	359,501					
5	Net unrealized gains (losses) on investments	5			779,818					
6	Donated services and use of facilities	6			·					
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)		-19,7	786,782						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,183,9	957,624					
Par	t XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				. Г					
				Yes	No					
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	ו							
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes						
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate								
	▼ Separate basis									
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	е 2с	Yes							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	3a	Yes						
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		3b	Yes						

Software ID: 14000265 **Software Version:** 2014v6.0

EIN: 36-2167725

Name: The Art Institute of Chicago

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more ti perso and a	ion (han o n is b	ne b oth	ox, ι an o	ınless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations		
(1) James N Bay	1 00	×						0	0	0		
Trustee (1) Anne Searle Bent	0 00											
Vice Chairman	0 00	х		х				0	0	0		
(2) Todd C Brown	1 00											
Trustee	0 00	X						0	0	0		
(3) Lisa Buonanno	1 00	×						0	0	0		
Trustee	0 00	_ ^						0	0	, and the second		
(4) Lester Coney	1 00	X						0	0	0		
Trustee (5) A Steven Crown	0 00						_					
		х						0	0	0		
Trustee (6) William M Daley	0 00											
Trustee	0 00	Х						0	0	0		
(7) Shawn M Donnelley	1 00							_				
Trustee	0 00	X						0	0	0		
(8) Janet Duchossois	1 00	×						0	0	0		
Trustee	0 00							Ů		Ů		
(9) Fred Eychaner	1 00	X						0	0	0		
Trustee (10) Rebecca Ford Terry	0 00			-		-						
		х						0	0	0		
Trustee (11) Jay Franke	1 00											
Trustee	0 00	X						0	0	0		
(12) Denise B Gardner	1 00	, , , , , , , , , , , , , , , , , , ,						0	0	0		
Trustee	0 00	X						0	Ů.	Ů		
(13) Sarah Nava Garvey	1 00	l x						0	0	0		
Trustee (14) Matthew R Gibson	0 00			_	_							
		X						0	0	О		
Trustee (15) James A Gordon	0 00											
Trustee	0 00	X						0	0	0		
(16) Kenneth C Griffin	1 00	, , , , , , , , , , , , , , , , , , ,										
Trustee	0 00	X						0	0	0		
(17) Joseph Gromackı	1 00	x						0	0	0		
Trustee	0 00							Ů	Ů	, and the second		
(18) Ann E Grube	1 00	X						0	0	0		
Trustee (19) Darrel Hackett	0 00											
Trustee	0 00	Х						0	0	0		
(20) Caryn Harris	1 00											
Trustee	0 00	X						0	0	0		
(21) John W Jordan II	1 00	×						0	0	0		
Trustee	0 00						_			<u> </u>		
(22) Pamela Joyner	1 00	X						0	0	0		
Trustee (23) Rita Knox	0 00						<u> </u>					
		x						0	0	О		
Trustee (24) Jay Krehbiel	1 00											
Trustee	0 00	X						0	0	0		
						-		I.	1	1		

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and					
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			related organizations	
(26) Eric Lefkofsky	1 00	х						0	0	0	
Trustee (1) Lawrence Levy	0 00										
		x						0	0	0	
Trustee (2) Robert M Levy	0 00										
Chairman, new	0 00	X		Х				0	0	0	
(3) Timothy P Maloney	1 00	x						0	0	0	
Trustee	0 00							Ů			
(4) John F Manley	1 00	x						0	0	0	
Trustee (5) Joe Mansueto	0 00										
	0 00	х						0	0	0	
Trustee (6) Nancy McDougal	1 00	x						0	0	0	
Trustee	0 00	_ ^						0	0	0	
(7) Eric T McKissack	1 00	×						0	0	0	
Trustee (8) Cary D McMillan	1 00										
Vice Chairman	0 00	×		х				0	0	0	
(9) Samuel Mencoff	1 00										
Trustee	0 00	X						0	0	0	
(10) Sylvia M Neil	1 00	х						0	0	0	
Trustee (11) Dustin O'Regan	0 00										
Trustee	0 00	x						0	0	0	
(12) Cynthia Perucca	1 00									0	
Trustee	0 00	Х						0	0	0	
(13) Anne Pramaggiore	1 00	l x						0	0	0	
Trustee	0 00										
(14) Thomas J Pritzker	1 00	x		х				0	0	0	
Chairman,former (15) Bob Rennie	1 00										
Trustee	0 00	X						0	0	0	
(16) J Christopher Reyes	1 00	x						0	0	0	
Trustee	0 00	_ ^						0	0	0	
(17) Linda Johnson Rice	1 00	x x						0	0	0	
Trustee (18) Andrew M Rosenfield	0 00										
		x		х				0	0	0	
Vice Chairman (19) Michael Sacks	1 00										
Trustee	0 00	X						0	0	0	
(20) Stephanie Sick	1 00	x						0	0	0	
Trustee	0 00							Ů	0	0	
(21) Prabhakant Sınha	1 00	×						0	0	0	
Trustee (22) Marilyon Thoma	0 00										
(22) Marilynn Thoma		x						0	0	0	
Trustee (23) Byron D Trott	0 00										
Trustee	0 00	X						0	0	0	
(24) David J Vitale	1 00	x		Х				0	0	0	
Vice Chairman	0 00	_ ^									

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (d nan o n is b	ne booth a	ox, u an of trus	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	, ,	, ,	related organizations	
(51) Frederick H Waddell	1 00	l x		x				0	0	0	
Treasurer	0 00							,			
(1) Douglas Druick	40 00			X				637,169	0	742,044	
Pres & Dir, Mus	0 00							,	-		
(2) Julia Getzels	40 00			х				390,559	0	141,785	
EVP & Gen Couns	0 00							·			
(3) Alison Sowden	40 00			Х				238,363	0	42,447	
EVP & CFO	0 00							·		·	
(4) Walter Massey	40 00			х				565,713	0	23,915	
President, Sch	0 00										
(5) David Thurm	40 00				Х			476,153	0	46,365	
COO Museum (6) Elissa Tenny	0 00 40 00						-				
					х			317,999	0	75,078	
Provost/SVP Acad Affairs (7) Elizabeth Grainer	0 00 40 00										
					Х			194,012	0	153,584	
VP of Aux Ops (8) Lisa Wainwright	0 00 40 00										
					Х			234,970	0	42,879	
Faculty Dean/VP Acad Admin (9) Rose Milkowski	0 00 40 00										
					Х			195,756	0	20,882	
VP for Enrollment Mgmt (10) Brian Esker	0 00 40 00										
VP of Finance and Admin SAIC	0 00				Х			212,501	0	86,284	
(11) Tom Buechele	40 00										
VP for Campus Operations	0 00				Х			183,495	0	87,705	
(12) Martha Tedeschi	40 00										
Deputy Director for Art & Research	0 00				Х			197,585	0	192,125	
(13) Michael Nicolai	40 00										
VP for Human Resources	0 00				Х			209,551	0	71,334	
(14) Eve Jeffers	40 00								_		
VP for Museum Development	0 00				X			422,745	0	45,865	
(15) Gordon Montgomery	40 00					,		274 657		40.000	
VP of Marketing	0 00					X		271,657	0	49,809	
(16) Eugene Adams	40 00					,,		206 252	0	122.750	
VP of IS/CIO	0 00					Х		206,252	0	123,759	
(17) Judith Kirshner	40 00					х		207,628	0	16,532	
Dpty Dır, Educ	0 00							207,020	0	10,332	
(18) Patricia Lawson	40 00					x		254,358	0	67,764	
Controller	0 00							231,330		37,734	
(19) Dorothy Schroeder	40 00					×		211,036	0	333,154	
VP, Exhibitions	0 00							,		<u>,</u>	

