					_		OND N. 1545 0047				
Form	990	Return of Org	ganization Exempt From	Income 7	Tax	-	OMB No 1545-0047				
* J		Under section 501(c), 527, or foundations)	tion 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private								
Departi	ment of the	Do not enter social	l security numbers on this form as it ma				Open to Public				
Treasu Interna	ry al Revenue Servic		Form 990 and its instructions is at <u>ww</u>	<u>w IRS qov/for</u>	<u>m990</u>		Inspection				
		endar year, or tax year beginning	g 07-01-2015 , and ending 06-30-2010	5							
B Che	eck if applicable	C Name of organization CHICAGO TEACHERS UNION			D Employ	/er ide	entification number				
	ldress change		0669	5							
·	ame change Itial return	Doing business as									
Fir	nal Iterminated	Number and street (or P O box if ma	nber								
	ended return	1901 WEST CARROLL AVENUE			(312)	329-	9100				
App	plication pending	City or town, state or province, coun CHICAGO, IL 60612	try, and ZIP or foreign postal code								
		F Name and address of princip	al officer			-	\$ 28,787,665				
		JESSE SHARKEY		H(a) Is thu subor	s a group dinates?	returi	n for Ves 🔽				
		1901 WEST CARROLL AVENU CHICAGO,IL 60612	E	No H(b) Area		ator					
I Tax	k-exempt status	501(c)(3) ▼ 501(c)(5) ◄	(Insert no) 4947(a)(1) or 527	H(b) Alea includ		lates	∏Yes ∏ No				
JWe	ebsite:► HT	P //WWW CTUNET COM				(see instructions)					
K Earr	n of organization	Corporation Trust Associat	tion 🔽 Other 🕨 LABOR ORGANIZATION	H(c) Grou			mber ► State of legal domicile IL				
Pa											
		cribe the organization's mission OTE UNION ACTIVITIES FOR	or most significant activities TEACHERS, CAREER SERVICE MEME	ERS AND O	HERS IN	тне	AREA OF				
	CHICAGO										
nc.											
eme											
Governance	2 Check th	s box 🕨 🥅 If the organization dis	scontinued its operations or disposed o	f more than 2	5% ofits	net a	ssets				
	3 Numbero	f voting members of the governi	ng body (Part VI, line 1a)		. 1	3	701				
Activities &		f independent voting members o	-	4	697						
ILM.	5 Total nun	nber of individuals employed in c	alendar year 2015 (Part V, line 2a) .		[5	84				
¥		,	cessary)		•	6	0				
		elated business revenue from Pa	rt VIII. column (C) lune 12			7a	0				
					_						
	b Net unrela	ted business taxable income from	m Form 990-T, line 34	<u></u>		7b	-98,849				
			m Form 990-T, line 34	<u></u>	r Year	7b	-98,849 Current Year				
ēnu	8 Contri	outions and grants (Part VIII, lir		<u></u>		7b	-98,849				
ēnuē Aē	8 Contri 9 Progra	outions and grants (Part VIII, lir m service revenue (Part VIII, lii	m Form 990-T, line 34	<u></u>	r Year 26,598,4 3,032,2	7b	-98,849 Current Year 25,567,454				
Ravenue	 8 Contri 9 Progra 10 Invest 11 Other 	outions and grants (Part VIII, lir m service revenue (Part VIII, lir ment income (Part VIII, column revenue (Part VIII, column (A),	m Form 990-T, line 34	Prio	r Year 26,598,4 3,032,2	7b 57 54	-98,849 Current Year 25,567,454 3,162,249				
Ravenue	8 Contri 9 Progra 10 Invest 11 Other 12 Total r	outions and grants (Part VIII, lir m service revenue (Part VIII, lir ment income (Part VIII, column revenue (Part VIII, column (A),	m Form 990-T, line 34	Prio	• Year 26,598,4 3,032,2 3,6	7b 577 544 994	-98,849 Current Year 25,567,454 3,162,249 2,740				
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For Paperwork Reduction Act Notice, see	
May the IRS discuss this return with the	preparer shown above? (see in

