Form **990**

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.

OMB No. 1545-0047 Inspection

Form **990** (2022)

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023 D Employer identification number C Name of organization B Check if applicable THE ARTS CLUB OF CHICAGO Address change 36-0750130 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 201 EAST ONTARIO STREET (312)787 - 3997Initial return Final return/terminat City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 3,752,<u>107</u> CHICAGO, IL 60611 Application pending F Name and address of principal officer: H(a) Is this a group return for JANINE MILEAF Yes Χ Nο EAST ONTARIO STREET, H(b) Are all subordinates included? CHICAGO IL 60611 Yes No If "No." attach a list. See instructions. Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or Website: WWW.ARTSCLUBCHICAGO.ORG H(c) Group exemption number Form of organization: X | Corporation L Year of formation: 1916 M State of legal domicile: TT. Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance if the organization discontinued its operations or disposed of more than 25% of Number of voting members of the governing body (Part VI, line 1a) 3 34 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 34 5 30 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 NONE 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a NONE **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,749,410 1,372,038. Revenue Program service revenue (Part VIII, line 2g) 806,608 984,285. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -2.403.679408,625. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE NONE Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 152,339 2,764,948. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 NONE NONE 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,441,508 1,478,997. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,371,300 1,731,642. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,812,808 3,210,639. Revenue less expenses. Subtract line 18 from line 12 -2,660,469 -445,691. ts or nces **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 22,777,301 23,588,995. Total liabilities (Part X, line 26) 1,611,546 21 1,757,625. 22 Net assets or fund balances. Subtract line 21 from line 20. 21,165,755 21,831,370. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here JANINE MILEAF EXECUTIVE DIRECTOR Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature if Check Paid self-employed STEVEN R GLOVER STEVEN R GLOVER P00253365 Preparer 36-2897372 Firm's name MILLER, COOPER & CO., LTD. Firm's FIN Use Only 1751 LAKE COOK ROAD, SUITE 400 DEERFIELD, IL 60015 847-205-5000 May the IRS discuss this return with the preparer shown above? See instructions . . X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ARTS CLUB OF CHICAGO WAS FORMED AS A MEANS TO ENCOURAGE, FOSTER,
	AND DEVELOP HIGHER STANDARDS OF ARTS CRAFTSMANSHIP, AND TO MAINTAIN
	THE CITY OF CHICAGO FACILITY FOR THE HOUSING OF GALLERIES AND
	EXHIBITIONS OPEN TO THE PUBLIC AND FREE OF CHARGE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,082,687. including grants of \$) (Revenue \$984,285.)
	EXHIBITIONS, LECTURES, TEMPORARY GARDEN INSTALLATIONS,
	PERFORMANCES, HOSPITALITY, AND OTHER PROGRAMS. THE OBJECTIVE IS TO
	PRESENT ARTWORKS, AND/OR ORIGINAL PERFORMANCES AND PROVIDE
	CULTURAL PROGRAMMING, INCLUDING VARIOUS FORMATS OF EVENTS WHERE
	ACCLAIMED INDIVIDUALS OR EXPERTS PRESENT INFORMATION AND LECTURE
	ON RELEVANT TOPICS, TO THE MEMBERSHIP AND TO THE PUBLIC TO ENRICH
	A CONVERSATION IN THE ARTS.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code) (Expenses \$\pi) (Revenue \$\pi)
4-	(Code: \/\Grantonian \/\Grantonian \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4C	(Code:) (Expenses \$including grants of \$) (Revenue \$)
_	Other program continue (Decembe on Cabadula C.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2.082.687.

Form 990 (2022)

Part IV Checklist of Required Schedules

Part	V 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8	X	
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			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		3.5
4.4	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114	21	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	11.0		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	.		
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		37
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		22
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
22	Did the experiencian variety may then CE 000 of exerts as other posistones to as for democial individuals an		Yes	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		37
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$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	242		Х
h	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	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
 0 u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
~	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		_X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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? If "Yes," complete Schedule R, Part V, line 2	36		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		3.5
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note : All Form 990 filers are required to complete Schedule O	20	v	
Part		38	X	
I all	Check if Schedule O contains a response or note to any line in this Part V			
	Shook ii Gonoddio G Gondano a response of note to any line ii tilis i ait v		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 30								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	a 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		X					
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		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	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		X					
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		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_							
	required to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	70		V					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X					
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h							
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7 11							
0	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
	Section 501(c)(12) organizations. Enter:								
а	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.)								
	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 year								
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	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								
•	The organization of the property of the proper								
	Enter the amount of reserves on hand	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b							
15	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?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
-	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes," complete Form 6069.								

