DLN: 93493196049250 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable CHICAGO TÉACHERS UNION □ Address change 36-0906695 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1901 WEST CARROLL AVENUE ☐ Amended return ☐ Application pending (312) 329-9100 City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL $\,\,$ 60612 G Gross receipts \$ 28,927,292 Name and address of principal officer H(a) Is this a group return for JESSE SHARKEY ☐Yes **☑**No subordinates? 1901 WEST CARROLL AVENUE H(b) Are all subordinates CHICAGO, IL 60612 ☐ Yes ☐No ıncluded? ☐ 501(c)(3) **☑** 501(c)(5) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► HTTP //WWW CTUNET COM L Year of formation 1937 M State of legal domicile IL K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► LABOR ORGANIZATION Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE UNION ACTIVITIES FOR TEACHERS, CAREER SERVICE MEMBERS AND OTHERS IN THE AREA OF CHICAGO, IL Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 730 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 726 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 0 **6** Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 24,619,480 25,626,535 Ravenua 2,836,470 2,901,684 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,320 1,001 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 394,492 398,072 27,852,762 28,927,292 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15,500 13,000 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 8,641,865 7,697,034 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 21,331,448 19,663,657 29,988,813 27,373,691 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -2,136,051 1,553,601 Net Assets or Fund Balances Beginning of Current Year End of Year 15,505,024 16,901,137 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 14,600,539 14,443,051 22 Net assets or fund balances Subtract line 21 from line 20 . 904,485 2,458,086 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-07-14 Signature of officer Sign Here JESSE SHARKEY PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01422951 Paid self-employed Firm's name BANSLEY & KIENER LLP Firm's EIN ► 36-2152389 Preparer Use Only Firm's address ▶ 8745 WEST HIGGINS ROAD SUITE 200 Phone no (312) 263-2700 CHICAGO, IL 606312704 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

| Form | 990 (2018) | | | | Page 2 |
|------|------------------------------------|--|--|--------------------|---------------|
| Pa | rt III Staten | nent of Program Service Acc | omplishments | | |
| | Check ıf | Schedule O contains a response or | note to any line in this Part III | | 🗆 |
| 1 | | the organization's mission | · | | |
| | | | ANCING AND PROMOTING QUALITY P S AND ADVOCATING FAIR COMPENSA | | |
| 2 | Did the organiz | ation undertake any significant prog | ram services during the year which v | vere not listed on | |
| | the prior Form | 990 or 990-EZ? | | | 🗌 Yes 🗹 No |
| | If "Yes," describ | be these new services on Schedule (| | | |
| 3 | Did the organiz | ation cease conducting, or make sig | nificant changes in how it conducts, a | any program | |
| | | | | | ☐ Yes 🗹 No |
| 4 | Describe the or Section 501(c)(| ganization's program service accom | plishments for each of its three large required to report the amount of grai ervice reported | | |
| 4a | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional Da | | meraling grants or ¢ | , (noreliae ¢ | , |
| | | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| 4d | Other program (Expenses \$ | services (Describe in Schedule 0) including g | rants of \$ | (Revenue \$ |) |
| 4e | Total progran | n service expenses ▶ | | | |

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| Form | 990 (2018) | | | Page 3 |
|------|--|-----|-----|---------------|
| Par | tIV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 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 | Yes | |
| | 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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "> | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2 | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| 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 2 | 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? If "Yes," complete Schedule D, Part VIII 2 | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Yes | |
| 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 2 | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2 | 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 |
| | 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? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | | No |
| | and the second s | г | | |

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

Νo

20a

20b

21

22

| orm | 990 (2018) | | | Page 4 |
|-----|---|-----|-----|--------|
| Pai | Checklist of Required Schedules (continued) | | | |
| | | | Yes | 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? <i>If "Yes," complete Schedule J</i> | 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 | | |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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? 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 IV | 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 | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 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? If "Yes," complete Schedule R, Part 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 197 Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| 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 | | | |
| | | | Yes | No |

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 181 1a **b** Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable 1b 0 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Yes

12b

13b

13c

13a

14a

14b

15

No

No

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13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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|-------|---|------------|---------|---------------|
| Part | VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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 | " respo | onse to | lines 🗸 |
| Sec | tion 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 1a 730 | | | |
| | 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 726 | | | |
| | 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 |
| | Did the organization delegate control over management duties customarily performed by or under the direct supervisior 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 | |
| | 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 | |
| | 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 | |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8 b | Yes | |
| | 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 |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | e.) | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| - | 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? | 10b | | |
| 1 | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | No |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> | 12c | | |
| L3 | Did the organization have a written whistleblower policy? | 13 | | No |
| L4 | Did the organization have a written document retention and destruction policy? | 14 | | No |
| L5 | 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? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | | No |
| Ь | Other officers or key employees of the organization | 15b | Yes | |
| : | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| | 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 | | |
| Sec | tion C. Disclosure | | | <u> </u> |
| | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| L8 : | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply | | | |
| | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| | 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 ▶IESSE SHARKEY 1901 WEST CARROLL AVENUE CHICAGO IL 60612 (312) 329-9100 | | | |

(F)