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE CHICAGO TEACHERS UNION IS DEDICATED TO ADVANCING AND PROMOTING QUALITY PUBLIC EDUCATION, IMPROVING TEACHING AND LEARNING CONDITIONS, PROTECTING MEMBERS' RIGHTS AND ADVOCATING FAIR COMPENSATION, BENEFITS, AND JOB SECURITY

2	5	on undertake any significant pr 0 or 990-EZ?	ogram services during the year wh	ıch were not listed on	Yes √No
	If "Yes," describe	these new services on Schedu	lle O		
3	services?	on cease conducting, or make :	significant changes in how it condu	icts, any program	∏Yes 🔽No
4	expenses Section		omplishments for each of its three anizations are required to report the program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	•	MEMBERS IN COLLECTIVE BARGAININ	G MATTERS, ADMINISTERING THE COLLEC		D PROMOTING QUALITY
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program s	ervices (Describe in Schedule	0)		
	(Expenses \$		grants of \$) (Revenue \$)
4e	Total program se	ervice expenses >			
					Form 990 (2015)

· . . .

Form 990 (2015)
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		No
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 🛸	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🔊 Did the organization maintain collections of works of art, historical treasures, or other similar assets?	7		No
	If "Yes," complete Schedule D, Part III 🧐	8		
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 😒	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😒	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 😒	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🕲	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 😒	11 c		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? <i>If "Yes," complete Schedule D, Part IX</i> 🕉	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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😒	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2015)
Part 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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year ' \cdot . \cdot	24d		
	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		
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		
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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L,</i> <i>Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M \therefore	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form **990** (2015)

Form	990 (2015)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			, <u> </u>
15	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 191		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		X	
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
	Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 84			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots . \ldots	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7C 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
_	during the year?	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	124		
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule 0</i>	14b		

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	🗸
Se	ection A. Governing Body and Management		N	Na
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	Yes	
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	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	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?	1 0 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	O ther officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ IL			
18	Section 6104 requires an organization to make its 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			
19	○ 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 >JAMES R GILLMEISTER 1901 WEST CARROLL AVENUE CHICAGO, IL 60612 (312) 329-9100

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	i one s bot	not bo: hai	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organızatıons below dotted lıne)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W- 2/1099- MISC)	from the organızatıon and related organızatıons
(1) KAREN LEWIS	50 00			x				143,139	0	20,891
(2) MICHAEL BRUNSON RECORDING SECRETARY	50 00			x				135,566	0	24,475
(3) KRISTINE MAYLE FINANCIAL SECRETARY	50 00			x				102,422	0	14,468
(4) JESSE SHARKEY VICE PRESIDENT	50 00			x				96,290	0	17,275
(5) LYNN CHERKASKY-DAVIS QUEST DIRECTOR	40 00					x		234,140	0	21,667
(6) ANNETTE RIZZO HEALTH & BENEFITS COORDINA	40 00					×		151,208	0	17,985
(7) WALTER TAYLOR FIELD REP - TEACHER	40 00					x		192,683	0	16,382
(8) SARA ECHEVARRIA FIELD SERVICE DIRECTOR	40 00					x		167,371	0	26,963
(9) ANTHONY LOPEZ FINANCIAL DIRECTOR	40 00					×		149,700	0	29,337
					-					
										Form 990 (2015)

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

	(A) Name and Title	(B) Average hours per week (list any hours	more pers	than o on is	one both	box, an	heck unless officer stee)	;	(D Report compen from organizat	able sation the	(E) Reportable compensatio from related organizations ((F) Estima amount o compens from	ated fother sation
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-	MISC)	2/1099-MISC	2)	organızat relat organıza	ed
								-						
1b	Sub-Total			•			. •							
c d	Total from continuation sheet Total (add lines 1b and 1c) .				•	• .	. *		1,372	,519	0			189,443
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received	d more t	han			
													Yes	No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>							•	, or highest	comper	isated employee	3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ								-	anızatıor	or individual for	5		No
Se	ction B. Independent Co	ontractors												
1	Complete this table for your five compensation from the organized												s tax year	
	N	(A) Name and business	address						_	De	(B) scription of services		(C Comper	
									I	_EGAL SER	VICES			407,125
CHICA	/ MADISON ST STE 1300 AGO, IL 60654 9 BLOCH & BENNETT									_EGAL SER	VICES			324,291
	ICHIGAN FLOOR 19 AGO, IL 60603													·
FREE	BORN & PETERS LLP								1	_EGAL SER	VICES			182,971
CHICA	OUTH WACKER DRIVE SUITE 3000 AGO, IL 60606 RESEARCH PARTNERS										I SERVICES			172,272
1726	M STREET NW STE 1100								ľ	LULARUT	SERVICES			±12,212
	INGTON, DC 20036 -SUMNER COMMUNICATIONS LLC									CONSULTA	NTS			152,984
	N BEAUREGARD ST SUITE 420 NDRIA, VA 22311													