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 34			
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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.	37	
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
•	stockholders, or persons other than the governing body?	7.0		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 00	21	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.		
	describe on Schedule O how this was done	12C	X	
13	Did the organization have a written whistleblower policy?	13 14	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	21	Х
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	102		
16a	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		Х
b	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			
C(organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed	- ,		- · · ·
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (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 on Schedule O)	(sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,

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

JANINE MILEAF 201 EAST ONTARIO STREET CHICAGO, IL 60611

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box, office or direct	unles	Pos neck ss pe	rson	e than construction is both confirmation. Highest compensated	an tee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)	96	stee			nsated				
(1) JANINE MILEAF	40.00									
EXECUTIVE DIRECTOR	NONE			Х				139,938.	NONE	3,270.
(2) LAURA WASHINGTON	1.00							139,930.	NONE	3,270.
PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(3) CHARLES MOTTIER	1.00	Λ		21				NONE	NONE	NOINE
VICE PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(4) BARBARA ADELMAN	1.00	21		21				NONE	INOINE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(5) JULIA LANGDON ANTONATOS	1.00							110112	1,01,1	1,01,12
DIRECTOR	NONE	X						NONE	NONE	NONE
(6) SILVIA BELTRAMETTI	1.00							1.01.2	110111	1,01,2
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) HEATHER BILANDIC BLACK	1.00							-		-
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) MICHELLE BOONE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) KATE BENSEN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) FRIEDRICH BURIAN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) HEIJI CHOI BLACK	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) ALLISON CUDDY	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) ROBERT FEITLER	1.00									
DIRECTOR	NONE	Х					L	NONE	NONE	NONE
(14) DENISE GARDNER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE

Form **990** (2022)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employees (c	ontinued		age 8
(A)	(B)			(0	C)			(D)	(E)	((F)	
Name and title	Average			Pos				Reportable	Reportable		mated	
	hours per week (list any	,				e than o is both		compensation	compensation from		unt of her	
	hours for					or/trust		from the	related organizations		ensatio	n
	related	or o	lns	Officer	Ke)	Hig em	For	organization	(W-2/1099-MISC)	fror	n the	
	organizations below dotted	direc	lituti	icer	em	hest	Former	(W-2/1099-MISC)		•	nizatior related	
	line)	tor to	ona		Key employee	ee					ization	
		Individual trustee or director	Institutional trustee		ee	Highest compensated employee				_		
		ď	stee			nsati						
15) GADAM GADMEN	1 00					ed						
15) SARAH GARVEY	1.00	.,						NONE	NONE			
DIRECTOR	NONE	X						NONE	NONE		1	ION
16) VIRGINIA GERST	1.00	٠						17017				
DIRECTOR	NONE	X						NONE	NONE		1	IONI
17) CHANDRA GOLDSMITH GRAY	1.00											
DIRECTOR	NONE	X						NONE	NONE		1	NON
18) BROOKE HUMMER	1.00	-										
DIRECTOR	NONE	X						NONE	NONE		1	NON
19) RODNEY LUBEZNIK	1.00	-										
DIRECTOR	NONE	X						NONE	NONE		1	NON
20) EDWARD HORNER, JR.	1.00	-										
DIRECTOR	NONE	X						NONE	NONE		1	NON
21) ERIC MCKISSACK	1.00	-										
DIRECTOR	NONE	X						NONE	NONE		1	NON
22) DALE R. PINKERT	1.00	-										
DIRECTOR	NONE	X						NONE	NONE		1	NON
23) KANWAR SINGH	1.00	-										
DIRECTOR	NONE	X						NONE	NONE		1	NON
24) MERRILLYN KOSIER	1.00	-										
DIRECTOR	NONE	X						NONE	NONE		1	NON
25) GEOF OPPENHEIMER	1.00	-										
DIRECTOR	NONE	X						NONE				NON
1b Sub-total								139,938.	NONE			270.
c Total from continuation sheets to Part VII, S							>	NONE				NON
d Total (add lines 1b and 1c)							<u> </u>	139,938.	NONE		3,2	270.
2 Total number of individuals (including but not		hose	liste	d at	bov	•	re	eceived more than	\$100,000 of			
reportable compensation from the organization						1				Ι,	· ·	
											Yes	No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched										3		
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole c	om	per	satior	n ai	nd other compens	sation from the			
organization and related organizations gr								•				
individual										4		
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	'es," comple	te Sci	hedu	ıle J	l for	such	per	son		5		
Section B. Independent Contractors												
1 Complete this table for your five highest com												
compensation from the organization. Report	compensati	011 101	ıne	ca	ieno	uar ye	ai e	enaing with or With	iiii the organization	ısıax		