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

| Name and Title | Average hours per week (list any hours | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | son | Reportable compensation from the organization | Reportable compensation from related organizations | Estimated amount of other compensation from the |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| (1) MICHAEL BRUNSON RECORDING SECRETARY | 50 00 0 30 | | | × | | | | 136,808 | 0 | 34,255 |
| (2) MARIA MORENO FINANCIAL SECRETARY | 50 00 0 30 | | | х | | | | 121,276 | 0 | 15,344 |
| (3) JESSE SHARKEY PRESIDENT | 50 00 0 30 | | | х | | | | 92,898 | 0 | 26,852 |
| (4) STACY DAVIS-GATES VICE PRESIDENT | 50 00 0 30 | | | х | | | | 111,460 | 0 | 31,457 |
| (5) ANNETTE RIZZO HEALTH & BENEFITS COORDINA | 40 00 | | | | | × | | 151,928 | 0 | 29,914 |
| (6) JOHN KUGLER FIELD REPRESENTATIVE | 40 00 | | | | | × | | 152,654 | 0 | 45,995 |
| (7) SARA ECHEVARRIA FIELD SERVICE DIRECTOR | 40 00 | | | | | х | | 169,399 | 0 | 35,408 |
| (8) LOIS JONES FIELD REPRESENTATIVE | 40 00 | | | | | × | | 150,525 | 0 | 33,277 |
| (9) JOSEPH MCDERMOTT FIELD REPRESENTATIVE | 40 00 | | | | | х | | 149,401 | 0 | 43,836 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | Form 990 (2018) |

| Part V | 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 | than o | one bo | ox, u an off | ot che unles fficer | neck mo ess pers r and a tee) | son | Repo compe fron organiza | | /- o | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | | amo | (F) Estimated amount of othe compensation from the organization ar | |
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | key employee | Highest compensated employee | Former | 2/107: | 9-MISC) | | 2/1033 | , l | | | ion and ed ations |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| | p-Total | | | | | ' | <u> </u> | | | | | | | | | |
| d Tot | al (add lines 1b and 1c) otal number of individuals (including | <u> </u> | | | | ı | ▶ | rec | · | 236,349 re than | \$100 , | 000 | 0 | | | 296,338 |
| | f reportable compensation from the | | | | | | | | | | T | | | | Yes | No |
| | nd the organization list any former one 1a? <i>If "Yes," complete Schedule 3</i> | | | | | | | | | npensat | ed en | nployee • • | | 3 | | No |
| 0 | or any individual listed on line 1a, is rganization and related organization adividual | ns greater than \$ | | 0? <i>If</i> | "Yes | | omplet | | | | | ne | . | 4 | Yes | |
| | old any person listed on line 1a receivervices rendered to the organization | | | | | | | | | | ndıvıd | ual for • • | | 5 | | No |
| | ion B. Independent Contract | | | | | | | | | | | | | | | |
| | omplete this table for your five high om the organization Report comper | | | | | | | | | | | | | ensatio | on | |
| | | (A) and business addre | ess | | | | | | | | | (B) on of ser | vices | С | (C Compen | sation |
| | CK AND POLCTROCK | | | | | | | | _ | LEGAL SI | RVICE | S | | | | 397,981 |
| CHICAGO | ADISON ST D, IL 60602 | | | | | | | | | | | | | | | |
| | LOCH & BENNETT HIGAN FLOOR 19 | | | | | | | | | LEGAL SI | ERVICE | S | | | | 191,589 |
| CHICAGO | O, IL 60603 OTTER & ASSOCIATES PC | | | | | | | | | LEGAL SE | RVICE | :ς | | + | | 120,739 |
| 111 E W | ACKER DR SUITE 2600 | | | | | | | | | | -111 | .5 | | | | 120,, 22 |
| - | D, IL 60601 CE J SUFFREDIN JR | | | | _ | _ | | | - ' | CONSULT | TI N G S | ERVICES | | | | 106,000 |
| 111 = 14/7 | ACKED DD CHITE 2000 | | | | | | | | | | | | | | | |