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 7

Form 990 (2015)
Part VIII Statement of Revenue

Total Revenue (c) Description (c) Provide (c) Prov	Part v		Check if Schedule O contains a response or note to any	line in this Part VIII			
Unit Description Description <thdescription< th=""> <thde< th=""><th></th><th>4-</th><th></th><th>(A)</th><th>(B) Related or exempt function</th><th>Unrelated business</th><th>Revenue excluded from tax under sections</th></thde<></thdescription<>		4-		(A)	(B) Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Open Point Notati Add lines 1a - 1f	its its			_			
Open Point Notati Add lines 1a - 1f	ran our	b	Membership dues 1b 25,247,45	4			
Open Point Notati Add lines 1a - 1f	6. G Am	c	Fundraising events 1c	_			
Open Point Notati Add lines 1a - 1f	sifts lar ,	d	Related organizations 1d				
Open Point Notati Add lines 1a - 1f	s, C imil	e	Government grants (contributions) 1e				
Open Point Notati Add lines 1a - 1f	ion r Si	f	All other contributions, gifts, grants, and 1f 320,00	0			
Open Point Notati Add lines 1a - 1f	ibut the			—			
Jac Fit ASSETANCE Business Code 2,859,865 2,959,865	intri d O		1a-1f \$	-			
Page Page <th< th=""><th>Co an</th><th>h</th><th>Total. Add lines 1a-1f</th><th>▶ 25,567,454</th><th></th><th></th><th></th></th<>	Co an	h	Total. Add lines 1a-1f	▶ 25,567,454			
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9 Total model and a set 1 · · · · · · · · · · · · · · · · · ·	gran	f	All other program service revenue				
3 Investment income (including dividends, interest, income from investment of tax-exempt bood proceeds, income from series income from (income or (inc	Å	a	Total. Add lines 2a-2f	3,162,249			
a bit outer term water of tax-seem blond proceeds b b bits rental expenses (i) Real c Rental income or (loss) (ii) Personal d Net rental income or (loss) (iii) Other d not due to base and the ba		-	Investment income (including dividends, interest,				2 740
5 Royalties		4	-	2,740			2,740
Ga Gross rents			Royalties				
b Lass rental expenses or (bas) Image: construction of (b55) Image: construction of (b55) d Ret rental income or (b55) Image: construction of (b55) Image: construction of (b55) d Ret rental income or (b55) Image: construction of (b55) Image: construction of (b55) d Ret rental income or (b55) Image: construction of (b55) Image: construction of (b55) d Ret rental income or (b55) Image: construction of (b55) Image: construction of (b55) b Lass construction of (b55) Image: construction of (b55) Image: construction of (b55) d Net gan or (loss) Image: construction of (b55) Image: construction of (b55) d Net gan or (loss) Image: construction of (b55) Image: construction of (b55) d Net gan or (loss) Image: construction of (b55) Image: construction of (b55) g Cross income from fundraising events Image: construction of (b55) Image: construction of (b55) g Gross income from gaming activities Image: construction of (b55) Image: construction of (b55) Image: construction of (b55) g Gross income or (b55) Image: construction of (b55) Image: construction of (b55) Image: c			(I) Real (II) Personal				
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of the basis and sales expenses		7a	from sales of				
add between basis and sales expenses							
sales expenses		ь		_			
a Net gain or (loss)			sales expenses				
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a a b Less direct expenses b c 9a Gross income from gaming activities See Part IV, line 19 a a 9a Gross income from gaming activities See Part IV, line 19 a a 9a Gross sales of inventory, less returns and allowances a a a a a a a b Less cost of goods sold b b a b Less cost of goods sold b a a a a a a a a b Less cost of goods sold b b c a a a				_			
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10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold b c Miscellaneous Revenue Business Code 11a b c d <		1					
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Miscellaneous Revenue Business Code 11a		1					
11a		c		_			
b		11a	Miscellaneous Revenue Business Code				
c							
e Total. Add lines 11a-11d .<							
12 Total revenue. See Instructions 55,222 28,787,665 3,217,471 0 2,740		d	All other revenue	55,222	55,222		
12 Total revenue. See Instructions 28,787,665 3,217,471 0 2,740		e	Total. Add lines 11a-11d	55,222			
		12	Total revenue. See Instructions	•	3.217.471	() 2.740
		·			0,217,171		_/ · · · ·