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		ne organization ute of Chicago		Employer identification number				
THE A	it mstitt	nte or Criicago					36-2167725	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this r		ns.
		zation is not a private f						
1	Ē	A church, convention		· ·	= -	•	•	
2	Ī	A school described in				•	- / (- / (- / (- /	
3	<u></u>	A hospital or a cooper	=		· ·	tion 170(h)(1)	(Δ)(iii)	
4	<u>'</u>	A medical research or		=				i) Enter the
7	'	hospital's name, city,		erated in Conjunction v	vicii a nospitai u	lescribed iii se t		. Litter the
5	Γ	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	r operated by	a governmental unit d	escribed in
		section 170(b)(1)(A)						
6	Г	A federal, state, or loc			described in se	ection 170(b)(1	L)(A)(v).	
7	Ē	An organization that n						eneral public
	•	described in section 1				a g		, - · · - · · · · · · · · · · ·
8	Γ	A community trust de	scribed in sec	tion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	Γ	An organization that n	ormally receiv	ves (1) more than 33:	1/3% of its supp	ort from contri	butions, membership	fees, and gross
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses
		acquired by the organ	ızatıon after Jı	une 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)	
10	Γ	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ty See sectio i	n 509(a)(4).	
11	Γ	An organization organ	ized and opera	ated exclusively for th	e benefit of, to p	erform the fun	ctions of, or to carry o	out the purposes of
		one or more publicly s						
_	_	the box in lines 11a th	_			_		
а	ı	Type I. A supporting of supported organization						
		organization You mus				cy of the direct	ors or crustees or the	Supporting
b	Γ	Type II. A supporting				with its suppo	rted organization(s), l	by having control or
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) You
	_	must complete Part I						
С	ı	Type III functionally supported organizatio						grated with, its
d	Г	Type III non-function						ianization(s) that is
	•	not functionally integr						
	_	(see instructions) Yo						
е	ı	Check this box if the					s a Type I, Type II, T	ype III functionally
f		integrated, or Type II Enter the number of s						
_		Provide the following i						
g		Trovide the following i	mormation ab	out the supported orga	inizacion(3)			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	nanization	(v) A mount of	(vi) A mount of
		organization	(, -1	organization	listed in your	governing	monetary support	other support (see
		-		(described on lines	docume	nt?	(see instructions)	ınstructions)
				1 - 9 above or IRC				
				section (see instructions))				
				mstructions))	Yes	No		

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ 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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c 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

Pa	rt IV Supporting Organizations (continued)			
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 operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
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.	2b		
3				
	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.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Support Schedule Other Income Explanation	Fundraising events and gaming activities not included elsewhere
Support Schedule Additional Supplemental Information	Part I, Line 2 - 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 selected box 2, because per instructions only one applicable box should be checked Schedule A, Part IIDetail for Schedule A, Part IILine 1 - column (a) 73,773,796, (b) 56,738,216, (c) 46,154,437, (d) 76,297,506, (e) 64,644,760, (f) 317,608,715Line 2 - column (a) 6,137,801, (b) 5,537,103, (c) 5,575,830, (d) 5,613,886, (e) 5,689,620, (f) 28,554,240Line 4 - column (a) 79,911,597, (b) 62,275,319, (c) 51,730,267, (d) 81,911,392, (e) 70,334,380, (f) 346,162,955Line 5 - column (f) 16,214,697Line 6 - column (f) 329,948,258Line 7 - column (a) 79,911,597, (b) 62,275,319, (c) 51,730,267, (d) 81,911,392, (e) 70,334,380, (f) 346,162,955Line 8 - column (a) 9,224,506, (b) 10,658,164, (c) 10,073,071, (d) 9,602,085, (e) 9,794,570, (f) 49,352,396Line 10 - column (a) 764,224, (b) 820,392, (c) 902,527, (d) 754,785, (e) 693,874, (f) 3,935,802Line 11 - column (f) 399,451,153Line 12 - column (f) 959,044,821Line 14 82,60%Line 15 82,13%Line 16a, X

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493133046616

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- ◆ Section 527 organizations Complete Part I-A only

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** The Art Institute of Chicago 36-2167725 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? √ No Was a correction made? ✓ No ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	filed Form 5768 (election under section 501(h)).	(a	1)	(b)
	or each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ctivity.		No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	O ther activities?	Yes		14,39
j	Total Add lines 1c through 1i			14,39
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, Part III-B line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political ex Taxable an

Supplemental Information		
mount of lobbying and political expenditures (see instructions)	5	
openditure next year?	4	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 11 - Other Activities Description	Line 1g has been answered "yes" because two members of School administration participated in a private colleges meeting between members of the National Association of Independent Colleges and Universities and a U.S. Senator with the intention to seek continued support of private colleges. There were no expenditures made in relation to this meeting. The amount in line 11 represents the Art Institute of Chicago's portion of funds utilized by Museums in the Park for lobbying activities (\$13,560) and a good faith estimate of the percentage of membership dues paid to the National Association of Independent Colleges and Universities (\$834) that supported lobbying

Part IV Supplemental Information (continued)					
Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133046616

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

	me of the organization e Art Institute of Chicago		Employer identification number
Pa	rt I Organizations Maintaining Donor Ad	dvised Funds or Other Similar	36-2167725 Funds or Accounts. Complete if the
	organization answered "Yes" to Form 99		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o	_	onor advised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit?		
a	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation of protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	on or education) Preservation of a	an historically important land area a certified historic structure n the form of a conservation
	easement on the last day of the tax year		Hallanda Falasida Vara
a	Total number of conservation easements		Held at the End of the Year
a b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his		2c
d	Number of conservation easements included in (c) ac historic structure listed in the National Register	• •	2d
	Number of conservation easements modified, transfe	rred, released, extinguished, or termina	ited by the organization during
	the tax year 🛌		
	Number of states where property subject to concerv	stion opcoment is located by	
	Number of states where property subject to conserva		andling of wolstrone and
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		☐ Yes ☐ No
	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation eas	ements during the year
	-		
	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easemer	nts during the year
	▶ \$		
	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(II)?	(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
	In Part XIII, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financi	
ar	t III Organizations Maintaining Collectio Complete if the organization answered "		s, or Other Similar Assets.
a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote	sets held for public exhibition, education	n, or research in furtherance of public
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide the following amounts relating to the	sets held for public exhibition, education	
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶- \$
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		for financial gain, provide the
a	Revenue included in Form 990, Part VIII, line 1	-	▶ \$
Ь			
_	Assets included in Form 990, Part X		▶ \$