111 E WACKER DR SUITE 2800 CHICAGO, IL 60601 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 ▶ 4

Page 8

| ı ı | | | Business Co | | | | | |
|-------------------------|---|--|--------------------|------------|----------|---------------|------------|---|
| E PL | 2a IFT ASSISTANCE | | 90 | 2,68 | 36,003 2 | 2,686,003 | | |
| Program Service Revenue | b AFT ASSISTANCE | | | | 15,681 | 215,681 | | |
| | | | + " | | | -+ | | 1 |
| JI A | c — | | | | | | | † |
| ્રું | u | | | | | | | |
| ıran | e - | | | | | | | |
| ∤ og | f All other program service revenue | | | 1,684 | | | | |
| | 9 Total. Add lines 2a-2 | f | | | 1 | | | |
| | 3 Investment income (in similar amounts) | ncluding dividends, intere | st, and other | 1,001 | | | | 1,001 |
| | | · · · · · · · · ent of tax-exempt bond pr | · /- | | | +- | | |
| | | · · · · · · · · · | ⊢ | | | +- | | |
| | l i | | ı) Personal | | | $\overline{}$ | | |
| | 6a Gross rents | | | | | | | |
| | h loca rental a | 379,050 0 | | | | | | |
| | b Less rental expenses | ا | | | | | | |
| | c Rental income or | 379,050 | | | | | | |
| | (loss) | | | 270 | | 050 | | |
| | u Net rental income or | r (loss) | | 379,050 | 379 | ,050 | | |
| | 7a Gross amount | (ı) Securities | (II) Other | | | | | |
| | from sales of assets other | | | | | | | |
| | than inventory | | | | | | | |
| | b Less cost or | + | | | | | | |
| | other basis and sales expenses | | | | | | | |
| | C Gain or (loss) | | | | | | | |
| | d Net gain or (loss) . | | <u> </u> | | | | | |
| _ | 8a Gross income from fu | | | | | | | |
| ıne | (not including \$ contributions reported | ed on line 1c) | | | | | | |
| ₹ | See Part IV, line 18 | | | | | | | |
| Re | b Less direct expenses | | | | | | | |
| Other Revenue | c Net income or (loss) | · · • | | | | | | |
| St. | 9a Gross income from g | 9a Gross income from gaming activities See Part IV, line 19 | | | | | Γ | |
| | See Fait IV, line 19 | a | | | | | | |
| | b Less direct expenses | | | | | | | |
| | | from gaming activities | · • | | | | | |
| | 10aGross sales of invent | ory, less | | | | | | |
| | returns and allowance | es | | | | | | |
| | hloss seet of | a h | | | | | | |
| | b Less cost of goods s | | | | | | | |
| | Net income or (loss) Miscellaneous | from sales of inventory . Revenue Bu | . ▶ siness Code | | | | | |
| | 11a | Bu | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | С | | | | | | | |
| | | | | | | | | |
| | d All other revenue . | | | 19,022 | 19 | ,022 | | |
| | e Total. Add lines 11a- | . • | 19,022 | | _ | _ | | |
| | 12 Total revenue. See | | | | 756 | 0 | 1.001 | |
| | <u> </u> | | L | 28,927,292 | 3,299 | ,, 50 | υ <u>l</u> | 1,001 Form 990 (2018) |
| | | | | | | | | <u>, , , , , , , , , , , , , , , , , , , </u> |

| | art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co | olumns All other orga | inizations must com | plete column (A) | |
|----|---|------------------------|------------------------------|---|----------------------------|
| | Check if Schedule O contains a response or note to any | line in this Part IX . | | | 🗆 |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 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, line 15 and 16 | | | | |
| 4 | Benefits paid to or for members | 13,000 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 638,349 | | | |
| 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 | 5,152,308 | | | |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 801,556 | | | |
| 9 | Other employee benefits | 653,560 | | | |
| 10 | Payroll taxes | 451,261 | | | |
| 11 | Fees for services (non-employees) | | | | |
| ā | a Management | | | | |
| t | Legal | 178,606 | | | |
| | Accounting | 233,653 | | | |
| | I Lobbying | | | | |
| • | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 561,547 | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 538,517 | | | |
| 14 | Information technology | 148,456 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 635,174 | | | |
| 17 | Travel | 341,420 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 | Conferences, conventions, and meetings | 542,305 | | | |
| 20 | Interest | 114,337 | | | |
| 21 | Payments to affiliates | 13,557,550 | | | |
| 22 | Depreciation, depletion, and amortization | 686,924 | | | |
| 23 | Insurance | 96,477 | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| | a DEFENSE | 733,805 | | | |
| | b POLITICAL EXPENSES AND | 582,766 | | | |
| | c ELECTION EXPENSES | 280,609 | | | |
| | d COLLECTIVE BARGAINING | 224,580 | | | |
| | e All other expenses | 206,931 | | B. | |
| | Total functional expenses. Add lines 1 through 24e | 27,373,691 | | | |
| 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) | | | | |

| | · | | | (A) Beginning of year | | (B) End of year |
|------------|--|---|-----------|--------------------------|-----|--------------------|
| 1 | Cash-non-interest-bearing | | | 976,881 | 1 | 4,445,433 |
| 2 | Savings and temporary cash investments . | | [| 2,248,047 | 2 | 574,103 |
| 3 | Pledges and grants receivable, net | es and grants receivable, net | | | | |
| 4 | Accounts receivable, net | | | | | 3,056,033 |
| 5 | Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L | | 5 | | | |
| \$ 6 7 | Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations Part II of Schedule L | (B), and on 501(c)(9) ons) Complete | | 6 | | |
| ssets 8 | Inventories for sale or use | | | | 8 | |
| و 🌣 | Prepaid expenses and deferred charges | | | 253,413 | 9 | 142,554 |
| 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 6,409,560 | | | |
| Ь | Less accumulated depreciation | 10b | 2,087,242 | 5,409,900 | 10c | 4,322,318 |
| 11 | Investments—publicly traded securities . | —publicly traded securities • | | | 11 | |
| 12 | 12 Investments—other securities See Part IV, line 11 | | | | 12 | |
| 13 | Investments—program-related See Part IV. line | . 11 | | | 13 | |

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19 20

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27 28

29

30

31 32

33

34

4.360.696

16.901.137

8,142,642

4,708,369

1.352.668

14.443.051

2.458.086

2,458,086

16,901,137

Form **990** (2018)

239,372

3.540.977

15.505.024

7.498.854

5,021,213

1.756.831

14.600.539

902.485

2.000

904.485

15,505,024

323,641

| _ | _ | _ | _ | _ |
|---|---|---|---|---|
| | | | | |

14

15

16

17 18

19

20

21

Liabilities

Fund Balances

Assets or 30

Net

29

31

32

33

34

Form 990 (2018)

22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties . 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 26 Total liabilities. Add lines 17 through 25 . . Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Grants payable . .