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	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	tions must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	his Part IX			
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV , line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	16,000			
5	Compensation of current officers, directors, trustees, and key employees	562,608			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,266,792			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	866,306			
9	Other employee benefits	572,808			
10	Payroll taxes	536,096			
11	Fees for services (non-employees)				
а	Management				
b		355,664			
c	Accounting	69,875			
d		09,873			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
' g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
-	amount, list line 11g expenses on Schedule O)	329,146			
12	Advertising and promotion				
13	Office expenses	1,180,171			
14	Information technology	113,386			
15	Royalties				
16	Occupancy	1,279,990			
17	Travel	620,759			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	533,053			
20	Interest	6,795			
21	Payments to affiliates	13,473,849			
22	Depreciation, depletion, and amortization	574,840			
23	Insurance	47,926			
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	DEFENSE	877,502			
b	COLLECTIVE BARGAINING	794,673			
с	QUEST CENTER EXPENSE	607,575			
d	EXECUTIVE BOARD	33,199			
е	All other expenses	171,122			
25	Total functional expenses. Add lines 1 through 24e	29,890,135			

26 Joint costs.Complete this line only if the organization

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Part X Balance Sheet

Par	τX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X $$.		• •	<u>· · · · </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	7,979,683	1	6,192,748
	2	Savings and temporary cash investments	3,562,139	2	3,094,891
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,009,825	4	2,417,299
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
155	7	Notes and loans receivable, net		7	
٩	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	156,549	9	136,395
	10a	Land, buildings, and equipment cost or other basis		-	
		Complete Part VI of Schedule D 10a 7,552,300	5		
	b	Less accumulated depreciation 10b 6,907,894	1,184,990	10 c	644,412
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,006,011	15	587,306
	16	Total assets.Add lines 1 through 15 (must equal line 34)	15,899,197	16	13,073,051
	17	Accounts payable and accrued expenses	4,706,451	17	3,293,299
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
_	21	Escrow or custodial account liability Complete Part IV of Schedule D $$.		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ab		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	293,924	24	177,337
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			1,895,994	25	1,702,057
	26	Total liabilities. Add lines 17 through 25	6,896,369	26	5,172,693
seo		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔽 and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	8,121,874	27	7,096,381
Ba	28	Temporarily restricted net assets	878,954	28	801,977
pu	29	Permanently restricted net assets	2,000	29	2,000
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here T and complete lines 30 through 34.			
ŝts	30	Capital stock or trust principal, or current funds		30	
ŞŞE	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ý	32	Retained earnings, endowment, accumulated income, or other funds		32	
Nei	33	Total net assets or fund balances	9,002,828	33	7,900,358
	34	Total liabilities and net assets/fund balances	15,899,197	34	13,073,051
	<u> </u>		·		Form 990 (2015)

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Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28,	787,665
2	Total expenses (must equal Part IX, column (A), line 25)	2	29.89		890,135
3	Revenue less expenses Subtract line 2 from line 1	3			102,470
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	4		9,0	828,200
		5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			7 /	
Dar	column (B)) t XII Financial Statements and Reporting	10		7,5	900,358
rai	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
			<u> </u>	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 i a separate basis, consolidated basis, or both	reviewed on			
	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 basis, consolidated basis, or both	separate			
	Separate basis 🗸 Consolidated basis 🗌 Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for ove of the audit, review, or compilation of its financial statements and selection of an independent account		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, expl Schedule O	ain in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth Single Audit Act and OMB Circular A-133?	in the	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud		3b		