Par	Organizations Maintaining Co	llections of Art,	Histor	ical Trea	sures, or Otl	ner Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, check	any of the	following that are	a significant use	of its
а	Public exhibition		d ⊾	Loan or e	exchange progra	ms	
b	Scholarly research		е Г	Other			
c	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	how the	y further tl	he organızatıon's	exempt purpose i	n
5	During the year, did the organization solicit						F., F.,
Day	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the	•					Yes V No
FCI	Part IV, line 9, or reported an ar					res to roini s	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other intermed	ıary for	contributio	ns or other asset		┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XI	I and complete the fo	llowing	table			
							nount
С	Beginning balance				1		
d	Additions during the year				1		
e	Distributions during the year				1		
f	Ending balance				1		
2a	Did the organization include an amount on Fo	orm 990, Part X, line ?	21, for e	scrow or c	ustodial account	liability?	「Yes
ь	If "Yes," explain the arrangement in Part XI.						<u> ' </u>
Pa	rt V Endowment Funds. Complete	If the organization (a)Current year	answei (b)Prior			Part IV, line 10. (d)Three years back	(e)Four years back
1a	Beginning of year balance	(a) current year		,433,675	804,735,325	842,590,142	663,913,585
b	Contributions	39,741,238	30	,936,999	6,403,600	13,042,836	67,894,964
c	Net investment earnings, gains, and losses	32,661,422	140	,438,324	104,193,471	-7,062,856	151,400,848
d	Grants or scholarships	3,465,407		,248,116	3,098,618	2,977,788	3,082,178
e	Other expenditures for facilities and programs	108,323,033	40	,800,273	39,156,633	38,205,259	35,698,555
f	Administrative expenses	2,560,693	2	,657,950	2,643,470	2,651,750	1,838,522
g	End of year balance	962,156,186	1,004	,102,659	870,433,675	804,735,325	842,590,142
2	Provide the estimated percentage of the cur	rent year end balance	(line 1	j, column (a	a)) held as		
а	Board designated or quasi-endowment ►	34 000 %					
b	Permanent endowment ► 38 000 %						
c	Temporarily restricted endowment > 28 to 2	000 % uld equal 100%					
За	Are there endowment funds not in the posse	ssion of the organizat	on that	are held ar	nd administered 1	or the	
	organization by						Yes No
	(i) unrelated organizations		• •			3a(_
ь	(ii) related organizations			dule R?.			
4	Describe in Part XIII the intended uses of the	<u>=</u>					
Par	t VI Land, Buildings, and Equipme		e orga	nization a	nswered 'Yes'	to Form 990, Pa	irt IV, line
	11a. See Form 990, Part X, line Description of property	10.		Cost or othe		r (c) Accumulated depreciation	(d) Book value
						·	<u> </u>
	Land		<u> </u>		35,057,09		35,057,096
	Buildings		<u> </u>		58,517,83	+	
	Leasehold improvements		.		587,493,10	<u> </u>	
	Equipment		. ⊢		23,400,75 1,228,12		
	Other		<u> </u>	(B), line 100		1,222,119	467,344,100
	,	. , , , , ,		. ,,1			(Form 990) 2014

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year i	market value
(1) Financial derivatives			
(2)Closely-held equity interests Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	400,770,806		
Part VIII Investments—Program Related. Co	mplete if the organization	n answered 'Yes' to Fo	rm 990, Part IV, line 11c.
See Form 990, Part X, line 13.	1		
(a) Description of investment	(b) Book value	(c) Method of va	
	•		
Part IX Other Assets. Complete if the organization			Form 990 Part X line 15
(a) Descri		, raitiv, ille ille See i	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	i.)		
Part X Other Liabilities. Complete if the orga			ine 11e or 11f. See
Form 990, Part X, line 25.		· '	
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Pension Liability	25,403,490		
Refundable Advances	3,750,058		
Total (Column (h) must equal Form 000, Part V, col (P) line 35	20.452.545		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	29,153,548	h	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

Part		evenue per Audited Financial Statements With yered 'Yes' to Form 990, Part IV, line 12a.	Revenue per	r Return Complete if
1		r support per audited financial statements		1 283,586,161
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) of	·	17,779,818	
b		icilities	881,492	
c		2c		
d			-9,750,050	
e	Add lines 2a through 2d .			2e -26,648,376
3	_		<u> </u>	3 310,234,537
4		D, Part VIII, line 12, but not on line 1	· · · · ⊢	310,234,337
			2.560.602	
a	·	ided on Form 990, Part VIII, line 7b . 4a	2,560,693	
b				2.560.602
_ C				4c 2,560,693
5		4c. (This must equal Form 990, Part I, line 12)		5 312,795,230
Part		xpenses per Audited Financial Statements With swered 'Yes' to Form 990, Part IV, line 12a.	ı Expenses p	per Return. Complete
1		audited financial statements	🗆	1 292,988,038
2	·	not on Form 990, Part IX, line 25	<u> </u>	
a		cilities	881,492	
b				
c				
d			10,036,732	
				10.019.324
e	_			2e 10,918,224
3			· · · -	3 282,069,814
4), Part IX, line 25, but not on line 1:		
а		ided on Form 990, Part VIII, line 7b 4a	2,560,693	
b		4b		
С			<u> </u>	4c 2,560,693
5		d 4c. (This must equal Form 990, Part I, line 18)	<u> </u>	5 284,630,507
	XIII Supplemental Inf			
		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lii lines 2d and 4b, and Part XII, lines 2d and 4b Also complet		rovido any additional
	nation	miles 2d and 4b, and rait A11, miles 2d and 4b A150 complet	e this part to pr	Tovide ally additional
	Return Reference	Explanation		
Dort II	I, Line 1a If organization	From Page 8 of the Institute's Audited Financial Statement:		and Library Collections
	d under SFAS 116 to not report storical treasures, o	The value of the art objects in the permanent collection, and from the Statements of Financial Position. Additions to the gifts, bequests, or through purchases using Institute acquismay be classified as permanently restricted, for which only may be used for acquisitions, temporarily restricted, for whimay be used for acquisitions, or unrestricted, representing for acquisitions. The withdrawal of works of art from the colleaccordance with a formal policy adopted in 1975 and last regenerally offered for sale at a public auction and the proceed temporarily restricted for the purchase of works of art. All ware held for public exhibition, education, or research, are prand preserved, and are subject to strict organizational polic. Institute's permanent collection is not subject to reasonable included in the Statements of Financial Position."	permanent collection funds Instituted income earn the income earn the prince funds designated in fiscal years of art and cotected, kept until the institutes governing the institutes governing the institutes of art and cotected, kept until the institutes governing the institutes governing the institutes of art and cotected, kept until the institutes governing the institutes governing the institutes governing the institutes governing the institutes and control in the institute of	ection are made either by stitute acquisition funds ned on principal balances neipal and earned income ed by the Board to be used stitute is performed in year 2013. The objects are spositions are classified as certain library collections heir use. The value of the
organı	I, Line 4 Description of zation's collections and how it s its purpose	The Institute's permanent collection consists of art objects works of art and certain library collections are held for publi furtherance of the Institute's exempt purpose		
Part V	, Line 4 Intended uses of the ment fund	The Institute establishes endowment funds for the purpose preserves the real value of the endowment principal and pro fulfill the purposes for which the endowments were establish of the Board of Trustees determines the method to be used expenditure. The Institute's spendable endowment payout formula. Depending upon market conditions and the needs appropriations for expenditure from individual endowments in preservation of the endowment or in excess of the spending Executive Committee.	vides spendable led The Institut to appropriate e formula is a cont ind available res may be temporai	e funds that can be used to te's Executive Committee endowment funds for trolled growth distribution sources of the Institute, irily suspended to facilitate
Part X	FIN48 Footnote	From Page 11 of the Institute's Audited Financial Statement corporation exempt from federal income tax under Section 5 organization described in Section 501(c)(3), the Institute is taxes. Despite the general exemption from income taxation, state income tax at corporate rates on its unrelated busines. Board Accounting Standards Codification ("ASC") 740, Incomodel for how an institution should recognize, measure, prestatements uncertain tax positions that the institution has For federal purposes, the Institute has reported federal net \$7.8 million for tax periods through June 30, 2014. The Institute the NOL through June 30, 2015, as the NOL calculation, which is not yet available. These NOLs will expand 2033. The Institute has not recorded a tax benefit for the 2015 and 2014, respectively, because it is unlikely that the benefit. "The financial statements did not report uncertain the second of the sec	501(a) of the Int is similarly exem , the Institute is sis income Finan- ome Taxes, pre- sent, and disclo- taken or expects operating losses stitute does not l ulation is reliant ire, if not utilized hese NOLs for the Institute will be	ternal Revenue Code, as an opt from state income is subject to federal and ocial Accounting Standards escribes a comprehensive is in its financial is to take on a tax return is (NOLs) of approximately have the ability to to tupon third-party ed, between the years 2025 the years ended June 30,
	II, Line 2d Other expenses	Cost of Goods Sold \$7114370 Rental Expenses \$107340	1 Direct Expens	es - Special Events
and lo	sses per audited F/S	\$1783825 Direct Expenses - Raffles \$65136		