Deferred revenue

Intangible assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Other assets See Part IV, line 11 . . .

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

Escrow or custodial account liability Complete Part IV of Schedule D

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

3a

Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

3b

Form 990 (2018)

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID: Software Version:

EIN: 36-0906695

REPRESENTING ITS MEMBERS IN COLLECTIVE BARGAINING MATTERS, ADMINISTERING THE COLLECTIVE BARGAINING AGREEMENT AND PROMOTING QUALITY PUBLIC

Name: CHICAGO TEACHERS UNION

Form 990 (2018)

Form 990, Part III, Line 4a:

EDUCATION

SCHEDULE C

Political Campaign and Lobbying Activities

DLN: 93493196049250

OMB No 1545-0047

| Department of the Treasury Internal Revenue Service | ►Go to <u>www.irs.qov/Form990</u> for instructions and the latest information. | Inspec |
|--|--|-----------------|
| If the organization ans | wered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Ac | tivities), then |

EZ)

(Form 990 or 990-

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

Open to Public Inspection

| f the s f the f the Proper | Section 527 organizations Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that | n Form 990, Part IV, Line 4, or Form 9 have filed Form 5768 (election under s have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then | 90-EZ, Part VI, Iir ection 501(h)) Co ider section 501(h | ne 47 (Lobbying Activities Implete Part II-A Do not co)) Complete Part II-B Do r | omplete Part II-l not complete Pa | art II-A |
|--------------------------------|---|---|--|---|--|---|
| | me of the organization | actions complete rate in | | Employer iden | tification nun | nber |
| CHI | CAGO TEACHERS UNION | | | | | |
| Par | t I-A Complete if the organ | nization is exempt under sectio | n FO1(c) or is | 36-0906695 | zation | |
| 1 | <u> </u> | ization's direct and indirect political can | | | | |
| 2 | Political campaign activities / | itures (see instructions) | | • | \$ | 455,75 |
| 3 | Volunteer hours for political camp | · · · | | · | T | 1007101 |
| Par | | nization is exempt under sectio | n 501(c)(3). | | | |
| 1 | Enter the amount of any excise ta | x incurred by the organization under se | ection 4955 | • | \$ | |
| 2 | • | x incurred by organization managers ur | | | \$ | |
| 3 | If the organization incurred a sect | ion 4955 tax, did it file Form 4720 for t | hıs year? | | Yes | □ No |
| 4a | Was a correction made? | | | | | |
| _ | | | | | ☐ Yes | ☐ No |
| b Par | If "Yes," describe in Part IV t I-C Complete if the organ | nization is exempt under sectio | n 501(c) evce | ent section 501(c)(3) | | |
| | <u> </u> | ed by the filing organization for section | | | | |
| 1 2 | · | anization's funds contributed to other o | | | \$ | |
| _ | function activities | anizacion's funds contributed to other of | rganizations for se | • exempt | \$ | |
| 3 | Total exempt function expenditure | es Add lines 1 and 2 Enter here and or | Form 1120-POL, | line 17b ► | ¢ | |
| 4 | Did the filing organization file For | m 1120-POL for this year? | | | ↑ ☐ Yes | □ No |
| 5 | organization made payments For of political contributions received | employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC) If additional space is needed, | ount paid from the ed to a separate p | filing organization's funds olitical organization, such a | Also enter the | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount contribution: and prompt directly delives separate organization enter | s received only and vered to a political of the following |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 1 | | | | | | |
| 5 | | | | | | |
| 5 | | | | | | |

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures

Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2018

activity

Volunteers?

Part IV

PART I-A, LINE 1

Return Reference

Media advertisements?

Mailings to members, legislators, or the public?

Supplemental Information

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1

(b)

Amount

(a)

No

Yes

Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, 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). 2a Current year b Carryover from last year 2b 2c C Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 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 expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions)

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

CHICAGO TEACHERS UNION AND AFFILIATED ORGANIZATIONS

Explanation

TO PROVIDE FINANCIAL SUPPORT TO POLITICAL CANDIDATES WHO SUPPORT ISSUES ADVOCATED BY THE

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

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

DLN: 93493196049250 OMB No 1545-0047

Internal Revenue Service

Part I

2

5

8

Part III

(Form 990)

Open to Public ▶ Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** CHICAGO TEACHERS UNION 36-0906695 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not 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, in Part XIII, the text of the footnote to its financial statements that describes these items 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

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Cat No 52283D Schedule D (Form 990) 2018