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2022)

		36-0750	130	
				Page 8
s, and Higl	hest Compensat	ed Employees (d	continued)	
	(D)	(F)	(F)	

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per	1 '				e than o		compensation	compensation from	amount of
	week (list any	1				is both tor/trust		from	related	other
	hours for related							the	organizations	compensation from the
	organizations	di Vi	stit	Officer	ey e	ghe	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	below dotted	dua	l ë	4	mp.	st c	er	(**-2/1033-141100)		and related
	line)	Individual trustee or director	Institutional trustee		Key employee	l öm				organizations
		stee	Sur		Ф	Den				
			lee			Highest compensated employee				
26) MADELINE MURPHY RABB	1.00					<u> </u>				
`	+	3,7						NONE	NONTE	NIONIE
DIRECTOR	NONE	X						NONE	NONE	NONE
(27) ALICE SABL	1.00	٠						17017	17017	11011
DIRECTOR	NONE	X						NONE	NONE	NONE
(28) LINCOLN SCHATZ	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(29) ROBIN LOEWENBERG TEBBE	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(30) REBECCA FORD TERRY	1.00									
SECRETARY	NONE	X		Χ				NONE	NONE	NONE
(31) DIRK LOHAN	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
32) CHRISTOPHER WILLIAMS	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
33) HELEN HARVEY MILLS	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(34) NEIL ROSS	1.00									
TREASURER	NONE	X		Х				NONE	NONE	NONE
	INOINE							1,01,1	TOTAL	110111
	+	1								
	+	1								
4h Cub tatal							_			
1b Sub-total			• •		• •					
c Total from continuation sheets to Part VII, S	_				• •					
d Total (add lines 1b and 1c)									\$400,000 of	
2 Total number of individuals (including but not reportable compensation from the organizatio		nose	iiste	eu a	DOV	e) who	оте	ceived more than	\$100,000 01	
Teportable compensation from the organization	·III -									V N.
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Sched	lule J for su	ch ind	livid	ual	• •					3 X
4 For any individual listed on line 1a, is the										
organization and related organizations gr										
individual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Y	'es," comple	te Sci	hedu	ıle J	J for	such	per	son		5 X
Section P. Indopendent Contractors										

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

Part VIII Statement of Revenue

		Check if Schedule O c	ontains a res	ponse or note to a	ny line in this Part V	/111		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns	18	1				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues						
פֿפֿ	С	Fundraising events						
fts, ⊏A	d	Related organizations						
يق≝	e	Government grants (contrib						
ns, Sir	f	All other contributions, gifts,	,					
er (-	and similar amounts not include	- 1	172,194.				
ğ	g	Noncash contributions inclu			•			
dr	9	lines 1a-1f		a \$				
a S	h	Total. Add lines 1a-1f	_		1,372,038.			
		10001710011001011111		Business Code				
e	20	FOOD SERVICE REVENUE		722210	984,285.	984,285.		
٦≧	2a				777,200	701/2001		
Se	b							
am eve	C			_				
Re	d							
Program Service Revenue	e	All other program comics	WORLIC	_				
	f g	All other program service re Total. Add lines 2a-2f			984,285.			
	3	Investment income (inclu			,			
	"	other similar amounts)	-		366,784.			366,784.
	4	Income from investment of			NONE			-
	5	Royalties			NONE			
		,	(i) Real	(ii) Personal				
	6a	Gross rents 6a			-			
	b	Less: rental expenses 6b			-			
	C	Rental income or (loss) 6c	N.	ONE NONE				
	d	Net rental income or (loss).			NONE			
	7a	Gross amount from	(i) Securities		-			
	١, ۵	sales of assets	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(, = : =	-			
		other than inventory 7a	1,029,0	00				
ø)	b	Less: cost or other basis			-			
n		and sales expenses 7b	987,1	59				
evenue		Gain or (loss) 76	41,8		-			
∝	c d	Niet weier en (leee)			41,841.			
Other		. ,			11,011.			
ŏ	8a	Gross income from	٦					
		events (not including \$						
		of contributions reported		la NONE	,			
	١.	1c). See Part IV, line 18						
	b C	Less: direct expenses Net income or (loss) from formula (loss).			NONE			
					HOHE			
	9a	Gross income from activities. See Part IV, line 19	gaming)a NONE	,			
	١.	· ·						
		Less: direct expenses Net income or (loss) from			NONE			
	C	• ,	· · —	62	HOND			
	10a	Gross sales of inven- returns and allowances	-	0a NONE	,			
	b	Less: cost of goods sold Net income or (loss) from so	ales of inventors	/	NONE			
				Business Code	HOME			
Miscellaneous Revenue	44.			24011003 0046				
ne	11a							
ells	b							
Sc	G G	All other revenue		_				
Ē	d e	Total. Add lines 11a-11d			NONE			
	12	Total revenue. See instructi			2,764,948.	984,285.	NONE	366,784.
		. J.a J. Jilaoi Goo mondon			2,.01,510.	551,205.	1101112	300,704.