Jenedale 2 (1 31111 33 3) 23 13		r age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493133046616

OMB No 1545-0047

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization The Art Institute of Chicago

Employer identification number

36-2167725 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 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? 2 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," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 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 with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 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 Νo a Students' rights or privileges? 5a **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 Νo f Use of facilities? 5f Νo g Athletic programs? No_ 5g h Other extracurricular activities? 5h Νo 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? 6a h Has the organization's right to such aid ever been revoked or suspended? Νo 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

Part II 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
Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency	Part I, Line 6a - The Institute receives federal financial aid funding from the Department of Education under the following programs Federal Pell Grant ProgramFederal Supplemental Educational Opportunity Grants ProgramFederal Work Study Program
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized	The nondiscriminatory policy is publicized in a variety of materials, including the student bulletin, the course schedule issued each semester, initial marketing material, and the student handbook.
Schedule E, Line 4 - Explanation of Records and Materials Not Maintained	
Schedule E, Line 5 - Explanation of Organization Discrimination by Race	

Schedule E (Form 990 or 990-EZ) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133046616

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Department of the Treasury

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Internal Revenue Service					Trispection
Name of the organization				Employer ident	fication number
The Art Institute of Chicago					
				36-2167725	
Part I General Informa "Yes" to Form 990,	i tion on Activitio , Part IV, line 14b	es Outside tl	ne United States. Co	omplete if the organiz	ation answered
1 For grantmakers. Does to and other assistance, the					
used to award the grants	-		•		┌ Yes ┌ No
2 For grantmakers. Describe assistance outside the Ur		ganızatıon's p	rocedures for monitori	ng the use of its grant	s and other
3 Activites per Region (The fo	ollowing Part I, line 3	B table can be d	uplicated if additional spa	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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 and investments in region
(1) See Add'l Data		-			
(2)					
(3)					
(4)					
(5)					
3a Sub-total					1,266,146
b Total from continuation shed to Part I	ets				322,450,761
c Totals (add lines 3a and 3b))				323,716,907
For Paperwork Peduction Act Notice	soo the Instructions	for Form 000	Cat	No 50082W Schedu	le E (Form 990) 2014

Schedule F (Form 990) 2014

Pē				izations or Entitle ived more than \$5,0		•			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are re or counsel has pro					
3	Enter total nun	nber of other or	ganizations or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part 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	Г	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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; do not file with Form 990)	Γ	Yes	∀	Νo
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)	দ	Yes	Γ	Νo
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)	্ব	Yes	Γ	Νo
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)	্ব	Yes	Г	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 file Form 5713, International Boycott Report (see Instructions for Form 5713: do not file with Form 990)	Г	Yes	অ	No

Schedule F (Form 990) 2014

Additional Data

Software ID: 14000265

Software Version: 2014v6.0

EIN: 36-2167725

Name: The Art Institute of Chicago

Schedule F (Form 990) 2014

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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
EUROPE	0	0	PROGRAM SERVICES	EXHIBITIONS	487,860
NORTH AMERICA	0	0	PROGRAM SERVICES	EXHIBITIONS	76,026
SOUTH ASIA	0	0	PROGRAM SERVICES	EXHIBITIONS	119,064

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	PROGRAM SERVICES	EXHIBITIONS	5,158		
RUSSIA AND THE NEWLY INDEPEND	0	0	PROGRAM SERVICES	EXHIBITIONS	5,235		
SOUTH AMERICA	0	0	PROGRAM SERVICES	EXHIBITIONS	5,602		

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			
EUROPE	0	0	PROGRAM SERVICES	RESEARCH	225,669			
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	5,003			
SOUT ASIA	0	0	PROGRAM SERVICES	RESEARCH	44,540			

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	PROGRAM SERVICES	RESEARCH	7,255		
RUSSIA AND THE NEWLY INDEPEND	0	0	PROGRAM SERVICES	RESEARCH	1,221		
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	9,946		

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he 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
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH	5,583
EUROPE	0	0	PROGRAM SERVICES	STUDY TRIPS	175,810
NORTH AMERICA	0	0	PROGRAM SERVICES	STUDY TRIPS	23,224

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			
SOUTH ASIA	0	0	PROGRAM SERVICES	STUDY TRIPS	30,948			
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY TRIPS	38,002			
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDY TRIPS	400			