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

Assets included in Form 990, Part X

(i) Revenue included on Form 990, Part VIII, line 1

| Par | t III | Organizations Ma | aintaining Col | lections o | of Art, H | listori | cal T | reası | ires, oi | r Othe | r Similar As | ssets (co | ontinued) | |
|------------|-----------------|--|------------------------------|--------------|--------------|----------|----------|----------|------------|------------|-----------------|------------|-------------------|----------|
| 3 | | the organization's acqu (check all that apply) | uisition, accessior | n, and other | records, | check | any of | the fo | llowing t | that are | a significant i | use of its | collection | |
| а | | Public exhibition | | | | d | | Loan | or excha | ange pro | ograms | | | |
| b | | Scholarly research | | | | e | | Othe | r | | | | | |
| С | | Preservation for future | generations | | | | | | | | | | | |
| 4 | Provi Part : | de a description of the o | organızatıon's col | lections and | d explain h | now the | ey furtl | ner the | e organız | zation's | exempt purpo | se in | | |
| 5 | | ig the year, did the orga is to be sold to raise fun | | | | | | | | | mılar | ☐ Yes | i □ No | |
| Pa | rt IV | Escrow and Custon Complete of the organization (Complete of the organization) (Complete of the Custon Custo | | | " on Fori | m 990 | , Part | IV, lı | ine 9, oi | r repor | ted an amou | ınt on Fo | orm 990, Part | - |
| 1a | | e organization an agent ded on Form 990, Part) | | an or other | ıntermedi | ary for | contri | bution | s or othe | er assets | s not | ☐ Yes | i □ No | |
| ь | If "Y∈ | es," explain the arrange | ment ın Part XIII | and comple | ete the fol | llowing | table | | | | A | mount | | |
| c | | nning balance | | ' | | _ | | | | 1c | | | | |
| d | _ | ions during the year | | | | | | | | 1 d | | | | |
| е | | butions during the year | - | | | | | | | 1e | | | | |
| f | | ng balance | | | | | | | | 1f | | | | |
| 2a | Did tl | he organization include | an amount on Fo | rm 990, Pai | rt X, line 2 | 21, for | escrov | or cu | Istodial a | ccount | liability? | ☐ Yes | | |
| b | | es," explain the arrange | | | | | | | | | | _ | | |
| _ | rt V | Endowment Fund | | | | | | | | | | | | — |
| | | | | (a)Currer | | | rior yea | | | | (d)Three yea | | (e)Four years bac | |
| 1 a | Beginn | ing of year balance . | | | | | | | | | | | | _ |
| b | Contrib | outions | | | | | | | | | | | | _ |
| c | Net inv | estment earnings, gain | ns, and losses | | | | | | | | | | | _ |
| d | Grants | or scholarships | • | | | | | | | | | | | _ |
| е | | expenditures for facilitie | es | | | | | | | | | | | _ |
| f | Admını | strative expenses . | | | | | | | | | | | | _ |
| g | End of | year balance | | | | | | | | | | | | _ |
| 2 | Provi | de the estimated percei | ntage of the curre | ent year end | d balance | (line 1 | g, colu | mn (a |)) held a | ıs | • | | | |
| а | Board | d designated or quasi-ei | ndowment 🟲 | | | | | | | | | | | |
| ь | Perm | anent endowment 🕨 | | | | | | | | | | | | |
| С | Temp | orarily restricted endov | vment ▶ | | | | | | | | | | | |
| _ | | percentages on lines 2a, | | ld equal 100 | 0% | | | | | | | | | |
| 3а | | here endowment funds nization by | not in the posses | sion of the | organızatı | on that | t are h | eld an | ıd admını | ıstered f | or the | | Yes No | _ |
| | (i) uı | nrelated organizations | | | | | | | | | | 3a | (i) | _ |
| | | elated organizations . | | | | | | | | | | 3a(| - | _ |
| b 4 | | es" on 3a(II), are the rel | _ | | • | | | ?. | | | | 3 | ь | _ |
| 4 | | ribe in Part XIII the inte | | | n s endov | vment | runas | | | | | | | |
| řě | rt VI | Land, Buildings, Complete if the org | | | " on Fori | m 990 | . Part | IV. lı | ne 11a. | . See F | orm 990. Pa | rt X. lıne | ≥ 10. | |
| | Descri | ption of property | (a) Cost or oth (investme | er basıs | (b) Cost | | | | | | depreciation | | I) Book value | |
| 1a | Land | | | | | | | | | | | | | — |
| | | gs | | | | | | | | | | | | |
| | | nold improvements | | | | | 3,8 | 05,586 | | | 823,455 | | 2,982 | ,131 |
| | | nent | | | | | | 36,603 | | | 559,871 | | • | ,732 |
| | Other | • | | | | | 1,8 | L7,371 | | | 703,916 | | 1,113 | ,455 |
| | | lines 1a through 1e (Co | olumn (d) must e | qual Form 9 | 90, Part) | X, colur | mn (B) | , line . | 10(c)) | | > | | 4,322 | |
| | | <u></u> | | | | | | | - | | Sch | edule D | (Form 990) 2 | |