36-0750130

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 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	NONE					
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	NONE					
3	Grants and other assistance to foreign						
	organizations, foreign governments, and						
	foreign individuals. See Part IV, lines 15 and 16	NONE					
4	Benefits paid to or for members	NONE					
5	Compensation of current officers, directors,						
	trustees, and key employees	143,208.	78,764.	50,123.	14,321		
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	NONE					
7	Other salaries and wages	902,592.	660,456.	242,136.			
8	Pension plan accruals and contributions (include	65,559.	48,432.	16,991.	136		
	section 401(k) and 403(b) employer contributions)						
9	• •	261,891.	186,809.	74,601.	481		
10	Payroll taxes	105,747.	74,326.	29,755.	1,666		
	Fees for services (nonemployees):						
	Management	NONE					
	Legal	NONE		47.000			
	Accounting	47,203.		47,203.			
	Lobbying	NONE					
	Professional fundraising services. See Part IV, line 17.	NONE		26.610			
	f Investment management fees	36,619.		36,619.			
9	Other. (If line 11g amount exceeds 10% of line 25, column	NONTE					
	(A), amount, list line 11g expenses on Schedule O.)	NONE					
	Advertising and promotion	NONE	100 500	212,725.	4 770		
	Office expenses	320,004. NONE	102,509.	212,725.	4,770		
	0,	NONE					
	Royalties	230,930.	44,992.	185,938.			
	Occupancy	31,559.	31,115.	444.			
	Travel	31,337.	31,113.	111.			
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE					
10	Conferences, conventions, and meetings	NONE					
	Interest	NONE					
21		NONE					
22	-	341,348.	256,011.	85,337.			
	Insurance	96,896.		96,896.			
	Other expenses. Itemize expenses not covered			, , , , , , ,			
•	above. (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A), amount, list line 24e expenses on Schedule O.)						
а	EXHIBITION EXPENSES	123,352.	123,352.				
	FOOD AND BEVERAGE COST	332,555.	332,555.				
c	SECURITY	89,932.	62,122.	27,810.			
d	HONORARIUM & MUSIC	81,244.	81,244.				
е	All other expenses						
	Total functional expenses. Add lines 1 through 24e	3,210,639.	2,082,687.	1,106,578.	21,374		
	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						
	following SOP 98-2 (ASC 958-720)						

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	171,558.	1	207,886.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	NONE	3	NONI
	4	Accounts receivable, net	570,194.	4	476,573.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	33,649.	8	35,207.
As	9	Prepaid expenses and deferred charges	56,258.	9	31,647.
		Land, buildings, and equipment: cost or other	31,231		3=,121
		basis. Complete Part VI of Schedule D 10a 13,367,302.			
	h	Less: accumulated depreciation 10b 6,997,446.	6,561,887.	100	6,369,856.
	11	Investments - publicly traded securities	15,383,755.	11	16,467,826.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14				
		Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	22,777,301.	16	23,588,995.
	17	Accounts payable and accrued expenses	94,333.	17	168,267.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	1,517,213.	19	1,589,358.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>ia</u>		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	1,611,546.	26	1,757,625.
Sec		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	21,012,044.	27	21,666,799.
Ä	28	Net assets with donor restrictions	153,711.	28	164,571.
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	21,165,755.	32	21,831,370.
Ž	33	Total liabilities and net assets/fund balances	22,777,301.	33	23,588,995.
_	100		22,111,JUL.	- 55	Form 990 (2022)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,7	64,	<u>948</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,2	10,	<u>639</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		-4	45,	<u>691</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	1,1	65,	<u> 755</u>
5	Net unrealized gains (losses) on investments	5				006
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 on Schedule O)	9		_	52,	700
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	1,8	31,	370
Part	XII Financial Statements and Reporting					
	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: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X 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 over	rsiah	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	_		3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

t. OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

36-0750130 THE ARTS CLUB OF CHICAGO Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,412,902.	1,358,998.	1,836,735.	1,749,410.	1,372,192.	7,730,237.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,412,902.	1,358,998.	1,836,735.	1,749,410.	1,372,192.	7,730,237.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.066
6	Public support. Subtract line 5 from line 4						9,866.
	tion B. Total Support						7,720,371.
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,412,902.	1,358,998.	1,836,735.	1,749,410.	1,372,192.	7,730,237.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	336,286.	331,996.	331,125.	391,876.	366,784.	1,758,067.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,786.	69,616.				74,402.
11	Total support. Add lines 7 through 10						9,562,706.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (li		-			14	80.73 %
15	Public support percentage from 2021	•	•			15	81.91 %
16a	331/3% support test - 2022. If the org						
b	box and stop here. The organization quality 33 1/3% support test - 2021. If the organization quality 33 1/3% support test - 2021.						
	this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 2	•		-			
	10% or more, and if the organization						
	Part VI how the organization meets					-	•
	organization			_	-		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization	zation meets th	e facts-and-circ	umstances test,	check this box	and stop here	. Explain
	in Part VI how the organization meets					-	-
	organization						
18	Private foundation. If the organization						
	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-, -	(.,,	(3, 2	(1)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation If the organization of	TIC NOT CHECK 1	a nov on line 1	ıд 192 or 10h	Check this ho	y and see instri	ICTIONS

JSA 2E1221 1.000

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support o benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	V Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Pooti	on C. Type II Supporting Organizations	2		
Secu	on C. Type ii Supporting Organizations		Yes	No
	Many and all of the course leaders by the state of the formation of the formation of the Property of		162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structio	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
•		20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the expenient of the power to regularly expension or elect a majority of the efficiency directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
Ŋ	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

36-0750130

Sch	edule A (Form 990) 2022			Page 6
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (expla	in in <i>Part VI</i>). See
	instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount		Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
_2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	n organization

Schedule A (Form 990) 2022

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribution Pre-2022			าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result				

Schedule A (Form 990) 2022

greater than zero, *explain in Part VI*. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

and 4c.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

-					
THE ARTS CLUB OF CH	IICAGO	36-0750130			
Organization type (check on	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a pri	ivate foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation			
	501(c)(3) taxable private foundation				
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule	e and a Special Rule. See			
General Rule					
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See in contributions.	-			
Special Rules					
regulations under s 16b, and that rece	on described in section 501(c)(3) filing Form 990 or 990-EZ that met to sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Foreived from any one contributor, during the year, total contributions of tount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Compared to the contribution of the contr	orm 990), Part II, line 13, 16a, or the greater of (1) \$5,000; or			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
contributor, during contributions totale during the year for General Rule appli	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Equation the year, contributions <i>exclusively</i> for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total control of an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any ies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., purpose.	ributions that were received by of the parts unless the charitable, etc., contributions			
=	at isn't covered by the General Rule and/or the Special Rules doesn't V, line 2, of its Form 990; or check the box on line H of its Form 990-E				

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization
THE ARTS CLUB OF CHICAGO

Employer identification number 36-0750130

Part I	Contributors	(see instructions).	Use duplicate co	pies of Part I if addi	tional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	SMART FAMILY FOUNDATION 179 E LAKE SHORE DRIVE, NO. 16E CHICAGO, IL 60611	50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization		Employer identification number	
	THE ADDICATION OF CHICAGO	26 0750120	

a) No.		(c)	
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		<u> </u>	

Page 4 Schedule B (Form 990) (2022)

Name of organization THE ARTS CLUB OF CHICAGO 36-0750130 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

SCHEDULE D (Form 990)

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.