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ies Outside T</u>	he 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
CENTRAL AMERICA & CARIBBEAN	0	0	PROGRAM SERVICES	STUDY TRIPS	1,485
EUROPE	0	0	PROGRAM SERVICES	RECRUITING	14,956
NORTH AMERICA	0	0	PROGRAM SERVICES	RECRUITING	15,353

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he 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
SOUTH ASIA	0	0	PROGRAM SERVICES	RECRUITING	11,970
EAST ASIA AND THE PACFIC	0	0	PROGRAM SERVICES	RECRUITING	98,901
SOUTH AMERICA	0	0	PROGRAM SERVICES	RECRUITING	11,692

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				
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RECRUITING	2,057				
EUROPE	0	0		CONF, LECTURES, OTHER EDUCAT	54,019				
NORTH AMERICA	0	0		CONF, LECTURES, OTHER EDUCAT	21,237				

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	PROGRAM SERVICES	CONF, LECTURES, OTHER EDUCAT	18,722					
RUSSIA AND THE NEWLY INDEPEND	0	0	PROGRAM SERVICES	CONF, LECTURES, OTHER EDUCAT	178					
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CONF, LECTURES, OTHER EDUCAT	335					

Form 990 Schedule F	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	_						
CENTRAL AMERICA & CARIBBEAN	0	0		CONF, LECTURES, OTHER EDUCAT	4,468						
EUROPE	0	0	PROGRAM SERVICES	SAIC EXHIBITIONS	19,329						
SOUTH ASIA	0	0	PROGRAM SERVICES	SAIC EXHIBITIONS	4,681						

Form 990 Schedule F	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	PROGRAM SERVICES	SAIC EXHIBITIONS	12,558							
EUROPE	0	0	PROGRAM SERVICES	MEMBER TRAVEL	21,436							
NORTH AMERICA	0	0	PROGRAM SERVICES	MEMBER TRAVEL	5,735							

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	PROGRAM SERVICES	MEMBER TRAVEL	5,220					
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	MEMBER TRAVEL	1,913					
EUROPE	0	0	PROGRAM SERVICES	MARKETING/PUBLIC RELATIONS	3,432					

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					
NORTH AMERICA	0	0	PROGRAM SERVICES	MARKETING/PUBLIC RELATIONS	420					
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MARKETING/PUBLIC RELATIONS	3,628					
CENTRAL AMERICA & CARIBBEAN	0	_	PASSIVE INVESTMENTS	N/A	321,452,642					

Form 990 Schedule F I	orm 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)	(d) is a program service, describe specific type of service	(f) Total expenditures for region							
EUROPE	0		PASSIVE INVESTMENTS	N/A	663,994							

DLN: 93493133046616

Department of the Treasury

(Form 990 or 990-EZ)

Mail solicitations

Phone solicitations

Internet and email solicitations

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to 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.

Supplemental Information Regarding

Open to Public

Internal Devenue Conves	F Attach to Folin 990 of Folin 990-LZ.		
Internal Revenue Service	► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.go	v/form990.	Inspection
Name of the organization		Employer iden	tification number
The Art Institute of Chicag	go		
		36-2167725	

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply

> e 🔽 Solicitation of non-government grants Solicitation of government grants

▼ Special fundraising events

d	In-person solicitation	าร					
2a	Did the organization have or key employees listed i						✓ Yes ✓ N
b	If "Yes," list the ten higher to be compensated at lea			fundraisei	rs) pursuant to agreeme	nts under which the fun	draiser is
((i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
1	SD&A Teleservs 5757 W Century	Telemarketing		No	212,127	159,161	52,966
	Los Angele, CA 90045						
2	,						
3							
4							
5							
6							
7							
8							
9							
10							
Γota	al			.	212,127	159,161	52,966

Sche	dule	G (Form 990 or 990-EZ) 2014				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1 Women's Board Irish	(b) Event #2 The Walk	(c) Other events	(d) Total events (add col (a) through col (c))
			Gala	(event type)	(total number)	(3),
Ф			(event type)			
Revenue	1	Gross receipts	1,750,505	632,655	1,838,908	4,222,068
Rey	2	Less Contributions	1,671,530	514,645	1,368,064	3,554,239
_	3	Gross income (line 1 minus line 2)	78,975	118,010	470,844	667,829
	4	Cash prizes				
မွာ	5	Noncash prizes				
ense.	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct	8	Entertainment				
à	9	Other direct expenses .	406,431	609,613	767,782	1,783,826
	10	Direct expense summary Add lir	nes 4 through 9 in columr	n (d)		(1,783,826)
	11	Net income summary Subtract li	ne 10 from line 3, columi	n (d)		-1,115,997
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue		\$13,000 SH 1 SHH 330 E2, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>R</u>	1	Gross revenue			26,045	
Ses	2	Cash prizes				
Çeu	3	Non-cash prizes				
Direct Expenses	4	Rent/facility costs				
<u>_</u>	5	Other direct expenses			65,136	65,136
	6	Volunteer labor	✓ Yes	┌ Yes % No	✓ Yes100 000 %✓ No	
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		65,136
	8	Net gaming income summary Subt	tract line 7 from line 1, co	olumn (d)		-39,091
9	Ent	er the state(s) in which the organize	ation conducts gaming ac	tivities II		•
a b	Ist	the organization licensed to conduc No," explain	t gaming activities in eac	h of these states?		. V Yes No
						1
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	

Sched	dule G (Form	990 or 990-EZ) 2014			Page 3
11	Does the or	ganızatıon conduct gamın	g activities with nonm	embers?	. ▼ Yes ■ No
12	Is the organ	nızatıon a grantor, benefici	ary or trustee of a trus	st or a member of a partnership or other entity	
	formed to ac	dmınıster charıtable gamır	ng?		┌ Yes ┌ No
13	Indicate the	e percentage of gaming ac	tivities conducted in		
а	The organiz	ation's facility		13a	60 000 %
b	An outside f	facility		13b	40 000 %
14	Enter the na	ame and address of the pe	rson who prepares the	e organization's gaming/special events books and record	s
	Name 🟲	Alison Sowden			
	Address 🟲	111 South Michigan Av Chicago,IL 60603			
15a	Does the or	ganızatıon have a contrac	t with a third party froi	m whom the organization receives gaming	
	revenue? .				・ 「Yes 「No
b	If "Yes," en	ter the amount of gaming	revenue received by tl	he organization 🟲 \$ and the	
	amount of g	aming revenue retained by	the third party 🟲 \$ _		
С	If "Yes," en	ter name and address of t	he third party		
	Name 🟲				
	Address 🟲				
16	Gaming mar	nager information			
	Name 🟲				
	Gaming mar	nager compensation 🟲 \$			
	Description	of services provided • N	lo employee is compe	nsated as gaming mgr	
	☐ Director	r/officer	Fmployee	☐ Independent contractor	
L 7		distributions	- · · · · · · · · · · ·		
	•		te law to make charita	able distributions from the gaming proceeds to	
	=	•			┌ _{Yes} ┌ _{No}
				listributed to other exempt organizations or spent	, 103 , 110
		lization's own exempt acti			
	Sup Part	plemental Informati	i on. Provide the ex	planations required by Part I, line 2b, columns (in 7b, as applicable. Also provide any additional info	
	Retu	urn Reference		Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493133046616