| | Form 990) 2018 | | | | Page 3 |
|-----------------------------|--|----------------|-----------------------------|----------------------------|--|
| Part VII | Investments—Other Securities. Complete if the organise Form 990, Part X, line 12. | anızat | ion answ | vered "Yes" on Form 9 | 990, Part IV, line 11b. |
| | (a) Description of security or category (including name of security) | | (b) Book value | | nod of valuation of-year market value |
| | l derivatives | · · | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 12) | > | | | |
| Part VIII | Investments—Program Related. Complete if the organization answered 'Yes' on Form 9 | 90, P | art IV, lıı | ne 11c. See Form 990 | , Part X, line 13. |
| | (a) Description of investment | (b) Bo | ook value | | nod of valuation of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Colum Part IX | n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' o | n For | m 990 Pa | rt IV line 11d. See Form | 1990 Part X line 15 |
| | (a) Description MAFFILIATES | | | | (b) Book value 927,970 |
| (2) DUE FRO | DM FOUNDATIONS D RENTAL REVENUE ED LEASING COSTS | | | | 3,284,169 81,975 66,582 |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | mn (b) must equal Form 990, Part X, col (B) line 15) | | | | 4,360,696 |
| Part X | Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. | | | | 11e or 11f. |
| 1. | (a) Description of liability | | (b) B | ook value | |
| (1) Federal : DEFERRED F | ncome taxes | + | | 1,352,668 | |
| (2) | NEI T | | | 1,332,000 | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | + | | | |
| (6) | | + | | | |
| (7) | | + | | | |
| (8) | | + | | | |
| (9) | | + | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col (B) line 25) | • | | 1,352,668 | |
| • | or uncertain tax positions In Part XIII, provide the text of the formula is in the state of th | otnote | | ganızatıon's fınancıal sta | · — |
| or garnzation | 5 mapling for uncertain tax positions under FIN 40 (ASC 740) Cr | JUCK I | icic ii dile | text of the loothole lids | Seem provided in Fait AIII L |

Part XI

2

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Part XII

Schedule D (Form 990) 2018

1

2e

3

1,122,794

889.743

Page 4

1,122,794

28,927,292

28,927,292

28,263,434

| - | Amounts included on Form 990, Fart 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) | 4b | T | | |
| c | Add lines 4a and 4b | | | | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | | |

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Donated services and use of facilities

Add lines 2a through 2d

Subtract line **2e** from line **1**

Amounts included on Form 900, Part VIII, line 12, but not on line 1

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

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

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

Donated services and use of facilities . . .

Prior year adjustments

Subtract line 2e from line 1

Other (Describe in Part XIII) .

Add lines 2a through 2d . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a 2b

2c

2d

2a 2b

2c

2d

4a 4h

Explanation

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

2e 3

889,743 27,373,691 4c 5 27.373.691

Schedule D (Form 990) 2018

| Schedule D (Form 990) 2018 | Page 5 |
|-----------------------------|--------------------|
| Part XIII Supplemental Info | mation (continued) |
| Return Reference | Explanation |
| | |
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Schedule D (Form 990) 2018

Additional Data

PART XI, LINE 2D - OTHER

ADJUSTMENTS

Software ID: **Software Version: EIN:** 36-0906695 Name: CHICAGO TEACHERS UNION

Supplemental Information Return Reference

PAC FUND REVENUE 1,122,794

Explanation

| upplemental Information | | | | | | | | | | |
|--|---------------------------|--|--|--|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | | | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | PAC FUND EXPENSES 889,743 | | | | | | | | | |

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| PART XII, LINE 2D | PART XI, LINE 2D CONTAINS AMOUNTS THAT RELATE TO THE POLITICAL ACTION COMMITTEE THAT FILES A SEPARATE 990 PART XII, LINE 2D CONTAINS AMOUNTS THAT RELATE TO THE POLITICAL ACTION CO MMITTEE THAT FILES A SEPARATE 990 |

-

| efil | e GRAPHIC pr | rint - DO NOT PROCESS | DLN: 934 | 9319 | 6049 | 250 | | | |
|-------|--|--|-------------------------|---------------------|--------|------|--|--|--|
| Sch | nedule J | Compensation Information | OM | IB No | 1545-(| 0047 | | | |
| | m 990) tment of the Treasury | For certain Officers, Directors, Trustees, Key Employees, and Hig Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest inform | , line 23. | 2018 Open to Public | | | | | |
| • | al Revenue Service | To to in instructions and the facest mistra | | | ectio | | | | |
| | me of the organiza CAGO TEACHERS UN | | Employer identificat | ion nu | ımber | | | | |
| CHI | CAGO TEACHERS OF | YLON | 36-0906695 | | | | | | |
| Pa | rt I Questi | ons Regarding Compensation | | | | | | | |
| 1a | | opiate box(es) if the organization provided any of the following to or for a person liste ection A, line 1a Complete Part III to provide any relevant information regarding thes | | | Yes | No | | | |
| | ☐ First-class | s or charter travel Housing allowance or residence for | personal use | | | | | | |
| | _ | companions Payments for business use of person | • | | | | | | |
| | | nification and gross-up payments $\hfill\Box$ Health or social club dues or initiation | | | | | | | |
| | Discretion | nary spending account $\hfill\Box$ Personal services (e g , maid, chauf | feur, chef) | | | | | | |
| b | | xes in line 1a are checked, did the organization follow a written policy regarding paymall of the expenses described above? If "No," complete Part III to explain | nent or reimbursement | 1 b | | | | | |
| 2 | | ation require substantiation prior to reimbursing or allowing expenses incurred by all | | 2 | | | | | |
| | directors, truste | es, officers, including the CEO/Executive Director, regarding the items checked in line | e 1a? | | | | | | |
| 3 | organization's C | If any, of the following the filing organization used to establish the compensation of the EO/Executive Director Check all that apply Do not check any boxes for methods and organization to establish compensation of the CEO/Executive Director, but explain its compensation of the CEO/Executive Director. | | | | | | | |
| | Compens | ation committee Written employment contract | | | | | | | |
| | Independe | ent compensation consultant Compensation survey or study | | | | | | | |
| | ☐ Form 990 | of other organizations \square Approval by the board or compensa | tion committee | | | | | | |
| 4 | During the year related organiza | , did any person listed on Form 990, Part VII, Section A, line ${f 1a}$, with respect to the ${f finite}$ | ılıng organızatıon or a | | | | | | |
| а | Receive a sever | ance payment or change-of-control payment? | | 4a | | No | | | |
| b | Participate in, o | r receive payment from, a supplemental nonqualified retirement plan? | | 4b | | No | | | |
| C | • | r receive payment from, an equity-based compensation arrangement? of lines 4a-c, list the persons and provide the applicable amounts for each item in Part | t III | 4c | | No | | | |
| _ | |), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | | |
| 5 | | ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the revenues of | | | | | | | |
| а | The organization | n ^o | | 5a | | | | | |
| b | Any related orga | | | 5b | | | | | |
| 6 | For persons liste | 5a or 5b, describe in Part III ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | | | | | |
| | , | ontingent on the net earnings of | | | | | | | |
| a | The organization | | | 6a | | | | | |
| b | Any related orga | anization? 6a or 6b, describe in Part III | | 6b | | | | | |
| 7 | • | · | d | | | | | | |
| 7 | | ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed in lines 5 and 6? If "Yes," describe in Part III | u | 7 | | | | | |
| 8 | | nts reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," defined the contract exception described in Regulations section 53 4958-4(a)(3)? | escribe | 8 | | | | | |
| 9 | If "Yes" on line 5 53 4958-6(c)? | 8, did the organization also follow the rebuttable presumption procedure described in | Regulations section | 9 | | | | | |
| For F | Paperwork Redu | uction Act Notice, see the Instructions for Form 990. Cat No 5 | 50053T Schedule J | (Form | 990) | 2018 | | | |