Form **990** (2015)

Page **12**

efi	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -			DLN:	93493135033737
	HEDULE D m 990)	Supplen	nental Financ	ial Statements			OMB No 1545-0047
Depa	rtment of the			vered "Yes," on Form 990 c, 11d, 11e, 11f, 12a, or 1 n 990.			2015 Open to Public
Treas	sury nal Revenue Service	Information about Schedule D	(Form 990) and its ir	structions is at <u>www.irs</u>	s.gov/for	r <u>m990</u> .	Inspection
Na	me of the organi ICAGO TEACHERS UN				Employ	yer identi	ification number
Ра	rt I Organi	izations Maintaining Donor	Advised Funds	or Other Similar F		06695 • Accou	nts.
	Comple	ete if the organization answere					
1	Total numbe	r at end of year	(a) Donor advised	funds	(b)Fu	unds and	other accounts
2	Aggregate v year)	alue of contributions to (during					
3	Aggregate v	alue of grants from (during year)					
4	Aggregate v	alue at end of year					
5	funds are the o	ation inform all donors and donor a rganization's property, subject to f	the organization's ex	clusive legal control?		d	Yes No
6	used only for cl	ation inform all grantees, donors, a haritable purposes and not for the ermissible private benefit?				ourpose	∏Yes ∏No
Pa		rvation Easements. Comple	ete if the organizat	tion answered "Yes" o	n Form	99 <u>0,</u> Pa	
1		onservation easements held by th					
	Preservati education)	on of land for public use (e g , recr	eation or	Preservation of a	n historic	ally impo	ortant land area
	Protection	of natural habitat		Preservation of a	certified	historic s	structure
	Preservati	on of open space					
2		2a through 2d if the organization he last day of the tax year	held a qualified cons	ervation contribution in t	he form o	fa conse	ervation
	-	<i>c</i>				Held at	the End of the Year
a L		f conservation easements restricted by conservation easeme	nte		2a 2b		
b c	-	servation easements on a certified		cluded in (a)	2D 2c		
d	Number of cons	servation easements included in (ire listed in the National Register			2d		
3		servation easements modified, trai	nsferred, released, e:	xtinguished, or terminate	d by the o	organızat	ion during the
4	Number of stat	es where property subject to cons	ervation easement is	located >			
5	Does the organ	nization have a written policy regar enforcement of the conservation e	ding the periodic mo		dling of	ſ	Yes No
6	Staff and volun year	teer hours devoted to monitoring,	inspecting, handling	of violations, and enforci	ng conse	rvation e	asements during the
	▶						
7		enses incurred in monitoring, inspe	ecting, handling of vi	olations, and enforcing co	onservatı	on easen	nents during the year
8		servation easement reported on lii on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy	the requirements of sec	tion 170	(h)(4) 	Yes No
9	balance sheet,	escribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to th				
Par		izations Maintaining Collec			or Othe	r Simil	ar Assets.
		ete if the organization answere non elected, as permitted under SI			nue state	ment and	halance sheet
1 a	works of art, his	storical treasures, or other similar e, in Part XIII, the text of the foot	assets held for publ	ic exhibition, education,	or researe	ch in furt	
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items						
((i) _{Revenue inclu}	ided on Form 990, Part VIII, line :	1		▶\$		
(i	ii) Assets include	ed in Form 990, Part X		f			
2	If the organizat	tion received or held works of art, h nts required to be reported under S	,	or other similar assets fo			
а	Revenue includ	led on Form 990, Part VIII, line 1			ł	►\$	
b		d in Form 990, Part X				► \$	
For I	Paperwork Reduc	tion Act Notice, see the Instruction	onstor Form 990.	Cat No	522830) Sche	edule D (Form 990) 2015