2044

OMB No 1545-0047

Grants and Other Assistance to Organizations, (Form 990)

	4	2014					
Department of the Treasury Internal Revenue Service		pen to Public Inspection					
Name of the organization						Employer identification	on number
The Art Institute of Chicago						36-2167725	
Part I General Informa	tion on Grants and	Assistance				•	
 Does the organization maintage the selection criteria used to Describe in Part IV the organization 	award the grants or as:	sistance?			-	•	✓ Yes
			ons and Domestic more than \$5,000. Pa				s" to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance

Enter total number of other organizations listed in the line 1 table

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Student Scholarships and Stipends	3332	38,370,282		N/A	N/A
(2) Faculty Enrichment Grants	53	94,604		N/A	N/A

Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation								
Grantmaker's Description of How Grants are Used	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 credited to either the student account or directly to the student. All payments are monitored and approved by the Financial Services department before 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. Payments are monitored by the Dean's office and all payments are approved by the Vice Provost and School Finance department before payment is made.								

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DLN: 93493133046616

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization The Art Institute of Chicago

Employer identification number

36-2167725

Pa	rt I Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items							
	First-class or charter travel Housing allowance or residence for personal use							
	▼ Travel for companions Payments for business use of personal residence							
	▼ Tax idemnification and gross-up payments ▼ Health or social club dues or initiation fees							
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)							
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes					
	and color, crustees, officers, metading the elo/executive billector, regarding the feelins effected in line 14		res					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III							
	▼ Compensation committee							
	✓ Independent compensation consultant ✓ Compensation survey or study							
	Form 990 of other organizations Approval by the board or compensation committee							
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization							
а	Receive a severance payment or change-of-control payment?	4a	Yes					
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes					
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of							
а	The organization?	5a		No				
b	Any related organization?	5b		No				
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of							
а	The organization?	6a		No				
b	Any related organization?	6b		No				
	If "Yes," to line 6a or 6b, describe in Part III							
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No				
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was							
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe							
	ın Part III	8		Νo				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No				

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 in 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)(1)-(111) 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	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation			column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a Relevant information	First class travel is allowed under limited circumstances as set forth in the travel policy. The Presidents of the Museum and the School are allowed to
ın regards to selections on 1a	have their partners accompany them on business trips if their presence is necessary for a specific, bona fide purpose of the Institute The President of the
	School's employment contract 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 The Provost/Senior Vice President for
	Academic Affairs received payment for tuition assistance. The tuition assistance was grossed-up for applicable taxes. The tuition assistance and gross-
	up were both addressed in the individual employment contract

Schedule J (Form 990) 2014

Software ID: 14000265

Software Version: 2014v6.0

EIN: 36-2167725

Name: The Art Institute of Chicago

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
Alison Sowden, EVP & CFO	(I) (II)	219,733		18,630	18,375	24,072	280,810	
Brian Esker, VP of Finance and Admin SAIC	(I) (II)	194,541		17,960	75,000	11,284	298,785	
David Thurm, COO Museum	(I) (II)	415,695		60,458	23,400	22,965	522,518	
Dorothy Schroeder, VP, Exhibitions	(I) (II)	126,925		84,111	325,000	8,154	544,190	
Douglas Druick, Pres & Dir, Mus	(I) (II)	504,516		132,653	722,000	20,044	1,379,213	
Elissa Tenny, Provost/SVP Acad Affairs	(I) (II)	310,274		7,725	57,686	17,392	393,077	
Elizabeth Grainer, VP of Aux Ops	(I) (II)	192,853		1,159	144,000	9,584	347,596	
Eugene Adams, VP of IS/CIO	(I) (II)	205,205		1,047	98,000	25,759	330,011	
Eve Jeffers, VP for Museum Development	(I) (II)	407,025		15,720	23,400	22,465	468,610	
Gordon Montgomery, VP of Marketing	(I) (II)	270,383		1,274	23,400	26,409	321,466	
Judith Kirshner, Dpty Dir, Educ	(I) (II)	206,305		1,323	15,519	1,013	224,160	
Julia Getzels, EVP & Gen Couns	(I) (II)	368,755		21,804	117,000	24,785	532,344	
Lisa Wainwright, Faculty Dean/VP Acad Admin	(I) (II)	234,442		528	21,780	21,099	277,849	
Martha Tedeschi, Deputy Director for Art & Research	(I) (II)	195,836		1,749	168,000	24,125	389,710	
Michael Nicolai, VP for Human Resources	(I) (II)	190,111		19,440	49,000	22,334	280,885	
Patricia Lawson, Controller	(I) (II)	186,218	50,000	18,140	57,000	10,764	322,122	37,500
Rose Milkowski, VP for Enrollment Mgmt	(I) (II)	195,489		267	17,850	3,032	216,638	
Tom Buechele, VP for Campus Operations	(I) (II)	182,229		1,266	65,000	22,705	271,200	
Walter Massey, President, Sch	(ı) (ıı)	525,433		40,280	23,903	12	589,628	

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DLN: 93493133046616

2014

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Inspection

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

	nal Revenue Service e of the organization								Em	plover id	lentifica	nisped ation num		
	Art Institute of Chicago									-21677			.	ļ
Da	art I Bond Issues									-210//				
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	T	(f) Description	n of purpose	(g) De	efeased	beha	On alf of uer	If of finar	
i		'	1	.	1				Yes	No	Yes		Yes	No
A	IL Finance Authority	86-1091967	45200FVM8	03-26-2009	139,158,000	0 Co	onstr/Renov Mu	useum Facıl	T	Х		Х		Х
В	IL Finance Authority	86-1091967	45200F3N7	06-09-2010	113,537,854	4 Se	e Part VI			Х		Х		Х
c	IL Finance Authority	86-1091967	45203HMP4	10-18-2012	66,292,422	2 Se	∌e Part VI			Х		Х		Х
Pa	rt III Proceeds													
1	A mount of bonds retired			Α		В	+		C			D		
1	Amount of bonds retired Amount of bonds legally defeased				80,00	00,00	0 6	50,595,000		24,01	0,000			
2		ased			1201			=== 0.5.4						
3	Total proceeds of Issue Gross proceeds In reserve fu				139,15	8,00	/0 11	13,537,854		66,29	2,422			
4	Capitalized interest from proc										\longrightarrow			
5	Proceeds in refunding escrow										\longrightarrow			
6	Issuance costs from proceed													
7	Credit enhancement from pro										\longrightarrow			
8														
9	Working capital expenditures				1224			5,986						
10	Other spent proceeds	oceeas			139,15	8,00								
11	Other spent proceeds						11	13,531,868		66,29	2,422			
12	O ther unspent proceeds													
13	Year of substantial completion	<u>n</u>			2009		→ √	l	¥	1 .	. 1	٧	1	, ,
<u> </u>	Were the bonds issued as pa				+	No	Yes	No	Yes	-	No V	Yes	+	No
14					+	X	X			<u> </u>	X		+	
15	Were the bonds issued as pa				+ +	Х	X		X				+	
16	Has the final allocation of pro	oceeds been made?			Х		X		Х					
17	Does the organization mainta allocation of proceeds?	•	and records to supr	ort the final	Х		х		Х					
Par	Tt IIII Private Business	Use												
I					Yes I	No.	B Yes	No No	Yes	C	lo	Yes	D	No
1	Was the organization a partne property financed by tax-exe		or a member of an L	_LC, which owned		No X	Yes	X	res	14	10	res	+	INO

Are there any lease arrangements that may result in private business use of bond-

financed property?