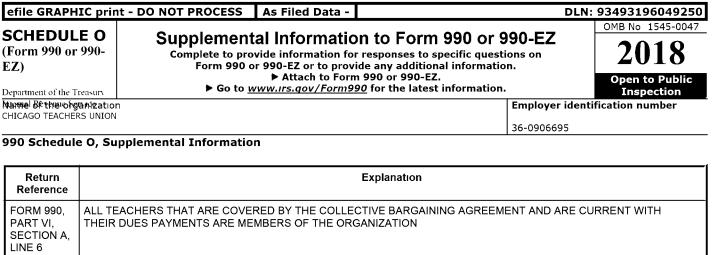
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

| (A) Name and Title | | (B) Breakdown | of W-2 and/or 1099-MISC | Compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in | |
|--|--------------|--------------------------|-------------------------------------|---|--------------------------------|----------------|----------------------|---|--|
| | | (i) Base 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 MICHAEL BRUNSON RECORDING SECRETARY | (i) | 136,808 | 0 | 0 | 18,292 | 15,963 | 171,063 | 0 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2 ANNETTE RIZZO HEALTH & BENEFITS | (i) | 151,928 | 0 | 0 | 18,565 | 11,349 | 181,842 | 0 | |
| COORDINA | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| JOHN KUGLER FIELD REPRESENTATIVE | (i) | 152,654 | 0 | 0 | 30,941 | 15,054 | 198,649 | 0 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| SARA ECHEVARRIA FIELD SERVICE DIRECTOR | (i) | 169,399 | 0 | 0 | 21,823 | 13,585 | 204,807 | 0 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| LOIS JONES FIELD REPRESENTATIVE | (i) | 150,525 | 0 | 0 | 28,300 | 4,977 | 183,802 | 0 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5 JOSEPH MCDERMOTT FIELD REPRESENTATIVE | (i) | 149,401 | 0 | 0 | 28,914 | 14,922 | 193,237 | 0 | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
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| | — | | | | | | Cabadala | J (Form 990) 2018 | |

Schedule J (Form 990) 2018 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

Schedule J (Form 990) 2018



Return Explanation

| FORM 990, | THE MEMBERS OF THE ORGANIZATION ELECT THE OFFICERS, THE EXECUTIVE BOARD AND THE HOUSE OF D |
|------------|--|
| PART VI, | ELEGATES WHICH ARE THE GOVERNING BODIES OF THE ORGANIZATION |
| SECTION A, | |
| LINE 7A | |

Explanation Return Reference

FORM 990. CERTAIN DECISIONS OF THE GOVERNING BODY THAT ARE DEFINED IN THE BY-I AWS OF THE ORGANIZATION PART VI. REQUIRE APPROVAL BY THE MEMBERS

SECTION A. LINE 7B

990 Schedule O, Supplemental Information

Return Explanation

FORM 990, PART VI, SECTION B, LINE 11B

Return Explanation
Reference

LINE 15B

FORM 990, THE COMPENSATION OF THE OFFICERS OF THE ORGANIZATION IS APPROVED INITIALLY BY THE TRUSTEES
PART VI, THE HOUSE OF DELEGATES THEN APPROVES THE ACTIONS OF THE TRUSTEES DURING THE BUDGET APPRO
SECTION B. VAL PROCESS

Return Explanation
Reference

| FORM 990, | THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS AVAILABLE TO THE |
|------------|---|
| PART VI, | GENERAL PUBLIC |
| SECTION C, | |
| LINE 19 | |

Return Explanation
Reference

AR

PART XII,

THE EXECUTIVE COMMITTEE OF THE ORGANIZATION IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT
LINE 2C

AND THE SELECTION OF THE INDEPENDENT AUDITOR THERE HAVE BEEN NO CHANGES FROM THE PRIOR YE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE R

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.