Schedule D (Form 990) 2015 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) d а Public exhibition Loan or exchange programs b Other Scholarly research с Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No **Escrow and Custodial Arrangements.** Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not 1a included on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table A mount h С 1c Beginning balance d 1d Additions during the year е 1e Distributions during the year f 1f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2a b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ... Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Prior year **b** (c)Two years back (d)Three years back (e)Four years back **1**a Beginning of year balance Contributions h Net investment earnings, gains, and losses d Grants or scholarships . . Other expenditures for facilities e and programs f Administrative expenses . End of year balance g 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment > а b Permanent endowment 🕨 с Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the 3a organization by Yes No 3a(i) (i) unrelated organizations 3a(ii) (ii) related organizations Зb If "Yes" on 3a(II), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form	1 990, Part IV, li	ne 11a.See For	m 990, Part X, 🛙	ine 10.
Description of property	(a) Cost or other basıs (ınvestment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		1,483,237	1,306,276	176,961
d Equipment		6,069,069	5,601,618	467,451
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, c	olumn (B), line 10(c))	►	644,412

Part VII Investments—Other Securities. C See Form 990, Part X, line 12.			
 (a) Description of security or categor (including name of security) 	ry	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
2)Closely-held equity interests			
(3) O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
art VIII Investments—Program Related.			
Complete if the organization answere	ed 'Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			,
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organizat	tion answered 'Yes' on Fo	rm 990, Part IV, line	11d See Form 990, Part X, line 15
(a) Des	scription		(b) Book value
Total (Column (b) must could form 000 Port V col (P) lin	e 15)		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or		Yes' on Form 990.	Part IV, line 11e or 11f.
See Form 990, Part X, line 25.	-		
1. (a) Description of liability	(b) Book value		
-ederal income taxes			
	1 700 05	7	
DEFERRED RENT	1,702,05	/	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,702,057	
2. Liability for uncertain tax positions In Part XIII, provide		5
organization's liability for uncertain tax positions under FIN	1 48 (ASC 740) Check	here if the text of the footnote has been provided in Part
XIII T		

-

Schee	dule D (Form 990) 2015		Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	29,800,639
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
	2d 1,012,974		
е	Add lines 2a through 2d	2e	1,012,974
3	Subtract line 2e from line 1	3	28,787,665
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	28,787,665
Part	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	31,351,081
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	O ther losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,460,946
3	Subtract line 2e from line 1	3	29,890,135
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	O ther (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	29,890,135

Part XIII Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	PAC FUND REVENUE 1,012,974

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)							
Return Reference	Explanation						
PART XII, LINE 2D	PART XII, LINE 2D CONTAINS AMOUNTS THAT RELATE TO THE POLITICAL ACTION COMMITTEE THAT FILES A SEPARATE 990 PART XIII, LINE 2D CONTAINS AMOUNTS THAT RELATE TO THE POLITICAL ACTION COMMITTEE THAT FILES A SEPARATE 990						
l							

Schedule D (Form 990) 2015

efi	le GRAPHIC p	orint - DO NOT PROCESS As F	iled	Data -		DLN: 9	349313	5033	737
Sch	edule J	Compe	ensat	tion Ir	formation	C	OMBNo 1	545-0	0047
·	m 990) tment of the ury	Co ► Complete if the organizati	mpens on ans Attac	ated Emp wered "Y ch to Fori	'es" on Form 990, Part IV n 990.	, line 23.	20 Open t Insp	o Put	olic
	al Revenue Service					-			
	me of the organiz CAGO TEACHERS UN					Employer identifie	cation nur	nber	
Da	rt I Questi	ons Regarding Compensation				36-0906695			
Pd	itti Questi	ons Regarding compensation						Yes	No
1a	990, Part VII,	opiate box(es) if the organization provi Section A , line 1a Complete Part III t		de any re	elevant information regard	ling these items		163	
	·	s or charter travel			g allowance or residence				
	·	companions nification and gross-up payments			its for business use of pe or social club dues or init		ł		
	•	nary spending account			al services (e.g., maid, ch		ł		
	Discretion	ary spending account	I	Fersone	a services (e.g., maid, en	auneur, ener)	Ì		
b		xes in line 1a are checked, did the orga or provision of all of the expenses des					1b		
2		ation require substantiation prior to rei ees, officers, including the CEO/Execu							
	unectors, trust	ees, oncers, nerdding the ceo/execu		rector, re	sgarding the items check	ed in fille 14.	2		
3	organization's	, if any, of the following the filing organi CEO/Executive Director Check all tha ed organization to establish compensat	t apply	Do not	check any boxes for meth	nods			
	Compensa	ation committee	Γ	Written	employment contract				
	Independe	ent compensation consultant	Γ	Comper	nsation survey or study				
	Form 990	of other organizations	Γ	Approv	al by the board or comper	isation committee			
4	During the year or a related org	r, dıd any person listed on Form 990, P Ianızation	art VII	, Sectior	A, line 1a with respect t	o the filing organizat	ion		
а	Receive a seve	rance payment or change-of-control pa	ayment	?			4a		No
b	Participate in, o	or receive payment from, a supplement	al nonc	qualified	retirement plan?		4b		No
с	-	or receive payment from, an equity-bas of lines 4a-c, list the persons and prov		-	=	n in Part III	4c		No
5	For persons lis	, 501(c)(4), and 501(c)(29) organizatio ted on Form 990, Part VII, Section A, contingent on the revenues of		-		e any			
а	The organizatio	on?					5a		
b	Any related org						5b		
		e 5a or 5b, describe in Part III							
6	•	ted on Form 990, Part VII, Section A, contingent on the net earnings of	ıne 1a	, dıd the	organization pay or accru	e any			
а	The organization						6 a		
b	Any related org						6 b		
_		e 6a or 6b, describe in Part III							
7	payments not c	ted on Form 990, Part VII, Section A, l lescribed in lines 5 and 67 If "Yes," de	scribe	in Part I	II		7		
8		Ints reported on Form 990, Part VII, pa nitial contract exception described in F					8		
9	If "Yes" on line section 53 495	8, did the organization also follow the 58-6(c)?	rebutta	able pres	umption procedure descr	bed in Regulations	9		
For F	aperwork Reduc	tion Act Notice, see the Instructions f	or Forn	n 990.	Cat No	50053T Sched	ule J (For	m 990) 2015