Χ

Julie	dule K (1 01111 990) 2014									Page Z		
Par	Private Business Use (Continued)										_	
			Α		B			<u> </u>		D		
-	Are there any management or service contracts that may result in private	hueinace ucal	Yes	No	Yes	No	Yes	No	Yes	No	_	
3a	of bond-financed property?	business use		Х		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to											
	property?											
С	Are there any research agreements that may result in private business use of bond-financed property?			х		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the finance											
4	Enter the percentage of financed property used in a private business use b other than a section $501(c)(3)$ organization or a state or local government		•	0 %	•	0 %		•				
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government			0 %		0 %						
6	Total of lines 4 and 5			0 %		0 %						
7	Does the bond issue meet the private security or payment test?			Х		Х					_	
8a	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 issued?			Х		х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of			I						_	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections										
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		Х		х							
Par	t IV Arbitrage			•	•			•	•	•	_	
		А			В		С		D			
		Yes	No	Yes	No	Ye	s	No	Yes	No	_	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		х			X				
2	If "No" to line 1, did the following apply?											
а	Rebate not due yet?		Х		X	Х						
b	Exception to rebate?	X			Х			Χ				
С	No rebate due?		X	Х				Χ				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed											
3	Is the bond issue a variable rate issue?											
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×		Х			Х				
b	Name of provider	NA		NA	NA							
С	Term of hedge											
d	Was the hedge superintegrated?											
e	Was the hedge terminated?											

Part IV	Arbitrage	(Continued)
---------	-----------	-------------

		Α	Α		В		С		
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		X		×		
b	Name of provider	NA N		NA		NA			
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x		x		x		
7	Has the organization established written procedures to monitor the requirements of section 148?	×		×		x			

Part V Procedures To Undertake Corrective Action

	Α		В		C		<u> </u> D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 if self-remediation is not available under applicable regulations?	Х		X		X			

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

Return Reference	Explanation
Part VI	Part I, Line B, Column(f)-Description of Purpose-Refund 10/15/1992 Bonds, Refund 2/23/1995 Bonds, Refund 3/27/1996 Bonds, and Advance Refund Portion of 2/9/2000 Series 2000A Bonds Part I, Line C, Column(f)-Description of Purpose-Advance Refund Portions of 3/18/1998 Series 1998A Bonds, 2/9/2000 Series 2000A Bonds, 7/9/2003 Series 2003A Bonds, and 5/20/2010 Series 2010B Bonds Part II, Lines 9 and 11, Column B - These amounts differ slightly from what was shown on the 8038 Form that was filed for the bonds Part IV, Line 2c- Based on the rebate computation completed on 7/24/2015, no rebate is due Part IV, Line 3, Column A- A portion of the Series 2009 Bonds were originally variable rate as shown on the 8038 Form, however, this variable rate portion has been refunded, so the remaining bonds are fixed rate Part IV, Line 6, Columns B & C- This question is being answered without regard to yield-restricted advance refunding escrow financed with proceeds of the bonds

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DLN: 93493133046616

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization The Art Institute of Chicago

Employer identification number

36-2167725

Pa	Title Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		_	nts
1	Art—Works of art	X	2,804		See Part II			
	Art—Historical treasures .		= 7 = 1					
	Art—Fractional interests	X	5		See Part II			
	Books and publications	X	J	15,860				
	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property		105	44400600				
	Securities—Publicly traded .	X	185	11,102,623	FMV			
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other► (X	22	54,104	FM∨			
	t'l Supplies)							
	Other►(X	225	382,269	FMV			
	cial Events) Other►(· X	163	80,085	EM\/			
	are)	. ^	103	80,003	I I I V			
28	O ther ▶ ()							
29	Number of Forms 8283 received by th							
	for which the organization completed F	orm 8283,	Part IV, Donee Acknowled	dgement 29	9			55
							Yes	No
30a	During the year, did the organization							
	it must hold for at least three years fr			, and which is not required	l to be used			
	for exempt purposes for the entire ho		?			30a		No
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31	Yes	
32a	Does the organization hire or use thir contributions?	d parties or	related organizations to s	olicit, process, or sell noi	ncash • • •	32a	Yes	
h	If "Yes," describe in Part II							
33	If the organization did not report an a	mount in co	lumn (c) for a type of prop	erty for which column (a)	ıs checked,			
	describe in Part II							

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	
, ,	The Institute utilizes its investment custodian Northern Trust to receive and sell stock gifts made to the organization	
Reported	The Institute does not capitalize its collection items nor report contributions of collection items as revenue as permitted under generally accepted accounting principles. In fiscal year 2015, the School accepted a gift of 2270 works from the estate of a donor	

Schedule M (Form 990) (2014)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization The Art Institute of Chicago	Employer identification number
	36-2167725

Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	A business relationship exists between Officer Walter E Massey and Trustee Cary D McMillan Business relationships exist between the following Trustees. Thomas J Pritzker, Kenneth Griffin, Andrew Rosenfield, and Byron Trott, Thomas J Pritzker and Samuel M Mencoff, Thomas J Pritzker and Matthew Gibson, Thomas J Pritzker and Cary D McMillan, Thomas J Pritzker and Byron Trott, Thomas J Pritzker and William M Daley, Samuel M Mencoff and A Steven Crown, Byron Trott and Joseph Mansueto, Kenneth C Griffin and James A Gordon, Anne R Pramaggiore, Joseph P Gromacki, and Caryn Harris, A Steven Crown and Anne Pramaggiore, A Steven Crown and Robert M Levy, Jay Frederick Krehbiel and Frederick H Waddell, Fred Eychaner and Byron Trott, Sarah Nava Garvey and Eric T McKissack

Return Reference	Explanation
T T T T T T T T T T T T T T T T T T T	A full version of the Form 990 is reviewed in detail by the Institute's Audit Committee before filing with the Internal Revenue Service, including Schedule B-Schedule of Contributors. The Board of Trustees is provided a copy of the public disclosure version of the Form 990 before it is filed with the Internal Revenue Service. Schedule B is made available to the Board of Trustees upon request, however, a copy is not widely distributed.