OMB No 1545-0047

Employer identification number

DLN: 93493196049250

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHICAGO TEACHERS UNION

(Form 990)

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

36-0906695 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (b) (e) Name, address, and EIN (if applicable) of disregarded entity Total income End-of-year assets Direct controlling Primary activity Legal domicile (state or foreign country) entity 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. (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (if section 501(c)(3)) or foreign country) entity (13) controlled entity? Yes No (1)CHICAGO TEACHERS UNION POLITICAL ACTION COMMITTEE POLITICAL ACTION ΙL 527 No 1901 WEST CARROLL AVENUE COMMITTEE CHICAGO, IL 60612 36-4382612 (2) CHICAGOANS UNITED FOR ECONOMIC SECURITY PAC POLITICAL ACTION IL 527 No 1901 WEST CARROLL AVENUE COMMITTEE CHICAGO, IL 60612 46-4711699 (3) CHICAGO TEACHERS UNION FOUNDATION INC FOUNDATION ΙL 501(C)4 No 1901 WEST CARROLL AVENUE CHICAGO, IL 60612 23-7076885 (4) CHILDREN AND TEACHERS FOUNDATION OF THE CHICAGO TEACHERS UNION IL 501(C)3 FOUNDATION No 1901 WEST CARROLL AVENUE CHICAGO, IL 60612 46-5340132 (5) CHICAGO TEACHERS UNION LOCAL 1 PAC POLITICAL ACTION ΙL 527 No 1901 WEST CARROLL AVENUE COMMITTEE CHICAGO, IL 60612 83-2389724 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

| | | 1 | 1 | | | 1 | | | | | 1 | | |
|--|--------------------------------|-----------------------------------|---|--|--|---------------------------------|--|----------------------------------|----------------------------------|---|------------------------------|----------------------|------------------------------------|
| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant Income(related, unrelated, excluded from tax under sections 512- | (f) Share of total income | (g) Share of end-of-year assets | († Dispropi allocai | rtionate | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j Gener mana partr | al or Per ging ow | (k) rcentag vnershij |
| | | | | | 514) | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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| Identification of Related Organiz because it had one or more related | | | | | | zation ansv | vered "Yes | " on Fo | orm 99 | 90, Part IV, | line | 34 | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | L do | (c) .egal micile | | entity (C co | rp, S corp, | (f) Share of total Income | | (g) of end- year assets | of-Percel | ntage | (13) c er | (I) on 512(controllantity? |
| related organization | | | or foreign | | 0 | r trust) | | ٩ ١ | | h | | | No. |
| Telated organization | | | or foreign untry) | | 0 | r trust) | | | | | | Yes | |
| Terated organization | | | | | 0 | r trust) | | | | | | Yes | |
| Terated Organization | | | | | 0 | r trust) | | | | | | Yes | |
| Telated organization | | | | | 0 | r trust) | | | | | | Yes | |
| Terated organization | | | | | 0 | r trust) | | | | | | Yes | |
| Telated Organization | | | | | 0 | r trust) | | | | | | Yes | |

Loans or loan guarantees to or for related organization(s) . . .

Exchange of assets with related organization(s)

Reimbursement paid by related organization(s) for expenses . . .

Lease of facilities, equipment, or other assets to related organization(s) . . .

Name of related organization

Loans or loan guarantees by related organization(s) . . .

Sale of assets to related organization(s).

(1) CHICAGO TEACHERS UNION FOUNDATION

(2)CHICAGO TEACHERS UNION FOUNDATION

(3)CHICAGO TEACHERS UNION FOUNDATION

(4)CHILDREN AND TEACHERS FOUNDATION

(5) CHICAGO TEACHERS UNION POLITICAL ACTION COMMITTEE

Purchase of assets from related organization(s).

Nο No

No No

No

No

No

No No

No No

No

No

No

No

| 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) annuties (iii) royalties or(iv) rent from a controlled entity. | ıT— | No | | | | |

| Dι | 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? | | | | | | | |
|----|--|------------|----|--|--|--|--|--|
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | 1a | ıŢ | | | | | |
| Ь | Gift, grant, or capital contribution to related organization(s) | 1 b | ·Τ | | | | | |

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 and transaction thresholds

(b)

Transaction type (a-s)

0

Κ

R

(c)

Amount involved

197,613

1,393,949

1,182,006

218.339

12.841

1d 1e

1g

1h

|1k | Yes

11

1 m

1n 10 Yes

1r Yes

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

FAIR MARKET VALUE

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) Name, address, and EIN of entity | (b) Primary activity | domicilo | Legal | Incomo | Predominant | contion | | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|--------------------------------|----------|-----------------------|--------|-------------|---------|--|---|----|------------------------------------|--|----------------------------------|---|---|---|--|--------------------------------|
| | | | sections 512- 514) | Yes | No | | | Yes | No | | Yes | No | | | | | |
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| Schedule R (Form 990) 2018 | | | | | | | | | | | | 0) 2018 | | | | | |