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number THE ARTS CLUB OF CHICAGO 36-0750130 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 1 2 Aggregate value of contributions to (during year) . 3 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 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II 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 (for example, recreation or education) Preservation of a 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 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 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 FASB 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 FASB 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: (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

Schedule D (Form 990) 2022

following amounts required to be reported under FASB ASC 958 relating to these items:

Sche	dule D (Form 990) 2022 THE	ARTS CLUB OF	CHICAGO		36-0	0750130 Page 2
Pa	rt Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or Ot	her Similar Assets (continued)
3	Using the organization's acquisition	n, accession, and	other records, chec	ck any of the fo	llowing that make sig	nificant use of its
	collection items (check all that app	ly):				
а	X Public exhibition			or exchange pro	gram	
b	X Scholarly research		e Othe	r		
С	Preservation for future gene					
4	Provide a description of the organ	nization's collections	s and explain how	they further the	organization's exemp	ot purpose in Part
	XIII.					
5	During the year, did the organization				To the second se	
	assets to be sold to raise funds rath		ained as part of the	organization's c	ollection?	Yes X No
Pa	rt IV Escrow and Custodial A	•		5 . 11 . 11 . 6		
	Complete if the organiza 990, Part X, line 21.	ition answered "Ye	es" on Form 990,	Part IV, line 9,	or reported an amou	nt on Form
12	Is the organization an agent, trus	too custodian or o	ther intermediary	for contributions	or other accete not	
ıa	included on Form 990, Part X?		· ·		To the second se	Yes No
h	If "Yes," explain the arrangement in					165 140
b	ii res, explain the arrangement	irr art Am and com	piete the following te	ible.	Amoun	
С	Beginning balance			1c	7 (III Guil	<u> </u>
Ч	Additions during the year					
e	Distributions during the year					
f	Ending balance					
	Did the organization include an am				dial account liability?	Yes No
	If "Yes," explain the arrangement in					
	rt V Endowment Funds.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	Complete if the organiza	ation answered "Yo	es" on Form 990,	Part IV, line 10		
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage		end balance (line 1g	j, column (a)) hel	d as:	
а	Board designated or quasi-endown		%			
b	Permanent endowment	%				
С	Term endowment%		4000/			
_	The percentages on lines 2a, 2b, a	· ·				
3a	Are there endowment funds not in	tne possession of t	ne organization tha	t are held and ad	iministered for the	Voc No
	organization by:					Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
	If "Yes" on line 3a(ii), are the related	_	•			3b
4	Describe in Part XIII the intended until Land, Buildings, and Equ		ation's endowment fu	ınas.		
Pa	Complete if the organiza	ation answered "Y	es" on Form 990,	Part IV, line 11	a. See Form 990, Pa	art X, line 10.
	Description of property	(a) Cost o	r other basis (b) Cost	or other basis (c)	A coumulated 1	d) Pook value

Cost or other (other) (c) Accumulated depreciation Cost or other b (investment) 2,410,430 2,410,430. 1a Land **b** Buildings 5,560,469 3,775,504. 9,335,973. c Leasehold improvements d Equipment 335,534. 264,222 71,312. 1,285,365 1,172,755 112,610. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 6,369,856.

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990	0. Part IV. line 11b. See Form 990	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financia	al derivatives			
` '	held equity interests			
. ,				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat	
			Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
<u>(9)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 11d. See Form 990	Part X, line 15.
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descri	ption of liability		(b) Book value
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990. Part X. col. (B) line 25.)		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements	1	3,892,335.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
C	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
e	Add lines 2a through 2d	2e	1,164,006.			
3	Subtract line 2e from line 1	3	2,728,329.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, , , , , , , , , ,			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 36,619.					
b	Other (Describe in Part XIII.)					
C	Add lines 4a and 4b	4c	36,619.			
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	2,764,948.			
Part		_				
		1	3,174,020.			
1	Total expenses and losses per audited financial statements	•	3,1/4,020.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities					
a	Definition of vision and deep of facilities [] [] [] [] [] [] [] [] [] [
b	Prior year adjustments					
С.	Other losses					
d	Other (Describe in Part XIII.)	2-				
е	Add lines 2a through 2d	2e	2 174 000			
3	Subtract line 2e from line 1	3	3,174,020.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4 -	26 610			
C	Add lines 4a and 4b	4c	36,619.			
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,210,639.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	art \/	ling 1: Part Y ling			
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform					
SEE	SUPPLEMENTAL PAGE					

Part XIII Supplemental Information (continued)

PART III, LINE 1A:

COLLECTIONS, WHICH ARE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE
THE CLUB'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF
FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS
DECREASES IN NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.
CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL
STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE
REFLECTED AS INCREASES IN NET ASSETS.