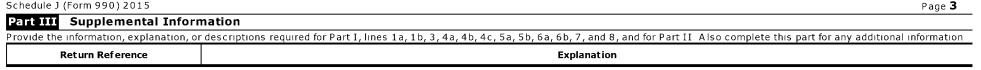
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(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 of	fW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		Base (1) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 KAREN LEWISPRESIDENT	(i)	141,699	0	1,440	15,793	5,098	164,030	0	
	(ii)	0	0	0	0	0	0	0	
2 MICHAEL BRUNSON RECORDING SECRETARY	(i)	134,126	0	1,440	16,041	8,434	160,041	0	
	(ii)	0	0	0	0	0	0	0	
3 LYNN CHERKASKY-DAVIS QUEST DIRECTOR	(i)	233,540	0	600	20,907	760	255,807	0	
	(ii)	0	0	0	0	0	0	0	
4 ANNETTE RIZZO HEALTH & BENEFITS	(i)	150,608	0	600	17,913	72	169,193	0	
COORDINA	(ii)	0	0	0	0	0	0	0	
5 WALTER TAYLOR FIELD REP - TEACHER	(i)	192,683	0	0	14,416	1,966	209,065	0	
	(ii)	0	0	0	0	0	0	0	
6 SARA ECHEVARRIA FIELD SERVICE DIRECTOR	(i)	165,931	0	1,440	19,571	7,392	194,334	0	
	(ii)	0	0	0	0	0	0	0	
7 ANTHONY LOPEZ FINANCIAL DIRECTOR	(i)	149,100	0	600	29,242	95	179,037	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015





efile GRAPHIC pr	efile GRAPHIC print - DO NOT PROCESS As Filed Data - D						
SCHEDULE O (Form 990 or	••		o Form 990 or 990-EZ	омв № 1545-0047 2015			
990-EZ) Department of the Treasury	Form 990 or	ide information for res 990-EZ or to provide a ▶ Attach to Form 99 Schedule O (Form 990 www.irs.gov/fo	Open to Public				
Internal Revenue Service		-					
Name of the organization CHICAGO TEACHERS UNION			Employ	er identification number			

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ALL TEACHERS THAT ARE COVERED BY THE COLLECTIVE BARGAINING AGREEMENT AND ARE CURRENT WITH THEIR DUES PAYMENTS ARE MEMBERS OF THE ORGANIZATION
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE ORGANIZATION ELECT THE OFFICERS, EXECUTIVE BOARD AND HOUSE OF DELEGATES WHICH CONSIST OF THE GOVERNING BODIES OF THE ORGANIZATION