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Under the Institute's Conflict of Interest Policy, all members of the Board of Trustees, Board of Governors, and Standing and Advisory Committees, and all officers and assistant officers of the Institute (collectively known as Related Parties) must act in the best interests 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 conflict of interest, the Related Party shall immediately disclose such conflict to the Chairman of the Board and to the Institutes 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. The Related Party shall not be counted for purposes of determining whether there is a quorum. Financial interests 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 annually 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 this policy and to provide any information the Institute deems relevant concerning any possible conflicts of interest. The annual conflict of interest replies are logged and monitored by the Institutes General Counsel's office.

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Institute's Executive Committee, composed entirely of independent Trustees, approves compensation for the President and Director of the Museum and for 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 person 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 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 Vice President for Human. Resources 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 decisions on compensation are documented in contemporaneous meeting minutes. In the case of the President and Director of the Museum and the President, the Provost, and the Dean of Faculty of the School, the decisions may be reflected in employment contracts as well For key employees whose compensation is not reviewed and approved by the Compensation and Benefits Committee, their compensation is generally based on independent salary surveys typically conducted at the time of hire and maintained by the Institute's Human Resources Department and is decided

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The Institute's governing documents are available to the public via written request to the Institute and in addition, in part through applicable governmental agencies. The Institute'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
Other Changes In Net Assets Or Fund Balances - Other Decreases	Pension Related Changes other than Net Periodic Pension Cost = - \$19786782

Return Reference	Explanation
•	The Institute is not required to file Form 8899. The Institute receives contributions of intellectual property from time to time, how ever, the type of property contributed does not meet the definition of "qualified intellectual property" for Form 8899 filing purposes.

	Return Reference	Explanation
I	Form 990, Part V, Line 7h	Form 1098-C is not applicable to the Institute

Return Reference	Explanation
Form 990, Part VII, Line 1a, Column B	The amount of hours per week devoted to position has been noted as 1 hour for all Trustees. The amount of hours per week devoted by Trustees varies depending on the position held and the committees the Trustee devotes time to

Return Reference	Explanation
Schedule B, Special Rules, Box 1	The Art Institute of Chicago is exempt under two categories listed in Schedule A 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 selected box 2, because per instructions only one applicable box should be checked. Because 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 $509(a)(1)/170(b)(1)(A)(vi)$

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DLN: 93493133046616

OMB No 1545-0047 2014

Open to Public **Inspection**

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization The Art Institute of Chicago

Employer identification number

36-2167725

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity					
See Additional Data Table										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(<u>c</u> Section (13) co ent	512(b) ntrolled
						Yes	No
(1)							No
					N/A		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	۱)	(i)	(j)	(k)
Name, address, and EIN of	Primary activity	/ Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate ^ا ,	Code V-UBI	General	or Percentage
related organization	1	domicile	controlling	income(related,	total income	rend-of-year	allocat	lons?	amount in box	managr	ng ownership
1	1	(state or	entity	unrelated,	1	assets	1	ı	20 of	partner	ž '
	1	foreign	1	excluded from	1 '	1	1	ı	Schedule K-1	1	_
	1	country)	1	tax under	1 '	1	1	ı	(Form 1065)	1	'
	1	1 ,	1	sections 512-	1 '	1	1	ı	1	1	
1	1	1 '	1	514)	1 '	1	—	 '	4 '		
	<u> </u>	1	<u> </u>	<u> 1 ' '</u>	1 '	<u> </u>	Yes	No	<u> </u>	Yes N	.0
			1						ſ		_
					•		$\overline{}$	$\overline{}$			_

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(i) contro entil	n 512 13) olled ty?
							Yes	No
(1) Perpetual Trusts	Fundraising	IL	Art Inst of Chicago	Trust			Yes	
Held by Third Parties 7								
Chicago, IL 60603								
(2) Charitable Remainder	Fundraising	IL	Art Inst of Chicago	Trust			Yes	
Trust 1								
Chicago, IL 60603								
(3) AIC - PP Inc	Investments	CJ	Art Inst of Chicago	C corp	392,629	100 000 %	Yes	
190 Elgın Avenue								
George Town KY1-9005								
CJ								
98-0574645	1			1	l	I	1	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Y	es	No
f L During the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations	listed in Parts II-IV?			\top	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			18	,		No
b Gift, grant, or capital contribution to related organization(s)			11	,		No
c Gift, grant, or capital contribution from related organization(s)			10	:		No
d Loans or loan guarantees to or for related organization(s)			10	ı		No
e Loans or loan guarantees by related organization(s)			16	2	\dashv	No
f Dividends from related organization(s)			1f	:		No
g Sale of assets to related organization(s)			19	,		No
h Purchase of assets from related organization(s)			11	١		No
i Exchange of assets with related organization(s)			11	i		No
j Lease of facilities, equipment, or other assets to related organization(s)				i	4	No
k Lease of facilities, equipment, or other assets from related organization(s)			11	(+	No
l Performance of services or membership or fundraising solicitations for related organization(s)			11			No
m Performance of services or membership or fundraising solicitations by related organization(s)			1r	n		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	n		No
• Sharing of paid employees with related organization(s)			10	>	\dashv	No
P Reimbursement paid to related organization(s) for expenses			1,) Y	es	
q Reimbursement paid by related organization(s) for expenses			10	1	ightharpoons	No
r Other transfer of cash or property to related organization(s)			11	r Y	es	
s Other transfer of cash or property from related organization(s)			15	Y	es	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including	covered relationships a	nd transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	t invo	lved	

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
1			<u> </u>			'				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**

Additional Data

Software ID: 14000265

Software Version: 2014v6.0

EIN: 36-2167725

Name: The Art Institute of Chicago

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

(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total ıncome	(e) End-of-year assets	(f) Direct Controlling Entity
AICCB LLC 111 South Michigan Avenue Chicago, IL 60603 20-5052348	Investments	DE	255,645	3,400,000	The Art Institute of Chicago
AICGS LLC 111 South Michigan Avenue Chicago, IL 60603 36-2167725	Investments	DE	326,013	3,800,000	The Art Institute of Chicago
AICHP LLC 111 South Michigan Avenue Chicago, IL 60603 36-2167725	Investments	DE	985,068		The Art Institute of Chicago
AIC AA LLC 111 South Michigan Avenue Chicago, IL 60603 36-2167725	Investments	DE	891,796	3,789,425	The Art Institute of Chicago
AIC AX LLC 111 South Michigan Avenue Chicago, IL 60603 36-2167725	Investments	DE		1,729,480	The Art Institute of Chicago
AIC BLK LLC 111 South Michigan Avenue Chicago, IL 60603 36-2167725	Investments	DE	4,884,159	8,033,801	The Art Institute of Chicago
AIC MS SS LLC 111 South Michigan Avenue Chicago, IL 60603 36-2167725	Investments	DE		2,821,867	The Art Institute of Chicago
AIC GS MEZZ LLC 111 South Michigan Avenue Chicago, IL 60603 36-2167725	Investments	DE	434,945	1,310,000	The Art Institute of Chicago
AIC Ventures LLC 111 South Michigan Avenue Chicago, IL 60603 90-0708171	Consulting	IL			The Art Institute of Chicago