PART III, LINE 4:

THE ARTS CLUB OF CHICAGO COLLECTION CONSISTS OF VARIOUS PIECES OF ART INCLUDING WORKS BY MODERN MASTERS AS WELL AS RECENT CONTEMPORARY PIECES.

THE COLLECTION IS DISPLAYED AS A WAY TO ENCOURAGE, FOSTER, AND DEVELOP HIGHER STANDARDS OF ART CRAFTSMANSHIP.

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE ARTS CLUB OF CHICAGO

36-0750130

Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont		0
1	Art - Works of art	Х	1	NONE			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for			
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29		
						Ye	s No
30a	During the year, did the organizat				_		
	28, that it must hold for at least t	•			•		
	to be used for exempt purposes for		olding period?			30a	X
b	If "Yes," describe the arrangement						
31	Does the organization have a						
	contributions?					31	X
32a	Does the organization hire or use	•	•	•		_	
	contributions?					32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,		
	describe in Part II.						

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

Schedule M (Form 990) 2022

Part II Sup

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 33:

THE CLUB'S COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL

SIGNIFICANCE, SCIENTIFIC SPECIMENS AND ART OBJECTS THAT ARE HELD FOR

EDUCATIONAL, RESEARCH AND CURATORIAL PURPOSES. COLLECTIONS, WHICH ARE

ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE CLUB'S INCEPTION,

ARE NOT RECOGNIZED AS ASSETS IN THE STATEMENT OF FINANCIAL POSITION.

PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS IN

THE YEAR IN WHICH THE ITEMS ARE ACQUIRED. CONTRIBUTED COLLECTION ITEMS

ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS

OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN NET ASSETS. THE

COLLECTIONS ARE SUBJECT TO THE CLUB'S CUSTOM AND PRACTICE THAT PROCEEDS

FROM THE SALES OF THE COLLECTIONS BE USED TO ACQUIRE OTHER ITEMS FOR

COLLECTIONS.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

36-0750130

Department of the Treasury Internal Revenue Service

THE ARTS CLUB OF CHICAGO

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

Employer identification number Name of the organization

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ARTS CLUB OF CHICAGO WAS FORMED AS A MEANS TO ENCOURAGE, FOSTER, AND DEVELOP HIGHER STANDARDS OF ARTS CRAFTSMANSHIP, AND TO MAINTAIN THE CITY OF CHICAGO FACILITY FOR THE HOUSING OF GALLERIES AND EXHIBITIONS.

FORM 990, PART VI, SECTION A, LINE 6:

PER THE ARTICLES OF INCORPORATION AND BY-LAWS, THE ARTS CLUB OF CHICAGO WAS CREATED AS A MEMBERSHIP-BASED ORGANIZATION.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, CHAIRMAN OF THE FINANCE COMMITTEE, AND EXECUTIVE DIRECTOR REVIEW AND APPROVE A DRAFT FORM 990. A COPY OF THE RETURN IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THIS POLICY REQUIRES ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE ORGANIZATION REQUIRES ALL PARTIES TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE PRESIDENT OF THE BOARD AND THEN IS APPROVED IN AN EXECUTIVE SESSION WITH THE EXECUTIVE COMMITTEE. DURING THIS SESSION THE EXECUTIVE COMMITTEE COMPARE THE EXECUTIVE DIRECTOR'S COMPENSATION TO COMPENSATION OFFERED BY SIMILAR ORGANIZATIONS AS WELL AS THE PAST SALARY HISTORY OF THE INDIVIDUAL.

FORM 990, PART IV, SECTION C, LINE 19:

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

gov/form990. Inspection
Employer identification number

36-0750130

THE ARTS CLUB OF CHICAGO

THE ORGANIZATION'S GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS

ARE AVAILABLE FOR REVIEW UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 7A

ANNUALLY, MEMBERS OF THE ORGANIZATION MAY ELECT THE BOARD OF DIRECTORS.

THE ORGANIZATION'S BOARD OF DIRECTORS MAY THEN ELECT THE OFFICERS OF THE

BOARD.

FORM 990, PART VI, SECTION A, LINE 2

DALE PINKERT AND LINCOLN SCHATZ HAVE A FAMILY RELATIONSHIP.

FORM 990, PART XI, LINE 9

COLLECTION ITEMS PURCHASED BUT NOT CAPITALIZED.