36-0906695

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN DECISIONS OF THE GOVERNING BODY THAT ARE DEFINED IN THE BY-LAWS OF THE ORGANIZATION REQUIRE APPROVAL BY THE MEMBERS
FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE COMMITTEE AND TRUSTEES AUTHORIZED THE FINANCIAL DIRECTOR TO REVIEW AND APPRO VE FORM 990 BEFORE FILING WITH THE APPROPRIATE AGENCY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	THE COMPENSATION OF THE OFFICERS OF THE ORGANIZATION IS APPROVED INITIALLY BY THE TRUSTEES THE HOUSE OF DELEGATES THEN APPROVES THE ACTIONS OF THE TRUSTEES DURING THE BUDGET APPROVAL PROCESS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC

Return Reference	Explanation
PART XII, LINE 2C	THE BOARD OF DIRECTORS OF THE ORGANIZATION IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT AUDITOR. THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR

efile GRAPHIC print -	DO NOT PROCESS As Filed Da	ta -				DLN: 93493	<u>1350337</u>	'37
SCHEDULE R (Form 990)		d Organizations						
(1 0111 000)	Complete if the	organization answered "Y	es" on Form 990, Part	IV, line 33, 34, 35b,	36, or 37.	20	15)
Department of the Treasury Internal Revenue Service	Attach to Form 990.	Information about Schedu	lle R (Form 990) and it:	s instructions is at <u>v</u>	www.irs.gov/form99		o Public ection	
Name of the organization CHICAGO TEACHERS UNION					Employer identific	cation number		
					36-0906695			
Part I Identificatio	on of Disregarded Entities Comp	plete if the organization	n answered "Yes" on	n Form 990, Part I	IV, line 33.			
Name, address, and EIN	(a) (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Enc	(e) d-of-year assets [(f) Direct controlling entity		
	n of Related Tax-Exempt Orgar d tax-exempt organizations during		the organization ans	swered "Yes" on F	-orm 990, Part IV, I	line 34 because it	had one	
	(a) d 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))	(f) Direct controlling entity	(g) Section 5 (13) cont entity	i12(b) trollec
(1)CHICAGO TEACHERS UNION PO 1901 WEST CARROLL AVENUE	DITICAL ACTION COMMITTEE	POLITICAL ACTION COMMITTEE	IL	527			Yes	No No
CHICAGO, IL 60612 36-4382612								
(2)CHICAGOANS UNITED FOR ECO 1901 WEST CARROLL AVENUE	NOMIC SECURITY PAC	POLITICAL ACTION COMMITTEE	IL	527				No
CHICAGO, IL 60612 46-4711699 (3)CHICAGO TEACHERS UNION FO	UNDATION INC	FOUNDATION	IL	501(C)4			+ +	No
1901 WEST CARROLL AVENUE CHICAGO, IL 60612								
23-7076885 (4)CHILDREN AND TEACHERS FOU 1901 WEST CARROLL AVENUE	NDATION OF THE CHICAGO TEACHERS UNION	FOUNDATION	IL	501(C)3				No
CHICAGO, IL 60612 46-5340132								
For Paperwork Reduction Act	Notice, see the Instructions for Form 9	90.	Cat No 5013	35Y		Schedule R (Fori	n 990) 20:	15

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization		domicile controlling (state or entity foreign	Legal domicile (state or	Direct Predo controlling income entity unrel exclude tax u section	Direct controlling r entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	aging ner?	(k) Percentage ownership
							Yes	No		Yes	No			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(I) Section 512 (b)(13) controlled entity?	
								Yes	No

Schedule R (Form 990) 2015

Page	3
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1 c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1 e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I 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)	1 m	ı	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		No
o Sharing of paid employees with related organization(s)	10		No
	-		-
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s).	15		No

2	If the answer to any of the above is "Yes	," see the instructions for information on γ	who must complete this line, including cover	ed relationships and transaction thresholds
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(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CHICAGO TEACHERS UNION POLITICAL ACTION COMMITTEE	Q	478,476	FAIR MARKET VALUE

Part VI Unrelated Organizations Taxable as a Partnership Complete of 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-		(e) all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	ate 2	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	-	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Schedule R (Form 990) 2015

